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**WARNING:** Aboriginal and Torres Strait Islander people are warned this document may contain images of deceased persons.

We wish to acknowledge the land and river systems of the Mallee District and pay our respects to the traditional custodians.

We are the proud and strong descendants of the oldest living culture in the world.

SYMBOLISM OF OUR LOGO
Our logo is based on a design by Sharon Kirby

OUR VISION
Generations of vibrant, healthy and strong Aboriginal communities.

OUR VALUES
Our values drive our culture, are central to how we make decisions and ensure services are delivered in a socially-responsible way.

OUR FOUR VALUES ARE
Optimism
Community
Respect for Culture
Compassion

OUR OFFICES
Our Mallee communities are serviced by MDAS offices in Mildura, Swan Hill, Robinvale and Kerang.

Mildura (administration)
120 Madden Avenue, Mildura
PO Box 5134 Mildura 3502
Phone (03) 5018 4100

Swan Hill
70 Nyah Road, Swan Hill
Phone (03) 5032 5277

Kerang
9 Nolan Street, Kerang
Phone (03) 5450 3019

Robinvale
Lot 1, McLennan Drive, Robinvale
Phone (03) 5026 1848

Mallee District Aboriginal Services wishes to pay tribute to all community members who have passed away in the Mallee this year, as well as those in other communities with a family connection to MDAS members, staff or community as a whole.
Setting our sights on the Future...

MDAS is a proud Aboriginal Community Controlled Organisation (ACCO) that has a 30-year history of delivering sustainable, democratic, grassroots services and providing the local community with a vehicle for self-determination. We believe the imposition of structures without community control as a central tenet will fail.

As Aboriginal Australians, we are best-placed to decide and implement the programs and services that work for our communities.

With MDAS and the community working together, we know we can positively enrich the lives of all Aboriginal people living and working along the many river systems across the Mallee District.
OUR ORGANISATION

Mallee District Aboriginal Services (MDAS) delivers health, family and community services to a potential client base of nearly 5000 Koori people. MDAS services are provided from offices in Mildura, Swan Hill, Kerang and Robinvale under the following organisational structure:

**COMMUNITY**

**BOARD**
- Keith Hampton (Chairman)
- Josh Kirby (Director)
- Pam McCormack (Secretary)
- Dennis Mitchell (Vice Chairman)
- Melanie Lane (Director)
- Colin Clark (Treasurer)

**CEO**
- Rudolph Kirby

**OFFICE COORDINATOR, SECRETARIAT**
- Jane Capogreco

**DIRECTOR FAMILY SERVICES**
- Ross Hampton

**PERSONAL ASSISTANT**
- Tamika Jenkins

**SENIOR MANAGER FAMILY SERVICES (MILDURA & ROBINVALE)**
- Andy Charles

**MANAGER FAMILY SERVICES (SWAN HILL & KERANG)**
- Michelle Gadsby

**MANAGER WIIMPATJA HEALING CENTRE (MALLEE)**
- Keith Hampton

**PERSONAL ASSISTANT**
- Jennifer Laurie

**DIRECTOR – HEALTH & CLINICAL SERVICES**
- Danielle Dougherty

**SOCIAL EMOTIONAL AND WELLBEING**
- Raelene Stephens

**EARLY YEARS**
- Jacinta Molloy

**HEALTH SERVICES MANAGER (MILDURA)**
- Jodie McMutrie

**HEALTH SERVICES (SWAN HILL)**
- Jody Croft

**CHIEF FINANCIAL OFFICER**
- Karen Hensgen

**HOUSING/FLEET**
- Frank Rodi

**PEOPLE & CULTURE MANAGER**
- Kelly Masters

**QUALITY & GOVERNANCE**
- Letitia Robinson

**FINANCE MANAGER**
- Guglulethu Ncube
ABOUT MDAS

BOARD OF DIRECTORS

KEITH HAMPTON
Chairman

DENNIS MITCHELL
Vice Chairman

JOSH KIRBY
Director

MELANIE LANE
Director

NICOLA PERRY
Director Swan Hill

COLIN CLARK
Treasurer

PAM MCCORMACK
Secretary
A review by consulting firm Rapid Impact looked at the outcomes since the Mallee District Aboriginal Services laid down its first strategic plan in 2013. It found a 33 percent increase in the number of clients receiving health services with MDAS, with almost 4000 individual clients now registered at Mildura, Swan Hill and Kerang. Family Services delivered by MDAS had also grown from under 2000 client contact hours in 2013 to almost 9000 hours in 2017.

A study commissioned by MDAS highlighted the extent of problem gambling in the Mallee’s Aboriginal community – and identified possible strategies and solutions. The study, published by La Trobe University in conjunction with the Victorian Responsible Gambling Foundation, was compiled from interviews conducted with 26 community members across the Mildura, Swan Hill and Kerang region. It’s being used as a springboard to open community discussion on the issue of problem gambling.

Record crowds attended NAIDOC celebrations across Mallee communities in July and August. The large calendar of events in Mildura, Swan Hill and Kerang to honor Aboriginal and Torres Strait Islander culture has become truly a community-wide celebration. NAIDOC week commemorations now incorporate an amazing array of events across the Mallee, including a corroboree at Mildura, flag raising ceremonies and community events, school ceremonies, morning teas and lunches with partner organisations and Indigenous Round football and netball.

Recruitment got underway for a ground-breaking program to test a new mental health treatment model for Aboriginal people in contact with the justice system. MDAS is the lead agency for a two-year demonstration project in partnership with Mildura Base Hospital and Mallee Family Care. Team leader Paul Hogarth and key clinical staff were appointed to deliver the program during the latter part of 2017.
Census figures showed the number of Aboriginal people in the Mildura region increased from 1434 to 2183 in the five years to 2011 and that growth was continuing. MDAS works in the knowledge that the Aboriginal population is likely to double in the Mallee within a decade, and clearly that will have implications for service delivery. Our continued message to Government has been that we need to make significant and sustained investment upstream, in areas like early years, in education and in health, where the investment delivers long-term outcomes.

Community members visiting the MDAS Kerang arrived to a more professional environment with more confidentiality for consultations from August 2017. Client numbers for health services have grown 68 percent in Swan Hill and Kerang over the past four years, with additional clinic days scheduled with a GP and extra clinician services to meet the community’s needs. But it meant the Kerang facilities were inadequate and upgrading work created an extra consultation room and another office.

Work started on a massive half million-dollar upgrade of the MDAS Swan Hill site. The work included creation of a single brand-new entrance and reception area, more clinical consulting rooms, canopy walkways installed to link to areas of the health service; renovations to consulting rooms; relocation of the playground; and repairs to roofing and guttering. The upgrade work was funded through the Australian Government’s Department of Health Indigenous Australian’s Health Program and aligns with the National Indigenous Health Plan.

SEPTEMBER

We’ll do whatever it takes to encourage people to take the first step to better health and to start Spring, on September 1, MDAS made the move to close the Mildura office for the day and instead offer services and staff at Nowingi Place at a Community Engagement Day. It was also the first official appearance of “Old Nico” MDAS’s very own quit smoking “bad guy”. The larger-than-life character is aimed at helping kids understand the harsh realities about the damage smoking does and is available for school programs and health and community days. He also has his own website with games and interactive tools at oldnico.com.au

A new program linking young Koori people with business and community-member mentors was launched at Swan Hill, with the aim of building the skills and resilience of participants and breaking down community barriers. Having the guidance of a mentor, or several mentors, is so important to every young person who is finding their way in life, but the reality is that sort of support is not something that’s readily-available to every young person. The MDAS Mentoring Program aims to support young people by partnering them with individuals who can offer guidance, support and encouragement.
Mildura’s Mallee Tigers Aboriginal football team broke a 10-year drought by taking out the Division Two premiership at the weekend’s Victorian NAIDOC Football Carnival at Ballarat. The smoke-free carnival has grown into an important platform to promote holistic health and wellbeing among Aboriginal Victorians and brought together 3000 participants from across Victoria.

MDAS became a signatory agency to the Mallee’s new Family Violence Support and Safety Hub, to help women and children experiencing family violence.

The hub connects people directly to services and provides a coordinated response to a range of different needs. Where required it will support a whole-of-family response including holding perpetrators to account. The establishment of the Support and Safety Hubs was a key recommendation of the Royal Commission into Family Violence and the Roadmap to Reform.

NOVEMBER

MDAS and Mallee Family Care were again the beneficiaries of the ABC Radio Mildura Swan Hill Giving Tree Appeal. It’s been a fabulous partnership over the years and every year it makes Christmas a little brighter for many children. The generous donations received this year were given to children, young people and families who have suffered from family violence and abuse.

The number of community members accessing Kerang’s MDAS facilities continued to grow with a 60 percent increase in clients. It’s partly in response to the provision of a greater range of services but also because of the professional and friendly team at MDAS Kerang, with staff who are willing to collaborate and partner with other local agencies. During the year, MDAS Kerang was part of: Five Ways to Wellbeing, a community connecting health promotion, in collaboration with local Agencies; You and Me Can Stop HIV community information session; Understanding Dementia, community information sessions with local agencies; Gannawarra Goes Orange Family Violence Awareness Morning Tea in collaboration with local Agencies; and LGBTI “Celebrating the Yes Vote” Morning Tea with local agencies.

MDAS Swan Hill was selected by the Commonwealth Department of Health for the installation of a Retinal Camera after completing a National Eye Care Equipment Inventory Project survey (conducted by Fred Hollows Foundation). The Australian College of Optometry (ACO) worked in partnership with a national consortium of organisations to provide the cameras and training. The consortium partners are Brien Holden Vision Institute, ACO, Aboriginal Health Council South Australia, Optometry Australia and Centre for Eye Health.

THE NUMBER OF COMMUNITY MEMBERS ACCESSING KERANG’S MDAS FACILITIES CONTINUED TO GROW WITH A 60 PERCENT INCREASE IN CLIENTS.
New board-member Melanie Lane was appointed to the board to represent the Kerang community. Melanie is a Yorta Yorta woman and well known through her role as an Aboriginal Health Worker and as coordinator at MDAS Kerang. But she is also extremely well-connected in the wider community with involvements on boards and organisations including Kerang District Health, the Lung Cancer Advisory Committee for Cancer Australia and Cancer Victoria on a Women’s Health project on Cervical Cancer and screening. Melanie replaces former Kerang board member Lloyd Murray. Thanks, for your service Uncle Lloyd.

**DECEMBER**

Koori men got out on the fairways to experience the physical and mental health benefits of a social game of golf, as part of the first ever Mildura Koori Men’s Health Day. Women’s Pamper Days have been a successful vehicle for connecting Koori women to MDAS health and family services programs, but the “Man Up” event was the first aimed specifically at men, aged 16 and over.

A new four-year strategic plan was launched that identified family, community and culture as the key elements to continue the strengthening of the Mallee Koori community. The new blueprint is from a comprehensive review of the first four years of MDAS and consultations around the future direction. The strategic plan identifies challenges for the next four years including: lifting the number of MDAS clients having an annual health check from 35 percent to 60 percent; increasing the number of Aboriginal children in out of home care case-contracted with MDAS from 30 percent to 100 percent; and ensuring 80 percent of MDAS Community Housing applicants are accommodated (up from 30 percent).

**FEBRUARY 2018**

Two new playgroups were established to boost parenting and education support for families. The Koorie Supported Playgroups at Mildura and Swan Hill were established with funding from the Victorian Government as part of its efforts to continue building Aboriginal participation rates in kindergartens. The Koori supported playgroups are aimed at building confidence, skills and support networks among Aboriginal families.

The Aboriginal and Torres Strait Islander Commissioner June Oscar visited the Mallee, having a conversation with women and girls as part of her “Women’s Voices” consultations. The commissioner’s sessions over two days in Mildura gave everyone an opportunity to listen, have their say and share their thoughts on the work to support and encourage women and to progress women’s issues. There are some very positive, very proactive women emerging in our community, both young women and Elders who were excited about being given a voice in the process.

