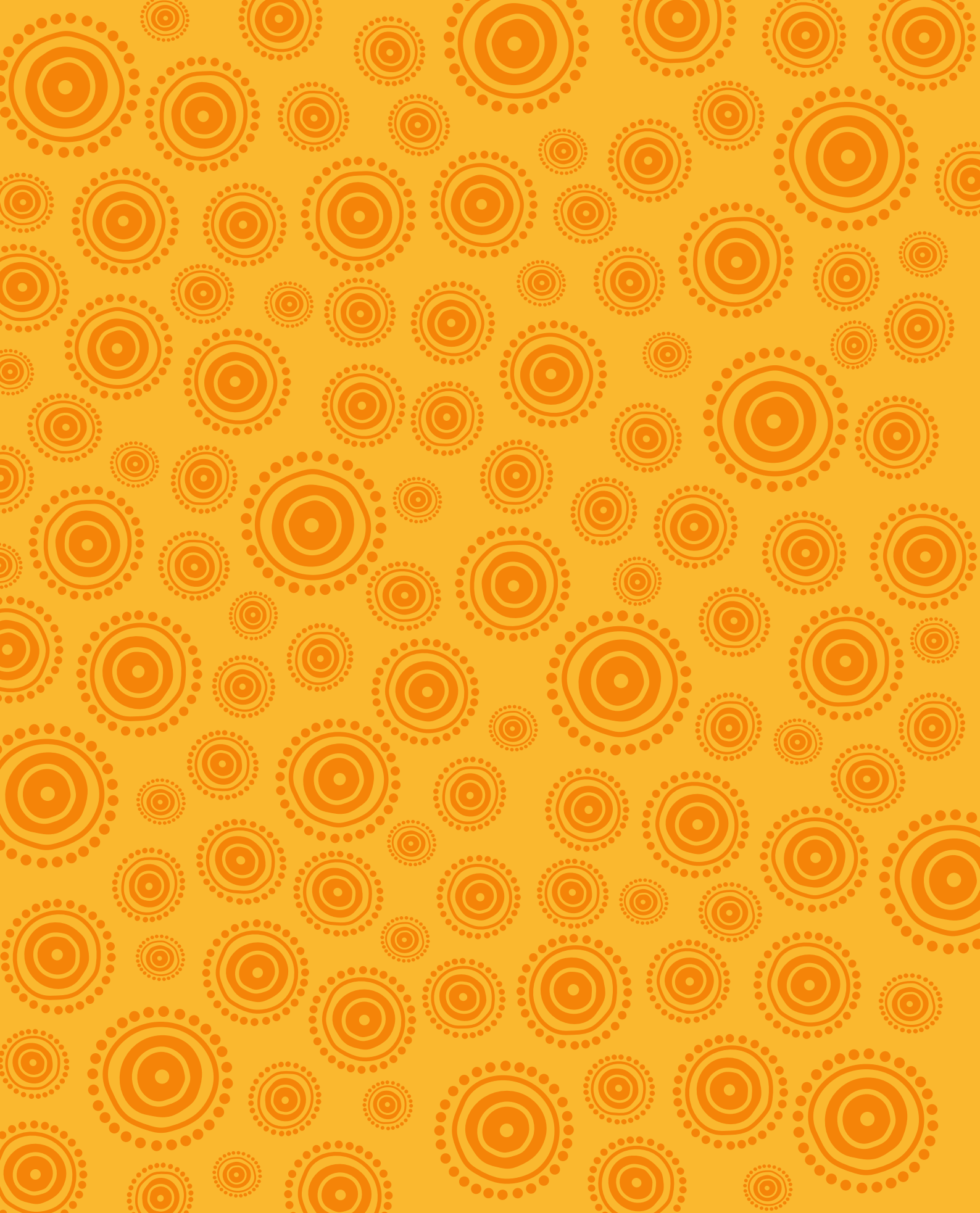




**MDAS**  
MALLEE DISTRICT ABORIGINAL SERVICES



**MALLEE DISTRICT ABORIGINAL SERVICES**  
**ANNUAL REPORT 2017**



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# ABOUT US

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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

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Community

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Respect for Culture

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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...*