(Photograph courtesy Sunraysia Daily)
MARCH

A new Family Well Being Program began at MDAS Swan Hill. Community members are invited to come in for a yarn from 11am, with free lunch, free childcare and free support and ideas on relationships, emotions, grief and loss, parenting children and teenagers, caring for yourself and other issues relating to family wellbeing.

It’s impossible to miss the Smoke Free message at Mildura Central after the implementation of a partnership between MDAS and the shopping centre. Bright slip-on covers over the bollards began delineating the Smoke-Free zone at the shopping centre entrances. It was a great partnership to take the Smoke-Free message to the community, both Indigenous and non-Indigenous and means 4000 people a day are exposed to the quit smoking message and MDAS programs.

APRIL

Deadly Choices arrived in the Mallee in April. An initiative of the Institute for Urban Indigenous Health in South East Queensland, Deadly Choices aims to empower people to make healthy choices for themselves and their families – to stop smoking, to eat good food and exercise daily. Deadly Choices also encourages our people to access MDAS to complete an annual ‘Health Check’. The program was launched with community days in Mildura and Swan Hill, with activities for all ages, from Yoga and Meditation to Indigenous Games and touch rugby. Deadly Choice ambassador Preston Campbell attended the Mildura launch.

The MDAS Swan Hill Aboriginal Youth Hub began operating twice a week for youth aged between 8 and 24 years. In addition to the usual weekday activities, the youth hub is busy in school holidays too, with boys’ and girls’ youth camps held at Menera Station, social days, basketball day, swimming and boot camp.

MAY

MDAS Health Quality and Clinical Governance Officer Samantha Brennan was appointed as Aboriginal Researcher in a partnership between MDAS and Monash University that will be a breakthrough for the future of health provision for Aboriginal communities. Our goal is to establish MDAS as a Centre for Excellence in Aboriginal Research and this is a major step towards that vision. The partnership is a chance to move forward on knowledge about how to work together as a community and as health professionals to achieve the best outcomes.

DEADLY CHOICES AIMS TO EMPOWER PEOPLE TO MAKE HEALTHY CHOICES FOR THEMSELVES AND THEIR FAMILIES – TO STOP SMOKING, TO EAT GOOD FOOD AND EXERCISE DAILY.
Sam is a strong leader and advocate for improving the cultural connection of Aboriginal health services and has community trust through her many years with the MDAS health.

An innovative Mallee District Aboriginal Services program that strengthens relationships between Koori parents and their babies before and after birth was showcased at an international symposium in May. The project, “Wondering from the womb: Antenatal yarning from bub’s perspective”, was developed by the MDAS Early Years team and local Community members over two years and works to strengthen bonding between a baby and its parents by taking a baby’s perspective on development, learning and experiences. MDAS lead practitioner Kathy Crouch delivered three presentations on the successful program and its associated work, at the 17th World Congress of the World Association for Infant Mental Health (WAIMH) in Rome.

A first-aid program for dads and a new pram walking group were some of the initiatives implemented by the maternal and child health team at Mallee District Aboriginal Services, aimed at bringing new families on-board. MDAS Swan Hill was selected by the Victorian Government as a site for a Koori-specific maternal and child health service to address low levels of engagement by Koori families with mainstream services. MDAS Maternal and Child Health Nurse Robyn Howarth and Maternal and Child Health Assistant Nikita Morganson are the energetic team rolling out the initiative and are flexible in the way they work, with home visits, drop-in visits and chatting over the phone if needed. They are part of the MDAS Early Years team, which also includes a midwife to assist families in the antenatal period.

KERANG ELDER AUNTY ESTHER KIRBY WAS HONoured IN THE 2018 QUEen’S BIRTHDAY AWARDS.

JUNE

One of our strong MDAS and community leaders, Director of Family Services Ross Hampton, retired at the end of June 2018. Prior to joining MDAS in 2015 Ross was zone director with the NSW Aboriginal Land Council Western region and former CEO of Murdi Paaki Regional Housing. He had also worked as an Executive Director in Aboriginal Affairs and director at the State Aboriginal Housing Office. We’ve benefitted greatly from Ross’s experience, generosity, leadership and mentoring, and we’re grateful for the knowledge he has shared with his team and the organisation.

Kerang elder Aunty Esther Kirby was honoured in the 2018 Queen’s Birthday Awards. Aunty Esther received an OAM for her services to the Aboriginal community, which includes as a former MDAS board member, on the Kerang Elders Committee as well as the Swan Hill Region advisory group and the Gannawarra Shire’s Bush Kinder Program. She also chairs the Kerang Local Education Consultative Group.

Kerang’s Senior Aboriginal Health Worker (and MDAS board-member) Melanie Lane knows more about cancer care than most. Not only is she a Senior Aboriginal Health Worker providing support to community members with a cancer diagnosis, Mel has had her own cancer journey. Mel had the entire top lobe removed from her left lung four years ago but is now cancer-free. Mel shares her insight and experiences on numerous committees and organisations, with the aim of ensuring better cancer care in future for Aboriginal people. She recently presented at the Cancer Australia National Lung Cancer Summit as part of a panel looking at “Strengthening are along the cancer pathway”. Mel also sits on two working groups for Cancer Australia: the Lung Cancer Advisory Group and the Expert Working Group working towards Optimal Care Pathways for cancer in Aboriginal and Torres Strait Islander People.
CHAIRMAN’S REPORT

THIS IS THE FIFTH ANNUAL REPORT OF MALLEE DISTRICT ABORIGINAL SERVICES – A MILESTONE I AM PROUD OF AND THAT HAS GIVEN ME A NEW LEASE OF LIFE IN TERMS OF CONSIDERING THE FUTURE FOR OUR ORGANISATION AND OUR MOB.

It was a pleasure to welcome Melanie Lane to the board this year. Melanie has always been a proud and strong advocate for her Kerang community in particular, and the Mallee Koori community generally. This is both at board level and more widely, through her involvements in national health bodies and her input at board level is valued.

Although five years is a relatively short time, we have taken great steps forward since the first years of existence of MDAS. We have built an organisation that is now seen as a leader in Victoria, even nationally, in terms of the programs we put in place, our governance structures and our successes for community.

I am proud of what we have done together so far as a board and as an organisation. But after five years, it is also time to reflect and identify areas where we could do things better.

As chairman, I am one of those with responsibility to build an organisation that not only provides important services to our community, but also that becomes self-sustaining through the strengths it builds in its most important resource – its people.

You will see from our reports the practical progress MDAS is making. Our community continues to engage with us in greater numbers and more often each year in Kerang, Swan Hill, Robinvale and Mildura. We deliver great programs that support and service our community in a culturally-appropriate manner, which the community-members find relevant to their needs.

When I think about our role as an organisation, I look at the people who are delivering our services. We have more than 200 staff, and I am proud of their enthusiasm, their motivation and their professionalism. MDAS provides great pathways for advancement in career and community, and it’s excellent to see some community-members taking up those opportunities and stepping into leadership roles.

The examples are many – Ada Peterson, who is now the Aboriginal Practice Leader at the Community Support and Safety Hub; Jody Croft and Michelle Gadsby, who are managers at MDAS Swan Hill; Melanie Lane, our Senior Aboriginal Health Worker at Kerang; Simone Spencer, our Community Engagement Officer and Pam McCormack, our Team Leader of Customer Service at MDAS Mildura.

Most notably, Andy Charles has recently stepped up to the role of acting Director of Family Services, after mentoring towards this goal under the guidance of our former director, Ross Hampton, who has now retired.

Of concern, though, is that Andy is one of the few men in our community who has actively aspired, and worked towards, a senior leadership role.
I am proud that our women are stepping up to the challenges in front of them. I see it every day, our women embracing the opportunity to lead and play their role in change.

What does concern me, though, is a tendency among our men not to aspire to that next level. A tendency to work in a job and to be satisfied. Even to reach middle management in mid-career and not to reach for the next goal.

It is our men that I want to challenge – to challenge themselves. To not be satisfied with just “doing their job”, but to aspire to do more for themselves and our community.

We need strong leaders. Both men and women. It is my hope that men in our community, in particular, who read this will think about ways they can step up to the plate and take on the challenges in front of them.

I am concerned about who will replace our Elders - the likes of Uncle Colin Clark; Uncle Lloyd Murray; Uncle Peter Peterson; Uncle Boonyd Walsh; Uncle Rick Kirby; Uncle Willie Hannah; Uncle Ivan Johnson; Uncle Josh Kirby; Uncle George McGee; and Uncle Rupert Clark, to name a few. These Elders are active in the Mallee and District, where MDAS delivers services to.

Opportunities at board level are one example of a way to step out of your comfort zone and to contribute by leading. We now have in place community advisory groups at both Swan Hill and Kerang. This is another chance to take on a new challenge and to “give back”. For our staff, there are always pathways for progression and leadership, and the organisation is always willing to support people who want to work hard to advance themselves and their careers.

I am fortunate to have the insight and support of a talented and committed board who is committed to pushing everyone to be the best they can be.

I hope, over the next year and into the future we will see more of our mob in their late 20s, 30s and 40s stepping up.

I hope, especially, to see more of our men pushing themselves past the shame, or the fear, or whatever is holding them back, stepping out of their comfort zone and following the example of our women to lead within our organisation and our community.

We will be better and stronger as a community if you do.
2017-18 WAS A PERIOD OF ROBUST REVIEW AND DETAILED PLANNING FOR MDAS.

A forensic, organisation-wide review by the consulting firm Rapid Impact evaluated our organisation’s performance against the strategic goals set down when MDAS was established in 2013.

Robust growth in client numbers and stronger community engagement were the key achievements organisation-wide.

In health services, a 33 percent increase was recorded in the number of clients receiving health services, with almost 4000 individual clients now registered at Mildura, Swan Hill and Kerang. The number of Aboriginal Health Checks done by MDAS increased from 656 (2016-17) to 1018 (2017-18).

Family Services delivered by MDAS had also grown from under 2000 client contact hours in 2013 to almost 9000 hours in 2017.

Among other highlights in the review:

- A 50 percent growth on programs delivered
- Development of a new Early Years Model, with exceptional outcomes
- 200 percent increase in Aboriginal and Torres Strait Islander health checks
- 96 percent growth in episodes of service within health (68% Swan Hill and Kerang; 115% Mildura)
- 45 percent increase in the number of Koori Staff
- Improved board governance, with MDAS a national finalist in the National Indigenous Governance Awards

However, reviewing the past was only one part of the equation – the bigger challenge is to look to the future.

Our new four-year strategic plan identifies family, community and culture as the key elements to continue strengthening the Mallee Koori community. (The new four-year Strategic Plan is available on the MDAS website at www.mdas.org.au)

We have built a solid foundation and need to consolidate on what programs and services we deliver to the mob across our sites now and into the future.

The growth within our program areas over the next four years will challenge us to build on our Aboriginal employment strategy so we can deliver programs professionally, as we grow.

We’ve already increased Aboriginal employment at MDAS by 45 percent over the past four years, but we need to become even more active in building Aboriginal employment across all our sites.

The new Strategic Plan places family, culture and community at the centre of MDAS operations.

Until now, a lot of our effort has gone into getting our structures and systems right to ensure we are an organisation with strong governance and accountability processes.

Our work in that area has been recognised in terms of the Government and community partnerships we’ve been able to build, and the confidence the community has in our operations.
But our focus is now very much on our people and the strategic plan is built around the principle of supporting our community from conception to Dreamtime.

Our Strategic Plan includes key tangible goals including:

- Lifting the number of MDAS clients having an annual health check from 35 percent to 60 percent
- Increasing the number of Aboriginal children in out of home care case-contracted with MDAS from 30 percent to 100 percent
- Ensuring 80 percent of MDAS Community Housing applicants are accommodated (up from 30 percent)

Our future is in our hands and I am proud that our people are feeling they have real choices about their future.