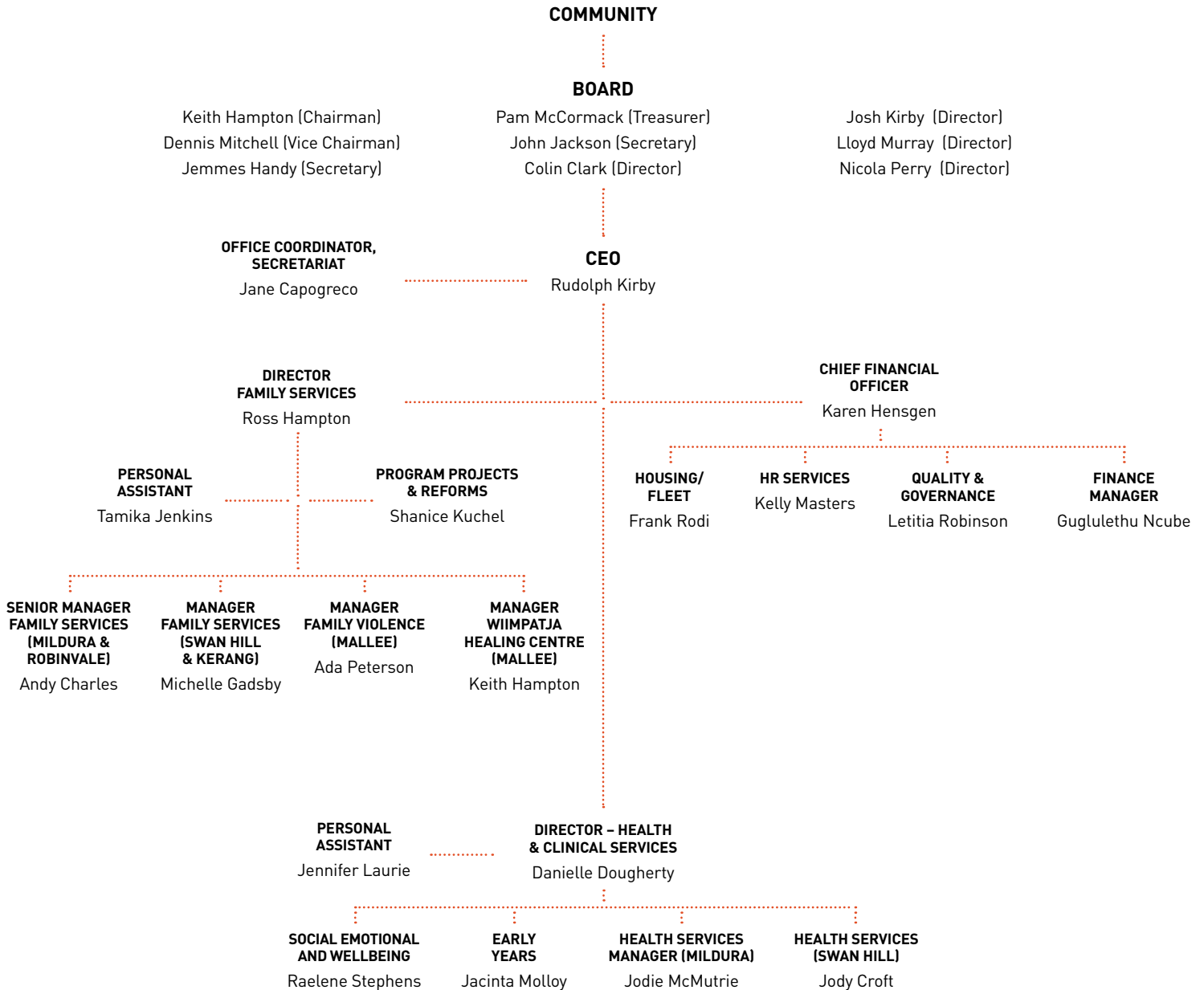
MDAS is a proud Aboriginal Community Controlled Organisation (ACCO) that has a 30-year history of delivering sustainable, democratic, grassroots services and providing the local community with a vehicle for self-determination. We believe the imposition of structures without community control as a central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



# BOARD OF DIRECTORS

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**KEITH HAMPTON**  
Chairman



**DENNIS MITCHELL**  
Vice Chairman



**JEMMES HANDY**  
Secretary



**JOHN JACKSON**  
Secretary



**PAM MCCORMACK**  
Treasurer



**LLOYD MURRAY**  
Director Kerang



**NICOLA PERRY**  
Director Swan Hill



**COLIN CLARK**  
Director



**JOSH KIRBY**  
Director

## KEY MILESTONES IN 2016 – 2017

### JULY 2016

**A partnership was developed between leading Aboriginal health services in the Loddon Mallee region and the Murray PHN (Primary Health Network) to explore innovative service delivery models.** The aim is to further improve the health



outcomes of local Aboriginal community members. MDAS was one of four Loddon Mallee Aboriginal health services to sign

the partnership with the Murray PHN. Murray PHN will work closely with the Loddon Mallee Aboriginal Reference Group (LMARG) and a broad range of other regional health providers including general practices, hospitals and allied health services to increase health service access to Aboriginal community members.

**MDAS was named as a finalist in the Indigenous Governance Awards of 2016. Each finalist organisation was selected for their exceptional Indigenous governance and the positive and long-lasting change they are driving in their community.**



The MDAS citation stated: "MDAS is bringing about generational change and provides services that cover health, family services, housing, aged care, substance

abuse, training, community development, emotional and social well-being, rehabilitation and justice. The services offered cover the entire lifespan from the 'cradle to the grave'."

### AUGUST



**Record crowds attended NAIDOC celebrations across Mallee communities in July and August.** The large calendar of events in Mildura, Swan Hill and Kerang to celebrate Indigenous culture

now draws large numbers of Koori and mainstream community members, particularly to the NAIDOC opening ceremonies in each community.

**Employment of Aboriginal people at MDAS reached a record high. MDAS has more than 200 staff across the organisation in Mildura, Swan Hill, Kerang and Robinvale and 54 percent were Aboriginal or Torres Strait Islander.** At Swan Hill, MDAS had 54 percent of its staff (17 out of 31 staff) who are Aboriginal and 66 percent (four staff out of six) Aboriginal staff at Kerang.

### SEPTEMBER

**County Court Judge John Smallwood endorsed the important role of the Wiimpatja Healing Centre in supporting the success of the new Koori County Court in Mildura.** Judge Smallwood, his associate Lilian Dubrojo and Koori Court Officer Terrie Stewart visited Wiimpatja Healing Centre (formerly known as Warrakoo) 100 km west of Mildura after the launch of the Mildura County Koori Court. Wiimpatja provides an alternative to traditional incarceration for Indigenous detainees on remand, sentenced or on warrants, and is already used as a sentencing option in the Magistrate's Court. Judge Smallwood is a strong supporter of alternative sentencing options and said Wiimpatja provided an opportunity for sentencing to focus more on rehabilitation and long-term outcomes.

## RECORD CROWDS ATTEND NAIDOC CELEBRATIONS



**MDAS chairman Keith Hampton hosted the Governor General Sir Peter Cosgrove for his first visit to MDAS.** His excellency



later wrote to convey how impressed he had been with the MDAS facilities and staff during the tour. Another visitor during September was the Victorian Minister for Training and Skills and Minister for Corrections Minister Gayle Tierney.

**A funding announcement provided an assurance for ongoing services for families provided by MDAS in Robinvale.** MDAS stepped in to deliver family services to the Koori community at Robinvale in 2015 with non-recurrent funding from the Department of Health and Human Services. But DHHS confirmed in September that funding for the services would now be ongoing.

**OCTOBER**

**The chance for a little bit of pampering helped to lift screening rates for cervical cancer and breast cancer among Koori women in the Mallee in 2016-17.** “Pamper and Paps” and



“I Pink I Can” women’s health days offered Koori women the opportunity for a yarn about women’s health, a bite to eat with friends as well as a booking for a pap screen or breast check. All women who made a

booking received a free pamper pack. The days were held in conjunction with the Murray Primary Health Network. In Swan Hill approximately 20 women attended, at Robinvale about 30 and in Mildura 50 women attended the day.

**A new program that aims to transition young Koori offenders and divert them away from repeat offending will be trialled in the Mallee.** The Department of Health and Human Services has provided funding for the pilot project, to be based at Cal Lal Homestead, on remote Warrakoo Station. Warrakoo is already the base for a structured men’s program that is having success in helping clients heal and break negative cycles in their lives. The youth program will take a similar approach for youth with highly-complex needs and challenges. The structured program will involve work projects, life-skills, culture and studies.

**NOVEMBER**

**About 60 Koori children had their entry into primary school supported under the MDAS school enrolment program.**

The enrolment day late in term four aimed to support the transition of the Mildura youngsters from kindergarten to Primary School.