We are moving, as an organisation, towards more economic independence and growing the capacity of our workforce and they are good things for long-term sustainability of our community.

But at a community level we’re also getting better at developing strong role models and recognising our achievements, so people do feel there are more pathways to achieving their own goals.

Our achievements and the goals we are setting ourselves for the future are the principle of self-determination in action.

It is our mob choosing the path to meeting our social, cultural and economic needs, innovating and identifying our own solutions to the challenges we face.

The outcomes of our organisational review, and the vision in our strategic plan is showing what the outcomes of self-determination look like.

Our successes are coming from our ability to work in partnership and collaboration, to innovate and compromise.

Our community-driven solutions are having an impact, but issues and problems that have been decades in the making cannot be resolved overnight.

I look forward to continuing our work towards future “generations of vibrant, healthy and strong Aboriginal communities”.

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**SIGNS OF GROWTH**

**HEALTHY MOB**

<table>
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<tr>
<th>2017</th>
<th>CURRENT</th>
<th>2021</th>
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<tbody>
<tr>
<td>35%</td>
<td>53%</td>
<td>60%</td>
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% of MDAS clients completing Aboriginal Health Check

**LOOKING AFTER OUR KIDS**

<table>
<thead>
<tr>
<th>2017</th>
<th>CURRENT</th>
<th>2021</th>
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<tbody>
<tr>
<td>30%</td>
<td>50%</td>
<td>100%</td>
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% of Aboriginal children on contractible orders transferred to MDAS

**A ROOF OVERHEAD**

<table>
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<tr>
<th>2017</th>
<th>CURRENT</th>
<th>2021</th>
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<tbody>
<tr>
<td>30%</td>
<td>40%</td>
<td>80%</td>
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% of housing inquiries where ATAR & SAAP clients housed
THE PAST YEAR HAS BEEN ANOTHER EXCITING AND CHALLENGING TIME FOR ALL AREAS OF MDAS’S HEALTH AND CLINICAL SERVICES WITH THE RAPID GROWTH AND EXPANSION OF PROGRAM AREAS AND INCREASED INVESTMENT FROM GOVERNMENT TOWARDS ACTIVITIES AIMED AT CLOSING THE GAP.

MDAS’s commitment towards Closing the Gap is no longer limited to health services focusing on life expectancy of Aboriginal people but also supporting people to live longer, happier more connected lives. As a result of this commitment, all services are delivered in a way that supports holistic wellbeing considering each individual’s physical, emotional, social, spiritual and cultural needs with connection to country and community being a central part of this wellbeing.

To allow us to work in this way, MDAS has been committed to ensuring all programs are connected to support holistic service provision. With this in mind, the teams within Health and Clinical Services have been ensuring all service provision is integrated, meaning that there is a no-wrong-door policy, all services required and offered to each individual and that these services work together to ensure clients are supported in all areas of need.

To support this work, Mildura’s health services have been focusing on building a team of coordinators across the Clinic, allied health, health promotion and aged and disability services. This team has been working on systems that support all clients receiving the maximum amount of preventative health care required, including Aboriginal Health Checks, GP Management Plans and cycles of care for those with a diagnosed chronic illness.

The MDAS Early Years Services have had another highly successful year with the Wondering from the Womb program getting attention at a national and international level. Some of this work has been published in international journals and books as well as the early years programs being presented at a number of international conferences. The work being done by the Early Years services was presented at the World Congress for Infant Mental Health in Rome in May this year and was also accepted to the International Trauma Conference to be held in Melbourne for the second time. The vision of keeping Aboriginal children safe at home continues to drive the work of the Early Years team and is supported by the intensive, key worker, wrap around model which keeps children and their family at the centre of all decisions. The MDAS Early Years Services has supported families to stay safe and together over the past six years and continues to grow to provide this vital service to communities across the Mallee.

This year has been a time of incredible growth for the Social and Emotional Wellbeing team with investment from both Victorian State Government and Commonwealth investment through the Primary Health Network. This investment is allowing the SEWB team to support those community members with acute mental illness and keeping those people suffering with ongoing mental illness and addiction well. It is the vision of this team to support people in their holistic wellbeing as well as keeping them connected to culture, country and community.
Although an uncertain time for all Aged and Disability Services with the changes to service provision at a Commonwealth level, MDAS remains committed to advocacy and support for all Elders and Koori people with a disability across our communities. Services provided to the elderly and disabled all aim to keep people well at home, connected to country and community and thriving as key members of each community across our region. MDAS continues to work towards ways of ensuring they are best placed to provide the elderly and disabled with the best quality care, ensuring there is advocacy on behalf of individuals and within the services system as well as advocating at a government and policy level.

The year ahead continues to present challenges and opportunities for all areas of MDAS Health and Clinical Services. The committed teams across these areas continue to work toward the MDAS Strategic Plan and with the clear of vision of achieving “Generations of vibrant, healthy and strong Aboriginal communities”. 
FAMILY AND COMMUNITY SERVICES ACROSS THE MALLEE CONTINUES TO GROW AND HOLISTICALLY SUPPORT ABORIGINAL PEOPLE, FAMILIES, CHILDREN AND YOUTH IN ALL AREAS OF NEED INCLUDING, CULTURAL ADVOCATE SUPPORT, FAMILY SUPPORT SERVICES, HOUSING AND HOMELESSNESS SUPPORT, FAMILY VIOLENCE AND YOUTH SERVICES.

The numbers of clients and hours of support provided to community has significantly increased which has resulted in more collaboration across all MDAS program areas to continue to provide wraparound services and supports. All of this work could not be done without the tireless hard work, dedication and passion for helping community of the staff within Family Services across the Mallee, who continually strive to achieve positive outcomes with their individual Aboriginal clients, families, children and young people no matter how complex, dire or difficult the situation at times may be in moving forward.

The 2017/2018 year of growth across the Family and Community Services program areas follows on from the 2016/17 financial year in line with the Road to Reform initiatives supported through the Victorian State Government.

The priority areas that have had significant growth include Kinship Care/Transition of Aboriginal Children in Care.

Growth Area:
Transition of Aboriginal Children in OOHC projected total

TRANSITION OF ABORIGINAL CHILDREN IN OUT OF HOME CARE
As of December of 2017, there has been increased growth of Kinship placements from Department of Health and Human Services to MDAS as part of the Road to Reform initiatives, which also includes the transition of Aboriginal Children in Out of Home Care placements from other Community Service Organisations within the community. In the name of Self-Determination for our Aboriginal community and Aboriginal Community Controlled Organisations, this means that by December of 2021 all Aboriginal Children will be placed with and supported by MDAS.
KINSHIP CARE
With this continual growth, added employment opportunities have arisen within the Children’s Placement Services team across the Mallee, including multiple new Kinship caseworker roles and traineeships. With this has also seen that our current infrastructure to support Family Services programs areas is nearing capacity which will mean further review and planning will need to be done in order to be able to support our potential new future program areas. Other exciting Out of Home Care areas that have been newly funded to support keeping Aboriginal children, young people and families connected and together include the First Supports and Kinship Reunification programs. These along with existing Out of Home Care programs will help strengthen the current MDAS model of Wraparound support services for our Aboriginal community.

FUTURE STRATEGIC DIRECTION AND FOCUS
As outlined within the new MDAS strategic plan we will continue to work towards creating more housing support solutions for community. We will continue a focus on developing a new leadership program to further support Indigenous youth becoming our new future leaders. Other priority areas include: building upon our network of Foster and Kinship carers including respite supports; an alternative Residential Care model; and taking on full authorisation of Section 18 in line with the Road to Reform Government initiatives.
GOVERNANCE AND QUALITY REPORT

Letitia Robinson  Manager, Governance and Quality

ACCREDITATION AND AUDITING 2017-18
The following audit/accreditation processes are relevant to the reporting period:

- Commonwealth Aged and Disability Accreditation Site Visit 3 May 2017
- Foster Care Spot (Mildura and Swan Hill) Audit, site visit conducted by DHHS Compliance and Governance unit
- DHHS Foster Care Swan Hill review 23-26 March 2018
- DHHS Therapeutic Residential Care Facility Audit 23-26 March 2018
- AGPAL Swan Hill Self-Assessment April 2018
- AGPAL Mildura Self-Assessment July 2018

DHHS conducted a Spot audit of Residential Care Unit and Foster Care Program area on the 23-26 March 2018. Overall the feedback was positive with acknowledgment that the areas had improved significantly. DHHS also conducted a spot audit on Foster Care program for Swan Hill and Action plan was prepared and submitted to DHHS Compliance and Quality Unit.

The MDAS Therapeutic Residential Care program action plan is completed. The Foster Care Action plans are being implemented and quality improvements incorporated into service delivery to meet compliance obligations.

VACCHO CONFERENCE
Manager Governance and Quality presented at VACCHO conference Movement for Improvement on May 2018 in relation to Quality and how this has been embedded into MDAS over the past five years.

There was positive feedback on sharing the Journey of how MDAS has imbedded quality into everyday functions of the organisation. The Core Business model created a lot of discussion and the system-based approach we have adopted places us as leaders in innovation and creativity to meet community needs.
RISK MANAGEMENT
Risk management systems are in place within MDAS and have very robust overarching governance structures to reduce the risk through mitigation strategies and control measures. A Risk and Audit committee has been established to oversee the Risk for the organisation and is a sub-committee to the Board.

AUSTRALIAN CHILDHOOD FOUNDATION
MDAS has gone into partnership with the Australian Childhood Foundation and submitted a self-assessment for review by the ACF. The ACF has provided feedback in relation to the self-assessment and MDAS Corporate division is currently working through the recommendations. As part of the partnership an interpretative guide will be developed for Aboriginal and Torres Strait Islander peoples as a guide to improving understanding of the ACF Standards.

FEEDBACK (COMPLAINTS)
MDAS has improved its overall response to Feedback Complaints to ensure a robust system that records and actions complaints in a timely manner. Review of CHARM Feedback section demonstrates that the recorded actions taken to resolve complaints has improved significantly, over the past five years.

Feedback Actions to resolve Complaints

INCIDENT REPORTING
MDAS has been working towards improving incident reporting processes - and as displayed in the diagram (right) the major level of incidents have no injury but are reports ONLY. An intensive review of incidents has assisted staff in a “no blame” system of reporting so that near misses can be reviewed and strategies to improve systems within MDAS are incorporated into daily practice.

Incident Report – Trends

Incident by Risk rating shows a significant decrease in critical incident over the past four years with an increase in reporting of near miss and medium incidents to show that preventative measures are effective in reducing risk associated with incidents across the organisation. This is an excellent result for MDAS with an increase in reporting but a decrease in severity of risk associated with incidents needing review and investigation.

KNOWLEDGE MANAGEMENT
MDAS Knowledge Management systems are robust with lots of discussion from frontline service delivery level to Executive Management.

Document Control Working Group has a robust engagement from all divisions of MDAS with documents being ratified, consulted and discussed to ensure they meet legislative requirements and are practical documents for the organisation.
THE SOCIAL AND EMOTIONAL TEAM HAS HAD A HUGELY PRODUCTIVE YEAR HIGHLIGHTED BY THE OPENING OF THE SEWB HUB IN MILDURA.

The hub in Orange Avenue offers office spaces, a waiting area, art room and three private counselling rooms and is in response to clear community preference for a discrete, confidential, safe place to come for support.

Coinciding with the opening of the hub was the introduction of the Mental Health Demonstration Project. This is a groundbreaking venture which established partnerships with the Mildura Base Hospital Mental Health Services and Mallee Family Care Community Mental Health Support Services. The two-year project is testing a new mental health treatment model for Aboriginal and Torres Strait Islander people with moderate to severe mental health disorders who fall between the gaps due to the nature of their mental health and social support needs. This project has recently been given another 12-month extension.

Continuing strong growth in client numbers is being supported by increasing staff numbers, although a limited pool of appropriately-qualified staff presents some recruitment challenges. The SEWB team now consists of 27 staff, 16 of whom are Indigenous. Our growth has necessitated a large focus on recruitment, training and succession planning.