**Ongoing funding was announced for the Swimming in Two Rivers project, which aims to strengthen and build resilience among Koori young people.** The project was a suicide prevention initiative developed for MDAS and with ongoing funding will work in partnership with schools, community organisations and sporting groups. Swimming In Two Rivers (SITR) refers to the region’s two major rivers, the Murray and the Darling, and is a metaphor for Indigenous and non-Indigenous communities.

**MDAS held its first official White Ribbon Day function at Swan Hill.** A successful trivia night aimed to raise awareness around domestic violence issues and available services, as well as raise funds for the anti-family violence initiative, White Ribbon Day. It also aimed to help end stigma for people who are victims of domestic violence and abuse.

**MDAS Swan Hill had another staffmember qualify as an Aboriginal Health Practitioner.** Long-serving Aboriginal Health Worker Nicole Davis spent nearly two years upgrading her skills and qualifications, and became



registered with the Australian Health Practitioner Regulation Agency. The qualification allowed Nicole more autonomy within the practice and to perform more clinical roles beyond the capacity of an Aboriginal Health Worker.

Nicole joins MDAS Primary Health Manager Jody Croft as MDAS Swan Hill’s second Aboriginal Health Practitioner.

## DECEMBER

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### **New directors from the Swan Hill and Kerang communities were appointed to the MDAS board.**

Kerang Elder Lloyd Murray and Swan Hill community member Nicola Perry were appointed to the nine-member board at its final meeting of 2016.



### **Funding was secured to extend the Koori Youth Night Patrol program at Mildura for a further three years.**

Over the past 12 months the KYNP has positively supported underage outings and youth events by providing safe transport. The KYNP also continues to patrol Mildura streets to ensure youth can be transported home safely. Night patrol operates on Thursday nights 7pm to 11 pm and Friday and Saturday nights 8 pm to midnight.

### **Funding was announced for cultural healing camps to be trialled as a process of healing for women and children escaping family violence.**



Women and children at the 24-hour crisis support facility Meminar Ngangng Gimba will be involved in the program, funded by the Victorian Government's Indigenous Family Violence Strategy Community Initiatives Fund. Meminar

provides support, secure accommodation and services to women from across the Mallee who are escaping from family violence.

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## JANUARY

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### **New community representative bodies were announced for Swan Hill and Kerang.**

The advisory groups are to allow the communities to have input on the future of MDAS's direction and services. Expressions of interest were called for a new Swan Hill Community Advisory Group and Kerang's Elders' Group took on the advisory role for that community. The groups were in response to a commitment by the MDAS board to formalising community input on the delivery of MDAS programs and services.

## MARCH

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### **MDAS Early Years manager Danielle Dougherty was appointed to the MDAS Executive Team, as Director of Health and Clinical Services.**

Danielle was previously the innovative leader of the award-winning Early Years team for four years and began her new role in March.

### **Strong community partnerships led to a lasting memorial of the Stolen Generation being unveiled in Kerang.**

Recognising all the Aboriginal and Torres Strait Islander children removed forcibly from their families, a plaque has been placed on a large stone as a centrepiece to the sensory garden at the Gannawarra Children's Centre in Kerang. The initiative was



driven by Elders including Aunty Shirley McGee, and is a permanent way of remembering and paying tribute to the Stolen Generation. The plaque recognises all children

removed from their families, but pays special recognition to the 'Coota Girls', who lived at the Cootamundra Girls' Home, and the Kinchela Boys, who lived at the Kinchela Aboriginal Boys' Training Home.

## NEW DIRECTORS APPOINTED FOR SWAN HILL & KERANG COMMUNITIES.

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**A major refurbishment of old office space allowed the establishment of a new Social and Emotional Wellbeing Hub in Orange Avenue, Mildura.** The hub placed six key services under one roof, providing a best-practice approach to caring for people in a more family-friendly environment.



**A new training program was delivered for MDAS health workers and staff who manage clients using ice by the Penington Institute at Mildura.** Although it is most commonly smoked, a growing number of people inject the drug, with particular implications for mental and physical health. People who inject ice are at the more serious end of the drug use spectrum, and a challenge for frontline workers to manage. Funded by the Victorian Government, the aim of the training was to enhance the skills, knowledge and confidence of frontline workers in needle programs and health services as well as improving access to Needle and Syringe Programs for users.



## APRIL



**A staff training initiative improved the effectiveness of support and services delivered to Koori families.** 13 staff from MDAS family services and executive teams from Mildura, Swan Hill/Kerang and Robinvale completed the postgraduate certificate studies in Family Therapy delivered by the Bouverie Centre in conjunction with Latrobe University. The training came from an identified need to build the skills and confidence of staff assisting clients facing complex challenges. The Bouverie Centre, La Trobe University, in partnership with Take Two, Berry Street, runs the post-graduate program designed specifically for Aboriginal and Torres Strait Islander students currently working in community.