Regular program activities include:

- Workers attending Koori court twice fortnightly
- Ladies days (basket weaving, sewing, and meditation) is having positive outcomes for six clients attending regularly with positive behavioral changes observed by clients, family members and workers
- Men’s group has grown with eight males attending regularly
- Two AOD Staff one Counsellor and one AOD nurse visits Wiimpatja Healing Centre once a week and assists with developing support plans and education sessions for clients as well as Individual AOD counselling.
- Senior Mental health case worker visits once per fortnight, assessing clients MH issues and starting the Process of completing MH care plans for eligible clients

Our goal and focus in SEWB is to engage, support and strengthen Aboriginal and Torres Strait Islander people affected by Social and Emotional Wellbeing issues in order to improve their health, wellbeing and participation in the community.
MENTAL HEALTH DEMONSTRATION PROJECT
MHDP has received 74 referrals and are currently supporting 48 Clients. Wait time from referral, intake & assessment and allocation of worker is five days. Referrals being received from KWDP, MHS, MDAS AOD and self-referral, with a large number of self-referrals occurring in the final months of the year.

GAMBLER’S HELP
Since July 2017 the gambler’s help team has been referred a total of 13 clients, 11 of whom were concerned about their own gambling and two about someone else’s gambling. Clients engage with a Gamblers help therapeutic practitioner in sessions such as financial literacy, gambling education, coping strategies for stress and how to use other hobbies in place of gambling.

PHN CLIENTS
This year has been characterised by a steady increase of clients and 52 clients were seen or contacted by our PHN workers in Mildura and Swan Hill over the year. They had an average age of 14 and one of the main issues that they were dealing with was that of anxiety. Our workers were able to conduct some interventions in the form of education and provided general counselling in order to identify and learn some relaxation strategies.

BRINGING THEM HOME/SEWB
New BTH workers were appointed in Swan Hill (Glenda Nicholls) and in Mildura (Justine Bowden) who have made good inroads on recruiting new clients and re-engaging with former clients. Justine has delivered presentations to numerous external agencies and worked with Elders from the HACC Program at art therapy workshops at the Mildura Arts Centre to help with healing. Highlights included one family reunion at Swan Hill and a Stolen Generation performance of “Hart” at the Mildura Arts Centre. Overall the BTH team has seen or contacted 49 community members during the reporting period.

REFLECTING AND RECONNECTING
The Bringing Them Home team hosted a community celebration in Mildura to reflect the 10-year anniversary of Sorry Day. The event brought together 200 community members and Elders members with positive feedback about a sharing, informative experience that provided a broader understanding of the effects of intergenerational trauma as well as allowing community members to share their stories and experiences. It allowed all community members, Indigenous and non-Indigenous, to come together, reflect on the past and to work together to build a much stronger and vibrant future for the younger generation.
In February 2018 the MDAS Human Resources Team became known as People and Culture and the new name and a new structure were the highlight of 2017-18 for our team. The transition to the new model allows People and Culture to more effectively meet organisational and community needs.

**PEOPLE AND CULTURE ORGANISATIONAL STRUCTURE JUNE 2018**

**PEOPLE**
- **LEARNING & DEVELOPMENT**
  - Kylie Henderson
- **SYSTEMS ADMINISTRATOR**
  - Joanne Mitchell
- **HUMAN RESOURCES OFFICER**
  - Samantha Falconer
- **PEOPLE & CULTURE TRAINEE**
  - Angela Pryor

**CULTURE**
- **MALLEE ABORIGINAL EMPLOYMENT PROGRAM**
  - Kosha Shanahan
- **CULTURAL ENGAGEMENT OFFICER**
  - Simone Spencer
- **CULTURAL FACILITATOR**
  - Tamara Handy

**PEOPLE**
MDAS is now the largest single employer of Aboriginal people in Victoria. Our workforce currently comprises 50 percent Aboriginal and Torres Strait Islander employees across the organisation.

Our work focuses not only on increasing the numbers of Indigenous employees at work within MDAS, but also in developing the development and learning opportunities required for existing staff to grow and lead.

The creation of a Learning and Development role in November 2017 and the appointment of Kylie Henderson into the role has allowed a focus on a MDAS Learning and Development Framework.

The framework aims to support and empower all employees through meaningful learning and development initiatives, with particular emphasis on our Aboriginal Workforce Development initiative.
We have successfully secured DHHS funding for this initiative, allowing us to focus on upskilling our Indigenous employees and mentoring and supporting our trainees.

It also allows us to work with our Aboriginal staff to develop and structure pathway and progression plans that will meet our organisational succession planning models, as well as developing strong future leaders for MDAS.

CULTURE
The addition of two new roles - Community Engagement Officer and Cultural Awareness Facilitator – allowed the creation of a Cultural unit, which complements the HR space and provides a cultural lense on all Human Resources matters.

The cultural Facilitator and community engagement officer work in unison and ensure community is engaged in MDAS program delivery and that community events are marketed appropriately. Their mission is to ensure culture is kept alive and that MDAS is listening to the voice of the community.

Community Engagement Officer:
Simone Spencer hit the ground running in the community engagement role and began to attend community forums, meetings and community engagement opportunities. Simone was responsible for organising NAIDOC 2018 and pulled together the celebration through the various community events including the NAIDOC ball.

The cultural and community engagement team has developed a cultural safety cultural respect brochure and has been facilitating training with Elders for both MDAS staff and external stakeholders and organisations. Cultural Awareness Training is now part of MDAS mandatory training and is now being marketed to attract a wider audience. As part of the cultural capacity building project the cultural Awareness program will engage youth to participate with the Elders in order to transfer cultural knowledge and ensure longevity to the cultural awareness training package.

The cultural unit also works proactively to identify and facilitate employment opportunities for Aboriginal people through the Mallee Aboriginal Employment Program.

Late in 2017-18 People and Culture appointed a trainee, Angela Pryor, who will complete a Certificate Three in Business Administration and follow a succession plan, working towards a career in the P&C team. Angela will learn all facets of generalist Human Resource Management and will be actively involved in all P&C initiatives.

Playgroups in the Hub and at Kunawaa are thriving and have had over 250 participants. They provide wonderful places for families to learn and play. The Family Support staff are working with around 70 families which is an increase of 40 percent from the previous financial year. They continue to walk alongside the families through both the internal and external service system. HIPPY continues to be successful with a 50% increase in tutors and a cohort of 16 four-year-olds active and 10 five-year-olds. Fiona Turner, who has a Bachelor of Education, was employed in September as Team Leader of HIPPY and KPSA and with this education background has been able to support our tutors with knowledge and training. Our Koori Pre-School Assistant has delivered a cultural program to DET funded kindergartens in the LGA. The KPSA program supports and works to empower Early Years educators to deliver culturally appropriate education and attends services in an area bordered by Werrimull, Merbein, Nangiloc and Murrayville.

Our clinical team of Koori Maternity Services and Maternal and Child Health have continued to provide high quality evidence based ante and postnatal care and education. Our immunisation rates in the 0-5 years age are close to 100%. One hundred and seven women have been provided with antenatal care and there have been fifty-five births.

Some of the more recent additions in our space include the AMCHI project in Swan Hill which commenced on November 17 for 12 months. The project is funded by Department of Education and Training and aims to increase Aboriginal children’s participation in Key Ages and Stages (KAS) with Maternal and Child Health. Nikita Morganson is working as our Indigenous support worker to assist with engagement and to provide local cultural knowledge. Nikita has assisted in the development of KAS reminder cards that have been painted by local artist Sandra Kropinyeri.

Koori Supported Playgroups commenced at both sites in March having received funding for the first time in 2018. This opportunity gives us the ability to assist in increasing the school readiness of Aboriginal children in our communities. Mata Havea and Malinda Loats are leading these Playgroups and are developing a real cultural focus by having Aboriginal songs and stories as the basis for each group.

THE FAMILY SUPPORT STAFF ARE WORKING WITH AROUND 70 FAMILIES WHICH IS AN INCREASE OF 40 PERCENT FROM THE PREVIOUS FINANCIAL YEAR.
Early Years successfully secured a Learning Systems grant this year which enables us to work alongside the leaders in New Born Observation (NBO) from the Royal Women’s Hospital in Melbourne. This gives us the opportunity to build in frontline supports for parents of new born children in the Mallee. We have begun developing resources and training materials that are Aboriginal specific that best meet the needs of the local community. This will ensure that the Early Years team at MDAS can really help new born babies and their parents share meaningful messages.

MDAS and Early Years presented in Rome at the World Association of Infant Mental Health (WAIMH) congress. This had Mallee communities being well showcased from infancy. It has generated interest in the Early Years’ capacity for creativity, wonder and innovation that is rich in cultural wisdom and best-practice theories. Most importantly it is the work being done by the frontline staff that is being celebrated. Healing-informed case work around babies and families is to be celebrated and between 2016 – 2018, over 50 MDAS employees have participated in an organisation-created learning program for frontline staff. As our most valuable resource and asset, frontline staff across MDAS are engaging in reflective learning opportunities and sharing their insights and skills with each other and community.

THE WORK ALLOWS IMPROVED COMMUNITY ACCESS, MORE CONSULTING ROOM AND MORE PROFESSIONAL SERVICE DELIVERY AREAS FOR THE SWAN HILL TEAM. IT’S CREATING MORE OPPORTUNITIES FOR INTEGRATED CARE AND HELPING TO MEET THE GROWING DEMAND FOR HEALTH SERVICES FROM COMMUNITY.

HEALTH SERVICES

We continue to work closely with partners and other community agencies to ensure the community has access to the services and supports required.

We secured agreement on provision of Allied Health Services (speech therapy) with Rural Workforce Agency Victoria and Swan Hill Health (Speech Therapy) and we are working closely with Southern Mallee Primary Care Partnership around input to community services, specifically around health priorities. Also implemented during the year was welcome collaboration between SMPCP, Bendigo Health and MDAS Swan Hill on Mental Health Services [ATSI Mental Health committee].

Our community events were highly successful. The major event was our Community Day, attended by around 150 people. Other events included Breastscreening (Women’s Day), Pap and Pamper Day, White Ribbon Day, Young Love (Healthy relationships) and Sisters’ Day Out.

In the year ahead, highlights will include the full rollout of the Deadly Choices program. There will be more community events around health and we will continue applying for projects which reflect important community priorities, such as a Bowel Screen initiative.

Accreditation with AGPAL [General Practice] will be a major undertaking and work will continue in the challenging space of strengthening the human resources of the health team, including recruitment of a full time GP or GPs, after we farewelled our two long-standing GPs during the year.

FAMILY SERVICES

Our family services team this year moved into space previously occupied by the headspace program. This has provided greater scope and appropriate space for projects, program delivery and a greater focus on community engagement.

A major focus for the year was an increase in community events to reach new community members and strengthen our engagement and relationship with current clients. Our regular Friday lunches, organised by Family Services, were a popular opportunity for a yarn and for informal access to MDAS staff with more than 30 community members attending regularly.

The year has included many new initiatives for you, including five successful youth camps at Menera Station. The Youth Hub is operating on Tuesdays and Thursdays and is providing important opportunities to engage and support our young people.
A major focus for the year was an increase in community events to reach new community members and strengthen our engagement and relationship with current clients.

An important addition to the expansion of the reception space was the cultural display cabinet which will safely house cultural artefacts and important memorabilia for community and visitors to see.

We continue to work on community partnerships, including, this year, a welcome collaboration with the Salvation Army to secure Christmas hampers and toys for community in need.

We are proud with the achievements of 2017-18 by the MDAS Swan Hill team. Congratulations and thank you to our committed and professional staff, who continue to go above-and-beyond to achieve great results for our community.
IT’S BEEN A BUSY YEAR OF EXPANSION AND INCREASED ENGAGEMENT WITH OUR KERANG COMMUNITY.

Kerang has expanded its staffing base this year with a locally-based Health Promotions Officer appointed to Korrin Korrin Balit Djak, Working Together for Health. We also were fortunate to receive CIP funding from the Department of Justice for a .4 position.

Funding was also received for a Working Together for Health position.

The additional resources allowed us to take an increased focus on community health events this year. They included a major community day, Reconciliation Week March, a pool day, “You and Me Can Stop HIV”, Biggest Morning Tea, a White Ribbon event and Autism Spectrum workshops.

We completed minor renovations to the Kerang office during the year, but we are excited that a new service centre has been designed for our site and funding for capital works submitted to the Commonwealth Department of Health to build a new clinic.

We continue to work closely with partners and other community agencies to ensure the community has access to the services and supports required. We have worked successfully with the Loddon Gannawarra Health Services Executive Network for funding for a Healthy Hearts and Lung Project, and this will continue.

We secured agreement on continued provision of Allied Health Services with Rural Workforce Agency Victoria and we are working closely with Southern Mallee Primary Care Partnership around input to community services, specifically around health priorities. Also implemented during the year was welcome collaboration between SMPCP, Bendigo Health and MDAS Swan Hill on Mental Health Services (ATSI Mental Health committee).

Outside of health services, we continue to work on community partnerships, including, this year, a welcome collaboration with the Uniting Church to secure Christmas hampers and toys for community in need.

In the year ahead, highlights will include the rollout of the Deadly Choices program. The success of our efforts in community events this year ensures our focus will continue on this area. There will be more community events around health and we will continue applying for projects which reflect important community priorities, such as a Bowel Screen initiative.

WE CONTINUE TO WORK CLOSELY WITH PARTNERS AND OTHER COMMUNITY AGENCIES TO ENSURE THE COMMUNITY HAS ACCESS TO THE SERVICES AND SUPPORTS REQUIRED.
Although Kerang has experienced a critical GP shortage across the entire community, Swan Hill staff continue to outreach here, providing much-needed and valued services to community. We are grateful for the access to medical services we are able to achieve through the use of locums, but, as in Swan Hill, the loss is being deeply felt from the departure of the two trusted and long-serving GPs we shared, who took up positions elsewhere during the year.

We continue to search, through a nationwide recruitment campaign, for a GP. This is a major challenge and opportunity for us, because success will allow us to expand our services greatly and provide a wide range of health services to Kerang and surrounding communities. But most importantly it will multiply the community health outcomes brought through reliable and consistent access to known and trusted GP services.
ELDERS – OUR CONNECTION TO HISTORY, COUNTRY AND DREAMTIME

Uncle Colin Clark  Koori Court Elder, respected Elder at Wiimpatja Healing Centre, MDAS Board member

“ELDERS IN OUR COMMUNITY ARE RESPECTED FOR THEIR STORIES, ART, SONG AND LANGUAGE, IN GOOD TIMES AND IN BAD, THE GUIDANCE, COUNSELLING AND KNOWLEDGE THEY PROVIDE TO FAMILIES AND COMMUNITY. ELDERS HAVE A GROWING ROLE AT MDAS FOR THEIR POSITIVE INPUT TO PROGRAMS AND SERVICES AND FOR THEIR LINK TO KEEPING CULTURE VIBRANT AND ALIVE FOR FUTURE GENERATIONS.

“I use the knowledge and experiences from my life – the good ones and the bad ones – to encourage our young ones not to do the type of things they will regret and to show them that there is another life and other choices.

“Being an Elder is a role I just love because I don’t want to see the situation where too many of our young men don’t live long enough to be good Elders.

“A community needs a continual line of Elders because a lifetime of experiences makes you wiser and the young fellas know you are speaking the truth.

“I’m not saying every person should try to be an Elder. That’s not the way it is. But every person should try to learn about their history and their culture.

“Particularly at Wiimpatja there are so many sites, there are scar trees, European history, fishing, cooking, hunting, gathering to find food. Exposing the young fellas to all of this makes them realise about the bigger things. We all have problems – mine might be only minor compared to theirs, perhaps – but we all have them and we all have to deal with them.

“I love working the Koori Courts, too. I think it’s a vital role where we have young people come before the Judge and we are given an opportunity to say something that might help that young person overcome their difficulty. It’s a great opportunity.

“The traditional ways give you the path to come from a boy to a young man to a man. You weren’t allowed in those circles until your time is right and there are stages in your life that if you haven’t got good mentorship things can go wrong.

“The idea of traditional Elders is being revived in Aboriginal communities and I think that’s wonderful. It’s reviving that line of authority.

“When I look down the line from where I come from, if I didn’t have the leadership and Eldership in my life from my fathers and uncles and the other older people within community, I would have been an entirely different man to what I am today.

“We’ve lost a good two to three generations of young people who should have been Elders now who have got caught up in other things.

“But I think there is a movement down the lines now in the younger generation. You can see they’re prouder and more interested in the traditional ways and that’s a great thing.

“We are passing the knowledge onto them, so I think we will still have good Elders coming through for the future.”
ZEB* CAME TO MDAS SOCIAL AND EMOTIONAL WELLBEING SERVICE THROUGH THE JUSTICE SYSTEM, AFTER AN ATTEMPTED ARM ROBBERY TO MAINTAIN HIS SUBSTANCE AND GAMBLING HABITS.

Initial engagement was sporadic. Zeb was reluctant to engage with support and was at high risk of reoffending and incarceration.

Over a four-month period of staff continually following up and offering support Zeb did engage, but it was still irregular. Staff offered assistance with other issues in his life, and this built rapport and trust and Zeb began contacting workers when he experienced issues. Through these occasions where general support was provided, there were opportunities to discuss issues relating to gambling and other challenges.

These general discussions led to Zeb developing some insight into his past behaviours and how this had been unconstructive. This insight led to him observing the same negative behaviours in others he associated with. He began thinking about what he could have achieved with different choices and steps to distance himself from these unbeneifical relationships.

Over the following five months with support from SEWB staff Zeb put processes in place to reduce and eventually cease his gambling. This led him to commencing a relationship, obtaining his own accommodation, engaging in training and obtaining employment.

*Not his real name
PROVIDING ENCOURAGEMENT AND INCENTIVE FOR COMMUNITY MEMBERS TO ENGAGE WITH MDAS HEALTH, AND OUR GYM PROGRAMS, ESTABLISHED HEALTH AND FITNESS, ELDERS AND SOCIAL GROUPS ARE AIMED AT EXTENDING POSITIVE HEALTH OUTCOMES AND ENSURING CLIENTS REMAIN ENGAGED IN THE LONGER TERM.

We’ve had a 200 percent increase in the number of health checks at our clinics in the past four years, but we continue to look creatively and imaginatively at new ways to induce clients to taking that first step towards better health.

The introduction of Deadly Choices has allowed the MDAS Health Service to provide incentives for clients who engage in preventative health care by having their annual Aboriginal Health Check.

The Deadly Choices program was launched at a community day in Mildura during 2017-18 attended by about 300 people and was complemented by activity at community days in Swan Hill and Kerang.

The program is being rolled out across the Mallee region and is also in place in Mildura schools, where it provides young people with valuable information about staying healthy and taking care of their wellbeing.

The launch of our larger-than-life smoking bad guy “Old Nico” this year has been another successful initiative.

Old Nico is aimed at helping kids understand the harsh realities about the damage smoking does and is a popular figure in school programs and health and community days.

Old Nico’s appearances are complemented by his own Old Nico website, which includes facts and figures, videos, games and activities around the quit smoking message.

Targeting young people with the quit messages takes the information not only to them, but into their families.
MDAS AT WORK

ROBINVALE
MEN’S PROGRAM

An unusual cross-cultural connection is proving a key element to the success of an Aboriginal men’s program at Robinvale.

MALLEE DISTRICT ABORIGINAL SERVICES HAS OPERATED THE MEN’S TIME OUT SERVICES AT ROBINVALE FOR THE PAST TWO YEARS, WITH A FOCUS ON HEALING AND BEHAVIOUR CHANGE.

But an energetic case worker from Ghana, who joined the MDAS Robinvale team in 2017-18 has taken the program to a new level.

Joseph (Joe) Asirifi brought a wealth of knowledge and life experience from work for the United Nations in peacekeeping operations in many countries and also having lived in China, Thailand and South Korea.

“I haven’t worked in the Aboriginal community before and the men initially weren’t quite sure about me – I’m obviously from quite a different background,” Joe said.

Joe is never seen without his trademark tie, so it set him apart from other men who’d worked with the Men’s Time Out Program before.

“At first, they teased me a bit, telling me I was too dressed up to work with them!” Joe said.

“But that’s turned around now, and they’ve come around to the idea that wearing the tie is just one part of who I am,” he said.

The affection culminated with the men on two occasions presenting Joe with special Koori-themed ties to complement his extensive collection and show appreciation.

“I was very honoured – it was pretty special and showed me how much our relationship has grown through the year,” Joe said.

The Men’s Time Out Program has grown from basically nothing this year to 28 men on the caseload.

Joe’s mentor Stephan Gocol said his consistency with the men and his genuine care had resonated with the group, and more and more participants were coming on board.

“The more they came to see Joe’s passion and knowledge to guide them, the more they began to warm to him. The things they made fun of at the start they are now embracing,” Stephan said.

Joe said it was exciting to see the tangible impacts the program was having.

“When we started the men were fairly reluctant to come along and whereas we struggled to get three men along to our weekly sessions at the start, we now usually have between 13 and 18 attending each week,” he said.

“Even just having so many come along regularly is a huge difference, but over time the men have also become quite open with me about what help they need.

“That’s meant I can put some of them in touch with ways to find jobs and some are also working on getting their driver’s licences.

“These are big, big steps forward. But it’s all about building the relationships over time and talking together as brothers and friends, and that is what we do.”
MDAS AT WORK

WIIMPATJA HEALING CENTRE
CAL-LAL PILOT PROJECT

The Cal-Lal pilot project is an interim transitional model for complex residential clients in need of support and reconnection to land and culture in a therapeutic environment.

It aims to support highly-complex clients in contact with the justice system, either currently in or entering Residential Care. This program provides an opportunity to have time and space away from entering risk situations that may present when being re-introduced back into community from a Juvenile Justice environment.

“Mark” was paroled to Cal-Lal for six months during in 2017. He started in the Land Management program with other Wiimpatja Healing Centre clients and displayed a strong and engaging work ethic, built strong relationships with individuals, who in return mentored him sharing life stories and advice. Mark also built a deep respect for Elder Colin Clark during his participation in the Cultural program, which built on connecting clients to the land and culture. Other activities included, learning about the land, weekly yarning circles, cooking and making cultural items from the land.

Towards the end of his stay at Cal-lal, a Return to Country trip was planned to help Mark reconnect with family upon his transition back to community and independent living (he would turn 18 soon after exiting Cal-Lal). To date, Mark has finished his parole, secured his own accommodation, currently completing study and has stayed out of contact with the Criminal Justice system. MDAS ensures that he will be continually supported wherever possible on his own personal journey ahead and in his endeavours to achieve positive outcomes.

*Not his real name
The Koori Women’s Diversion Program assists with diverting Koori women from deepening contact with the Criminal Justice system.

Depending on their individual needs, support for clients this year has included housing, drug and/or alcohol issues, mental illness, family violence, education, employment, lack of income security and disconnection from family, culture and community.

In addition to our ongoing engagement and outreach, notable successes this year included:

- Three participants completing Community Correction Working hours through the Witta Art Program, decorating pots that were donated to community Elders for placement on local unmarked graves;
- One participant gained a traineeship and has had her children returned to her care through DHHS Child Protection;
- We have assisted three mothers to gain access and reunification with their children; and
- One participant has been assisted to gain long term Aboriginal Housing.

The program provides referral pathways into programs and services to reduce Koori women offending, reoffending or having contact with the Justice System as well as supporting Koori Women on justice orders.
JENNY’S STORY

"Jenny" was discharged from Mildura Base Hospital in March 2018 after treatment for mental health issues under a Community Treatment Order. She engaged with MDAS through the Koori Women’s Diversion Program and the Mental Health Demonstration Project and has attended weekly.

Jenny showed remarkable improvement in her health and wellbeing to the extent that her Community Treatment Order was revoked a month after her release, due to her medication compliance and mental stability.

There has been a noticeable improvement in self confidence since Jenny engaged with the KWDP. She is always first to arrive, enjoys interacting with other participants and has made multiple suggestions for group activities. Jenny has also discovered her own artistic talents through KWDP art activities. She regularly initiates contact with mental health and KWDP to ensure medication is not missed and to access support if she experiences any issues or concerns. Jenny willingly undertakes urine tests when requested and her psychiatric appointments have been reduced to two-monthly due to her progress.

There is ongoing positive feedback from staff and community members regarding Jenny’s improvement in personality, interaction with others and her overall wellbeing. Jenny’s declining mental health had come at a considerable cost. She was not present when her father passed away and she did not attend his funeral. MDAS workers supported Jenny to visit her father’s grave to help her grieve and accept her loss. The visit was helpful in helping Jenny develop the insight she needed to implement positive changes.

Jenny’s progress has allowed her to not only renew contact with her daughter (which was a significant motivator in maintaining interaction with services and complying with medication) but to resume some care for her daughter. Jenny has shown exceptional nurturing and parenting skills, providing her daughter with support around issues at school and in everyday life. Workers observe strong parental bonding when the two do art together, and Jenny is teaching her daughter life skills around shopping, the value of money and maintaining their home. During supervised contacts it has been observed that the daughter’s needs and safety are prioritised. This type of progress is rarely seen in clients and is gratifying to see the level of responsibility and care Jenny exhibits to her child.

*Not her real name
MDAS AT WORK

PEOPLE
AND CULTURE

The Mallee Aboriginal Employment Program (MAEP) is the MDAS commitment to finding sustainable employment opportunities for our community.

MAEP SUPPORTS PEOPLE WHO ARE UNEMPLOYED, INCLUDING CANDIDATES WHO EXPERIENCE MULTIPLE BARRIERS TO FINDING EMPLOYMENT (FOR EXAMPLE, DRUG AND ALCOHOL ISSUES, MENTAL AND PHYSICAL HEALTH ISSUES, FAMILY VIOLENCE AND A LACK OF LITERACY AND NUMERACY).

It offers intensive assistance and the opportunity to be linked into a holistic range of services to increase the likelihood of a successful transition from unemployment to long-term sustainable work.

MAEP is in support of the Commonwealth Government’s national priority to reduce the employment gap between Indigenous and non-Indigenous people.

It recognises the importance of work for individual and community well-being.

The current round of MAEP commenced in January 2018 and coordinator Kosha Shanahan and the People and Culture team have worked with candidates to identify and pursue sustainable employment opportunities.

For the six months:

8 Trainees – 8 still employed
12 General Employment – 10 still employed

MAEP also brokered employment information sessions including with:

• Forest Fire Management Victoria
• Australian Defence Force
• Murray Basin Rail Project
• Beon Energy Solutions, Karadoc Solar
• Voyages Tourism
• Broken Hill Pipeline

MAEP invited candidates to an Information session on ‘The Solar Industry Career Pathway Program’ at SuniTafe, we travelled by Bus with a group of 14. After the presentation MAEP participants were able to register their interest, with five young men selected for interviews and four continuing on as Trainees with Chandler Macleod. Of the four, three were participants in the MDAS Family Services Early School Leaver Program.

MAEP hosted the recruiters from the Voyages Indigenous Tourism Australia, a subsidiary of the Indigenous Land Corporation. Voyages is recognised as the leader in employment and training of Aboriginal and Torres Strait Islanders in tourism and through its operations, supports the development of Indigenous businesses. Voyages is dedicated to building and sustaining an Indigenous workforce through attracting the right talent, aiding secure employment, inciting career advancement and fostering empowerment. This was an awesome opportunity for our youth and 11 female and one male participant attended. One MAEP participant was selected to commence the Trainee recruitment and secure a full time traineeship.
MDAS Koori Maternity Services (KMS) has collaborated with local Aboriginal hospital liaison officers Esther Kirby (Kerang District Health) and Debra Chaplin (Swan Hill District Health) to ensure all families have access to cultural photographs of their newborns.

Debra supplies a coolamon for Swan Hill families for photographs, and Aunty Esther provides her Possum Skin Cloak, Aboriginal flag and feathers for Kerang families.

Possum skins are traditionally received by babies and are added to as the child grows, with the child’s story told on the skin.

KMS has now also purchased a Coolamon, made by local artist Elsa Kirby, and some possum skins.

The KMS skin story represents supports around the family’s pregnancy and safe birth.

The design is by a young local woman, Karleasha Mitchell, using handprints of community members who support families and children of KMS families and those attending Early Years Playgroups.

Aunty Esther is also a well-known local artist and is helping to put the KMS story onto the skin.

Families at Swan Hill and Kerang are able to make strong cultural connections for their babies right from their earliest days.

Possum skins are traditionally received by babies and are added to as the child grows, with the child’s story told on the skin.
Cultural connections a pathway to healing. The Wiimpatja Healing Centre, at Warrakoo, has been used for many years as an alternative to traditional incarceration.

**AT ITS CORE, IT IS A REHABILITATION PROGRAM FOR MEN WHO SUFFER FROM ALCOHOL AND DRUGS. HOWEVER, IT IS A WRAP AROUND SERVICE ADDRESSING HEALTH, AOD COUNSELLING, WELLBEING, LIFE SKILLS, TAFE SHORT COURSES FOR WORK SKILLS, FARM ACTIVITIES AND WORK.**

It is recognised across Victoria and NSW as one of the most effective programs of its type with the importance of reconnecting with country and culture in healing a major principle underpinning its intensive programs.

Referrals to Wiimpatja Healing Centre come from corrections, court, justice and self-referral.

Most clients attending WHC would have been incarcerated, or “bailed to fail” somewhere else, if not for WHC. Monitoring this year has underpinned the positive, long-term impact of the program, with only four of the 23 program participants from 2016-17 in contact with the justice system this year.

This year 52 clients were monitored (29 new approvals and 23 monitored from the previous year).

Clients were male, aged between 19 and 57. Four clients absconded from the program during the year and a further eight clients breached program conditions.

The year, at times, was both rewarding and challenging for staff, as well as clients.

There are some difficulties with clients being approved and not able to come to WHC because transport issues are a concern. The ageing infrastructure at WHC presents some issues and there were some challenges with staffing during the year because of shortages of people with appropriate skills.

This shortage of skilled people was compensated by getting MDAS services to visit and provide sessions around AOD Counselling, Healthy for Life Program, Quit Smoking and accessing work skills training through on-site TAFE training. Short courses this year included first aid, OH&S, food handlers and chainsaw operations certificate.

MDAS Health will play an increasing role in future and a new round of funding from our funding provider, the Office of Prime Minister and Cabinet is a chance to make some changes on the way we deliver certain things and to consider more in-house and mainstream partnerships in the future.
WHAT DOES HEALING LOOK LIKE?

Case workers follow up with clients transitioning back to community on completion of the Wiimpatja Program. More than half of the clients monitored after transitioning back to community have had no further contact with the Justice system recorded.

Clients previously counselled by MDAS SEWB team and mainstream services for a number of weeks and residing in Mildura are currently employed in the Mildura District. Other clients are still engaging with MDAS Social and Emotional Wellbeing after completion at Wiimpatja Healing Centre.

“Completed his stay as a juvenile... residing in Mildura - not in contact with the Justice system”

“Residing in Merbein - working on a farm - no contact with the Justice system”

“Client commenced second 12-week WHC program... completed by July 2018 and is a good news story with his outcomes achieved during his stay”

“Settled back with mother... and is seeking to visit WHC as a mentor to other program attendees. Has not been in contact with the Justice system”

“Residing in Mildura engaging with MDAS on a weekly basis, housing is an issue for him - not in contact with the Justice system”

“Returned from Melbourne to complete 12 weeks he stayed a further 6 weeks, all up client has stayed at WHC for 18 weeks. Now living in Melbourne and is not in contact with the Justice system”
CORPORATE SERVICES REPORT

2018-19 MAJOR HIGHLIGHTS

- $1.9 million net operating result compared to a loss of $192,000 for 2017.
- Audit & Risk Management sub-committee developed new reporting frameworks to improve Board oversight.
- Governance and Quality monitoring action plans for all service delivery are resulting in improved audit outcomes from compliance audits.
- Implementation of new finance and inhouse payroll systems to improve budget and human resource management.
- Transition of MDAS housing property to experienced property managers.
- Feasibility assessments for sustainable commercial social enterprises opportunities.

PROPERTY MANAGEMENT

Commercial Properties

Review of all existing property service maintenance agreements and introduction of new agreement where required has resulted in reduced the volume of urgent repair and financial risk from unexpected emergencies.

We commenced our First Mortgage and Community Infrastructure Program Grant (FMCIP) application for removal of the Minister’s first mortgages. MDAS has identified three commercial properties and during the period the FMCIP program has approved funding for MDAS to undertake urgent repairs and feasibility assessment. The key outcome of the feasibility assessment process will be the identification and evaluation of potential opportunities for MDAS arising from the proposed removal of first mortgages from three properties. The feasibility assessment will also provide the platform for developing the 10-year asset masterplan.

MDAS Housing

Management of MDAS housing in Mildura, Swan Hill and Kerang has transitioned 100% to external property managers for rental collection, arrears, repairs, inspections and VCAT matters. Under new housing management all housing repairs are being prioritised to improve equality and living standards across all locations.

Housing solutions is one of the key priorities identified in the 2018-2021 strategic plan. Several actions were undertaken during 2017-18 to increase the community’s access to housing:

- Commenced building two new two-bedroom units;
- Identification of transitional housing needs with department managers and current market options;
- Preparation of business case and funding sources for sustainable MDAS service delivery outcomes; and
- Improved standard and quality of MDAS housing through capital improvements as identified by housing property management agents.

Fleet Services

The quality and functionality of MDAS fleet has improved significantly over the past year. Fleet services have actively engaged with Program Managers to define service
requirements and prioritise fleet upgrade. Review of all fleet operating costs and contract arrangement has resulted in significant savings improving the budget to reinvest and improve services to our clients.

PEOPLE AND CULTURE
HR has implemented a number of improved systems and practices to manage the growth in staff numbers and related complexity. Workforce development plans are being developed via a training and professional development coordination tool. These create educational pathways for MDAS internal learning and development.

Staff numbers have increased 11% in the past 12 months to support new program delivery. HR has been actively looking at ways to increase our traineeships across the organisation to invest in and develop future Aboriginal leaders.

Further information in People and Culture report, page 23.

FINANCIAL SERVICES
Our financial position has improved significantly within the past 12 months.

Investing time with Managers to understand and manage budgets is a key priority for the finance department. Upgrading to a new Enterprise Resource Planning (ERP) system has strengthened the finance team’s ability to support Managers to monitor program budgets. Several new procedures have already been implemented to streamline functions including purchasing card procedures and online purchase orders.

Operating Position
We returned a surplus of $1.9 million in 2017-18 compared to a small loss of $190,000 in 2016-17. As per our five year review, our total revenue has increased 19% compared from 2016-17, however our expenditure has increased only 9%. In the five-year reporting period total revenue has increased 52% which is consistent with the reported growth in service delivery and staff numbers.

All income received in advance is carried forward to future reporting periods to ensure timing differences are not influencing the financial performance of MDAS.

Table 1. Five-year Financial Summary

<table>
<thead>
<tr>
<th></th>
<th>2017-18 ($000's)</th>
<th>2016-17 ($000's)</th>
<th>2015-16 ($000's)</th>
<th>2014-15 ($000's)</th>
<th>2013-14 ($000's)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government Grant Revenue</td>
<td>23,780</td>
<td>20,347</td>
<td>18,980</td>
<td>17,560</td>
<td>17,267</td>
</tr>
<tr>
<td>Rebates and refunds</td>
<td>2,033</td>
<td>1,588</td>
<td>1,107</td>
<td>819</td>
<td>615</td>
</tr>
<tr>
<td>Other revenue</td>
<td>1,725</td>
<td>1,297</td>
<td>1,210</td>
<td>1,182</td>
<td>210</td>
</tr>
<tr>
<td>Total revenue</td>
<td>27,539</td>
<td>23,231</td>
<td>21,297</td>
<td>19,561</td>
<td>18,093</td>
</tr>
<tr>
<td>Expenses</td>
<td>(25,591)</td>
<td>(23,424)</td>
<td>(22,560)</td>
<td>(20,698)</td>
<td>(18,734)</td>
</tr>
<tr>
<td>NET OPERATING RESULT</td>
<td>1,948</td>
<td>(193)</td>
<td>(1,264)</td>
<td>(1,137)</td>
<td>(642)</td>
</tr>
<tr>
<td>Current Assets</td>
<td>10,709</td>
<td>5,935</td>
<td>1,335</td>
<td>2,822</td>
<td>5,776</td>
</tr>
<tr>
<td>Total Assets</td>
<td>35,390</td>
<td>27,894</td>
<td>24,921</td>
<td>25,097</td>
<td>26,119</td>
</tr>
<tr>
<td>Current Liabilities</td>
<td>6,319</td>
<td>4,226</td>
<td>1,964</td>
<td>2,130</td>
<td>1,949</td>
</tr>
<tr>
<td>Total Liabilities</td>
<td>8,978</td>
<td>6,862</td>
<td>3,918</td>
<td>2,830</td>
<td>2,716</td>
</tr>
<tr>
<td>NET EQUITY</td>
<td>26,412</td>
<td>21,031</td>
<td>21,003</td>
<td>22,267</td>
<td>23,404</td>
</tr>
</tbody>
</table>

Liquidity
Cash and financial assets have increased by $4.8 million in comparison to the previous year. This increase is mainly due to an increase in income advance which is carried forward. Our current ratio result of 1.7 has improved over the 2017 ratio of 1.4. This illustrates the company’s ability to meet current commitments is very good.

Assets and Equity
During 2017-18 we engaged licensed valuers to complete valuations on all our Commercial, Housing and Intangible assets. The net impact of the revaluation was an increase of $3.4 million to the value of our non-current assets.

During the 2017-there was one major project completed – the upgrade of the Swan Hill office. The objective of this project was to connect family services and medical service buildings and improve awareness and accessibility of services to the community.
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**STATEMENT OF PROFIT OR LOSS**

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**Mallee District Aboriginal Services Ltd.**

ABN: 54 334 685 198

**STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME**

**FOR THE YEAR ENDED 30 JUNE 2018**

<table>
<thead>
<tr>
<th>Note</th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Revenue</td>
<td>2 23,780,373</td>
<td>20,346,656</td>
</tr>
<tr>
<td>Other income</td>
<td>2 3,758,175</td>
<td>2,884,765</td>
</tr>
<tr>
<td>TOTAL REVENUE</td>
<td>27,538,548</td>
<td>23,231,421</td>
</tr>
<tr>
<td>Employee benefits expense</td>
<td>15,915,879</td>
<td>14,003,656</td>
</tr>
<tr>
<td>Client costs &amp; program development / delivery</td>
<td>4,045,169</td>
<td>4,075,423</td>
</tr>
<tr>
<td>Depreciation expense</td>
<td>1,004,852</td>
<td>1,147,855</td>
</tr>
<tr>
<td>Occupancy costs &amp; utilities</td>
<td>1,396,600</td>
<td>1,819,685</td>
</tr>
<tr>
<td>Motor vehicle expenses</td>
<td>625,390</td>
<td>534,470</td>
</tr>
<tr>
<td>IT costs</td>
<td>451,963</td>
<td>479,813</td>
</tr>
<tr>
<td>Travel expenses</td>
<td>547,252</td>
<td>425,075</td>
</tr>
<tr>
<td>Grant returns</td>
<td>2,969</td>
<td>1,790</td>
</tr>
<tr>
<td>Repairs &amp; equipment replacement</td>
<td>515,005</td>
<td>137,131</td>
</tr>
<tr>
<td>Interest expense</td>
<td>93,969</td>
<td>83,836</td>
</tr>
<tr>
<td>Other expenses</td>
<td>991,874</td>
<td>715,852</td>
</tr>
<tr>
<td>TOTAL EXPENSES</td>
<td>25,590,722</td>
<td>23,424,386</td>
</tr>
<tr>
<td>Net current year profit / (loss)</td>
<td>3b 1,947,827</td>
<td>(192,965)</td>
</tr>
</tbody>
</table>

Other comprehensive income:

Other comprehensive income - -

_items that will not be reclassified subsequently to profit and loss_

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Revaluation of property and improvements</td>
<td>3,305,424</td>
<td>-</td>
</tr>
<tr>
<td>Revaluation of Intangible Assets</td>
<td>126,994</td>
<td>-</td>
</tr>
<tr>
<td>Total comprehensive income for the year</td>
<td>3,432,418</td>
<td>-</td>
</tr>
<tr>
<td>Total comprehensive income / (loss) attributable to the entity</td>
<td>5,380,245</td>
<td>(192,965)</td>
</tr>
</tbody>
</table>

The accompanying notes form part of these financial statements.
### STATEMENT OF FINANCIAL POSITION

**Mallee District Aboriginal Services Ltd.**  
**ABN: 54 334 685 198**

**STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2018**

<table>
<thead>
<tr>
<th>Note</th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CURRENT ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>4</td>
<td>8,828,143</td>
</tr>
<tr>
<td>Trade and other receivables</td>
<td>5</td>
<td>1,090,317</td>
</tr>
<tr>
<td>Other assets</td>
<td>6</td>
<td>37,400</td>
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<tr>
<td>Financial assets</td>
<td>7</td>
<td>753,296</td>
</tr>
<tr>
<td><strong>TOTAL CURRENT ASSETS</strong></td>
<td></td>
<td>10,709,156</td>
</tr>
<tr>
<td><strong>NON-CURRENT ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade and other receivables</td>
<td>5</td>
<td>-</td>
</tr>
<tr>
<td>Intangible assets</td>
<td>8</td>
<td>909,300</td>
</tr>
<tr>
<td>Property, plant and equipment</td>
<td>9</td>
<td>23,771,131</td>
</tr>
<tr>
<td><strong>TOTAL NON-CURRENT ASSETS</strong></td>
<td></td>
<td>24,680,431</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td></td>
<td>35,389,587</td>
</tr>
<tr>
<td><strong>CURRENT LIABILITIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade and other payables</td>
<td>10</td>
<td>5,258,337</td>
</tr>
<tr>
<td>Short-term provisions</td>
<td>11</td>
<td>960,484</td>
</tr>
<tr>
<td>Borrowings</td>
<td>12</td>
<td>100,000</td>
</tr>
<tr>
<td><strong>TOTAL CURRENT LIABILITIES</strong></td>
<td></td>
<td>6,318,821</td>
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<tr>
<td><strong>NON-CURRENT LIABILITIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Long-term provisions</td>
<td>11</td>
<td>356,732</td>
</tr>
<tr>
<td>Borrowings</td>
<td>12</td>
<td>2,302,500</td>
</tr>
<tr>
<td><strong>TOTAL NON-CURRENT LIABILITIES</strong></td>
<td></td>
<td>2,659,232</td>
</tr>
<tr>
<td><strong>TOTAL LIABILITIES</strong></td>
<td></td>
<td>8,978,053</td>
</tr>
<tr>
<td><strong>NET ASSETS</strong></td>
<td></td>
<td>26,411,534</td>
</tr>
<tr>
<td><strong>EQUITY</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retained profit</td>
<td></td>
<td>22,454,121</td>
</tr>
<tr>
<td>Reserves</td>
<td></td>
<td>3,957,418</td>
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<tr>
<td><strong>TOTAL EQUITY</strong></td>
<td></td>
<td>26,411,539</td>
</tr>
</tbody>
</table>

The accompanying notes form part of these financial statements.
Mallee District Aboriginal Services Ltd.
ABN: 54 334 685 198

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2018

<table>
<thead>
<tr>
<th>Note</th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>CASH FLOWS FROM OPERATING ACTIVITIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grant receipts</td>
<td>26,112,882</td>
<td>21,325,635</td>
</tr>
<tr>
<td>Other receipts</td>
<td>3,562,877</td>
<td>8,760,637</td>
</tr>
<tr>
<td>Payments to suppliers and employees</td>
<td>(24,584,045)</td>
<td>(27,343,104)</td>
</tr>
<tr>
<td>Interest received</td>
<td>41,332</td>
<td>29,492</td>
</tr>
<tr>
<td>Interest paid</td>
<td>(93,969)</td>
<td>(83,836)</td>
</tr>
<tr>
<td><strong>Net cash provided by operating activities</strong></td>
<td>17</td>
<td>5,039,077</td>
</tr>
<tr>
<td></td>
<td>2,688,824</td>
<td></td>
</tr>
<tr>
<td><strong>CASH FLOWS FROM INVESTING ACTIVITIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proceeds from sale of property, plant and equipment</td>
<td>478,970</td>
<td>383,277</td>
</tr>
<tr>
<td>Payment for property, plant and equipment</td>
<td>(725,315)</td>
<td>(746,124)</td>
</tr>
<tr>
<td>Proceeds from sale of investments</td>
<td>153,117</td>
<td>391,705</td>
</tr>
<tr>
<td>Payment for investments</td>
<td>(193,259)</td>
<td>(580,861)</td>
</tr>
<tr>
<td><strong>Net cash used in investing activities</strong></td>
<td>(286,487)</td>
<td>(552,003)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CASH FLOWS FROM FINANCING ACTIVITIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proceeds from borrowings</td>
<td>-</td>
<td>2,000,000</td>
</tr>
<tr>
<td>Repayment of borrowings</td>
<td>(100,000)</td>
<td>(1,296,000)</td>
</tr>
<tr>
<td><strong>Net cash provided by financing activities</strong></td>
<td>(100,000)</td>
<td>704,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Net increase / (decrease) in cash held</strong></td>
<td>4,852,590</td>
<td>2,840,821</td>
</tr>
<tr>
<td>Cash at beginning of financial year</td>
<td>4,175,553</td>
<td>1,334,732</td>
</tr>
<tr>
<td><strong>Cash at end of financial year</strong></td>
<td>4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>8,828,143</td>
<td>4,175,553</td>
</tr>
</tbody>
</table>

The accompanying notes form part of these financial statements.
STATEMENT OF CERTIFICATION

Malley District Aboriginal Services Ltd.
ABN: 54 334 085 198

DIRECTORS’ DECLARATION

In accordance with a resolution of the directors of Malley District Aboriginal Services Ltd the directors declare that:

1. The financial statements and notes, as set out on pages 6 to 21, are in accordance with the Australian Charities and Not-For-Profits Commission Act 2012 and:
   a. comply with Australian Accounting Standards and the Australian Charities and Not-For-Profits Commission Regulations 2013, and
   b. give a true and fair view of the financial position of the company as at 30 June 2019 and of its financial performance for the year ended on that date.

2. In the directors’ opinion there are reasonable grounds to believe that the entity 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

[Signature]
Keith Hampton (Director)

Date: the 10th day of October, 2018
INDEPENDENT AUDIT REPORT

FINANCIALS


Opinion

We have audited the accompanying financial report of the directors of the company, which comprises the statement of financial position as at 30 June 2018, the statement of operations and other 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 other explanatory information, and the directors' declaration.

In our opinion, the accompanying financial report of the company is presented in accordance with the Corporations Act 2001, including

(i) giving a true and fair view of the company’s financial position as at 30 June 2018 and of its financial performance for the year ended on that date; and

(ii) complying with Australian Accounting Standards and Corporations Regulations 2001.

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 company in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board’s ASES 101 Code of Ethics for Professional Accountants (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

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

Responsibility of Directors for the Financial Report

The Directors of the company 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 Act 2001, and for such internal control as the Directors determine is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the Directors are responsible for assessing the company’s ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Directors either intends to liquidate the company 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 aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial report.

Southern Audit Pty Ltd
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126 Lime Ave, Mildura, Vic. 3500

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MDAS ANNUAL REPORT 2018

Auditor’s Responsibility for the Audit of the Financial Report (continued)

As part of an audit in accordance with Australian Auditing Standards, we exercise professional judgment and maintain professional skepticism 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 the 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 company’s internal control.

- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Directors.

- Conclude on the appropriateness of directors’ 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 company’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 Company 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.
AUDITOR’S INDEPENDENCE DECLARATION

In accordance with the requirements of section 307G of the Corporations Act 2001, as auditor of Mallee District Aboriginal Services Limited for the year ended 30 June 2018, I declare that, to the best of my knowledge and belief, there have been:

a) no contraventions of the auditor independence requirements of the Corporations Act 2001 in relation to the audit; and

b) no contraventions of any applicable code of professional conduct in relation to the audit.

Southern Audit Pty Ltd
Registered Company Auditors

Philip Snugg FCA
Principal

Dated this 10th day of October 2018
126 Lime Ave., Mildura, Vic., 3500
OUR PARTNERS AND SUPPORTERS

MDAS is grateful for the ongoing support of our important financial partners and supporters.

CURRENT MAJOR FUNDING BODIES ARE

Victorian Department of Health and Human Services
Victorian Department of Justice and Regulation
Federal Department of Prime Minister and Cabinet
Federal Department of Health
Victorian Responsible Gambling Foundation

OUR PARTNERS ARE

Australian Community Support Organisation Ltd
Bendigo District Aboriginal Co-operative
Bendigo Health Care Group
Mallee Family Care
Mildura Rural City Council
Njernda Aboriginal Corporation
Pharmacy Guild of Australia
QAAMS Program
Rural Workforce Agency Victoria
Swan Hill District Health
Victorian Aboriginal Legal Service
Vic. Aboriginal Community Controlled Health Org. (VACCHO)
Brotherhood of St. Lawrence
Department of Premier & Cabinet
Centre of Excellence in Child and Family Welfare Inc.
Healing Foundation
Indigenous Land Council
Mallee Family Violence Executive
Mallee Child and Family Services Alliance Executive
Sunraysia Community Health Services
Mildura Courts
Department of Education

OUR PARTNERS

MDAS has formal memorandum of agreements with:
Swan Hill District Health Services
Mildura Base Hospital
Mildura Base Hospital, Mental Health Services
Headspace Swan Hill
Monash university
Loddon Mallee Aboriginal Reference Group
Rural Workforce Agency Victoria
Maari Ma Health Aboriginal Corporation
FLO Connect
Red Cliffs Secondary College
TRIO Support Services/ Leaps and Bounds

MDAS is a member of:
Victorian Aboriginal Community
Controlled Health Organisation (VACCHO)
National Aboriginal Community
Controlled Health Organisation (NACCHO)
AND WELL DONE TO OUR ENTIRE TEAM (AS AT 30/07/18) FOR ANOTHER YEAR OF HARD WORK AND PROGRESS...

Andrews, Bonnie
Apthorpe, Fredrick
Asiri, Joseph
Azzarelli, Joseph
Badenoch, Bethany
Baker, Ryan
Baker, Shannon
Ball, Sandra
Barclay, Chevorn-Lee
Barnes, Yvonne
Beckwith, Maria
Bennett, Marissa
Berg, Deb
Berry, Jennifer
Billing, Hine
Bloore, Tashon
Bonnett, Carol
Bowden, Justine
Bowden, Rianne
Brennan, Samantha
Brennan, Terrance
Britten, Bradley
Britten, Elvie-Marie
Broughton, Ruth
Buchanan, Allison
Burton, Kerrie
Byka, Eswari
Byrnes, Jennifer
Capogreco, Jane
Cawley, Kylie
Charles, Alisha
Charles, Andrew
Charles, Madina
Chilly, Ethan
Chilly, Matthew
Clark, Rupert
Clark, Tessa
Clayton, Bayden
Connelly, Karley
Cooper, Becky
Coote, Danae
Coshan, Julia
Crilly, Damian
Croft, Jody
Crouch, Katherine
Dajczcer, Bronwyn
Davis, Nicole
de Jong, Carolyn
Demasi, Anthony
Doe, Alana
Doherty, Monica
Dougherty, Danielle
Dunn, Pearl
Dyke, Vanessa
Eggmolesse, Leroy
Elder, Norman
Falconer, Samantha
Farrow, Sherryl
Faulkner, Kim
Fevalakei, Angelika
Fidura, Belinda
Fifita, Valentina
Fisher, Kiah
Fox, Celia
Gadsby, Krystal
Gadsby, Michelle
Germane, Carla
Geyer, Emma
Glenie, Katharine
Gocol, Stephan
Gowers, Norma
Green, Meredith
Griffin, Tiffany
Hall, Brady
Hamence, Margrete
Hamence, Tamara
Hamilton, Djallarna
Hampton, Keith
Hampton, Kirty
Handy, Maresha
Handy, Margaret
Handy, Tamara
Harradine, Michael
Harradine, Stephanie
Haseldine, Jacinta
Havea, Mata
Hayden, Briana
Hayden, Edward
Hayden, Skye
Heaphy, Tracy
Henderson, Kylie
Hensgen, Karen
Hensgen, Ross
Hogarth, Paul
Howarth, Robyn
Islam, Chantenee
Itrat, Sheema
Jenkins, Tamika
Johnson, Brendan
Johnson, Georgina
Jones, Diane
Josephs, Jacquelyn
Karpany, Sharni
Kelly, Karen
Kelly, Nathan
Kelly, Pettina
Kelly, Ted
Kennedy, Dudley
King, Belinda
King, Leah
Kirby, Angelica
Kirby, Crystal
Kirby, Delureen
Kirby, Georgia
Kirby, Graham
Kirby, Nickki
Kirby, Ricky
Kirby, Rudolph
Kuchel, Hope
Kuchel, Terrence
Lane, Melanie
Laurie, Jennifer
Laurie, Victoria
Lehmann, Amy
Little, Jody
Loats, Malinda
Loder, Lewis
Mah, Marie
Marciano, Jonty
Masasso, Jayde
Masasso, Lola
Masters, Kelly
Matsumoto, Peter
Mattson, Shamar
Mayersbach, Carol
McBride, Rosemarie
McCarthy, Patrice
McCle, Amanda
McCormack, Pamela
McCormack, Toni
McDermott, Leanne
McDermott, Tanesha
McDonald, Lisa
McDowall, Jackie
McInnes, Rhonda
McMutrie, Jodie
Merritt, Kara
Mewburn, Elissa
Mitchell, Joanne
Mitchell, Lynne
Melloy, Jacinta
Morganson, Nikita
Morvell, Travis
Muggeridge, Teonie
Ncube, Gugulethu
Ncube, Leslie
Neyland, Jane
Nicholls, Glenda
Nolan, Karina
O’Connor-Johnson, Claire
O’Donnell, Natasha
Pate, Lynnette
Paul, Manu
Peila, Shiloh
Peterson, Ada
Peterson, James
Phillips, Shannon
Philp, Belinda
Philp, Tina
Pickup, Caterina
Pippin, Melissa
Potter, Kathy
Pryor, Angela
Rashid Bosc, Mou
Reddick, Shaun
Reid, Colleen
Roberts, Paul
Robinson, Letitia
Rodi, Frank
Romanillos, Vee
Rowbotham, Angela
Rowley, Meredith
Russell, Kerry
Sailor, Bobbi-Jean
Sanders, Darkle
Sanders, Evelyn
Shanahan, Kosha
Sharman, Margaret
Singh, Dharminderjit
Sloan, Kyia
Smith, Derek
Smith, Desmond
Smith, Kane
Smith, Tamika
Smythe, Robyn
Spencer, Gloria
Spencer, Simone
Stephens, Raeleen
Stewart, Andrea
Stockman, Simon
Street, Adam
Taggart, Toni
Taliloa, Kelly
Taylor, Katina
Taylor, Leanne
Taylor, Russell
Thebe, Zanlei
Thomas, Darlene
Thomas, Terry
Thompson, Vicki
Timbery-Thornton, Malcolm
Togo, Isaiah-Levi
Towle, Melissa
Towle, Sharlee-Anne
Traeger, Laura
Turner, Fiona
Tu’Uta, Benjamin
Vea, Elisha
Walker, Della
Walsh, Alan
Warburton, Leslie
Ward, Stanley
Watson, Patricia
Wattata-Drummond, Raelene
Watts, Darlene
Webster, Harold
Webster, Toni
Wescombe, Ian
Whitford, Elisha
Whyman, Sarah-Lee
Wilksch, Zachary
Williams, Ashton
Williams, Justine
Williams, Kelly
Williams, Martin
Wilson, Rebecca
Winter, Kristy
Winters, Kara
Wirth, Sue
Wright, Joanne
Yates, Angela
Yates, Nathan
Zahinda, Elite
Zeilke-Soden, Mahalia
HEALTH PROGRAMS AND SERVICES

GP
Nurse
Aboriginal Health Workers
Outreach workers
Chronic disease management
Maternal child health nurse
Health checks
Transport

SPECIALIST SERVICES
Psychiatrist
Nephrologist
Drug and Alcohol worker
Psychologist
Maternal and child health nurse
Dietician
Podiatrist
Cardiologist
Urologist
Paediatrician
Optometrist
Cardiologist
Respiratory specialist
Audiologist
Physiotherapist
Personal trainers

CLINICS
Well women’s clinic
Immunisation clinic

TACKLING SMOKING AND HEALTHY LIFESTYLES SERVICES
Quit Smoking Support
Boot camps
Community gym

SOCIAL EMOTIONAL WELLBEING TEAM
Bringing them home program
Drug & Alcohol counselling

FAMILY AND COMMUNITY SERVICES

AGED AND DISABILITY
Home and Community Care
Disability
Community Based Respite
National Jobs Creation Package

CHILDREN’S PLACEMENT SERVICES
Aboriginal Children Specialist Advice
Support Service (ACSASS)
Home Based Care
Kinship Care
Aboriginal Family Led Decision Making
Cultural Support Planning
Therapeutic Foster Care
Therapeutic Residential Care
Therapeutic Residential Case Management

FAMILY SERVICES
Integrated Family Services
Aboriginal Stronger Families
Family Preservation and Restoration
Parents Under Pressure
Youth Services
Koori Night Patrol
Soccer Club
Community Development Project
Youth Justice
Early School Leavers

MDAS TEAM

OUR SERVICES

Gamblers Help
Koori Women’s Diversion
Wiimpatja Healing Centre
Mental Health-AOD (Youth specific)
Adult mental health
Gambling Community Prevention Project

EMERGING LEADERS PROGRAM
Family Violence
Meminar (Family Violence refuge)
Men’s Case Management
Time out Services
Men’s Behaviour Change Group
Koori Youth Connect

HOMELESSNESS AND HOUSING SERVICES
Crisis Support
Transition Support
Aboriginal Tenants at Risk of Eviction
Koori Private Tenancy Worker
Community Housing

REHABILITATION SERVICES
Wiimpatja Healing Centre

EARLY YEARS SERVICES
Maternity Services
Maternal and Child Health Services
Family Support Services
· In Home support
· Cradle to Kinder
Early Intervention and Early Learning Services
· Supported Playgroups
· Circle of Security
· Collaborative Therapy
HIPPY (Home Interaction Program for Parents and Youngsters)
Koori Preschool Assistant Program
Generations of vibrant, healthy and strong Aboriginal communities