## MAY

**A project was announced for Mildura to host the trial of an innovative and collaborative model of providing mental health services for Aboriginal and Torres Strait Islander people who have come in contact with the criminal justice system.** The ground-breaking two-year demonstration project will focus on people with moderate to severe mental illness and disorders, with the aim of reducing the number of repeat offenders through integrated services such as clinical mental health services, drug and alcohol counselling and case management. The project will be known as the Mildura Aboriginal Mental Health Consortium and will be led by the Mallee District Aboriginal Services (MDAS), in partnership with the Mildura Base Hospital Mental Health Service and the Mallee Family Care Community Mental Health Support Services.

13 MDAS FAMILY SERVICES AND EXECUTIVE STAFF FROM MDAS SUCCESSFULLY COMPLETE POSTGRADUATE CERTIFICATE IN FAMILY THERAPY.





**Victoria's Governor Linda Dessau visited MDAS during a two-day visit of Mildura in May.**

The Governor toured the Mildura complex and met with staff and community members during the visit.

**An Aboriginal expert on problem gambling led a workshop to help people learn strategies to support those fighting a gambling addiction.**



Former Newcastle Knights player and long-time anti-gambling advocate Ashley Gordon's workshops tackle the stigma around problem gambling and provides effective solutions to

tackling the problem. Ashley is now a member of the Australian Gambling Research Centre and has run Aboriginal safe gambling programs for the past nine years.

**Improved access and more consulting rooms were among the key benefits to be delivered by a major upgrade announced for the MDAS Swan Hill offices.** The half-million-dollar revamp of the Nyah Road facility will include constructing a new entrance and reception area; installing canopy walkways to link to existing areas of the health service; renovations to consulting rooms; relocation of the playground; and repairs to roofing and guttering. The upgrade is funded through the Australian Government's Department of Health Indigenous Australian's Health Program and aligns with the National Indigenous Health Plan.



**JUNE**

**A study commissioned by Mallee District Aboriginal Services is helping to highlight the extent of problem gambling in the Mallee's Aboriginal community – and identifying 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 earlier this year. One of the main findings of the

study is that a lot of people don't identify gambling itself as a problem in the first place – they acknowledge they have money problems or health problems or family problems, but most people don't see gambling as a problem in itself.

**Staff moved in to the new Mildura Social and Emotional Wellbeing Hub in Orange Avenue.** Almost 20 staff work at the hub, offering programs such as alcohol and drugs counselling; mental health services; problem gambling; Swimming in two rivers; Bringing Them Home Program; and the Koori women's diversion program. The hub construction was funded by the Victorian Department of Health and Human Services.

**MAJOR UPGRADE ANNOUNCED FOR THE MDAS SWAN HILL OFFICE WITH IMPROVED ACCESS AND NEW CONSULTING ROOMS.**



# CHAIRMAN'S REPORT

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**Keith Hampton** Chairman



**WHEN I FIRST TOOK ON THE ROLE AS CHAIRMAN OF MDAS FIVE YEARS AGO, I WANTED TO HELP BUILD AN ORGANISATION THAT NOT ONLY PROVIDED IMPORTANT SERVICES TO OUR COMMUNITY, BUT ALSO BUILT A PATHWAY FOR FUTURE GENERATIONS.**

You will see elsewhere in this annual report, the great progress MDAS is making. We are a strong and proud Aboriginal Community Controlled Organisation, well-managed, with solid principles and systems that allow us to run efficient and effective services to our mob. Analysis completed this year has shown, year on year, our Kerang, Swan Hill, Robinvale and Mildura communities are coming to and engaging with us in greater numbers to meet their health, family and cultural needs.

I am again grateful for the support of a committed board. It was a pleasure to welcome three talented new board members this year – Lloyd Murray from Kerang, Nicola Perry from Swan Hill and John Jackson from Mildura. They have already made valued and important contributions to our work, and will continue to do so.

We now have in place community advisory groups at both Swan Hill and Kerang. At Swan Hill, our group is made up of individuals with diverse interests and priorities and who are already providing important feedback on MDAS and its operations. At Kerang, this important role is being provided by the Elders' Group, whose contributions and advice are highly-valued by the board.

I also wish to thank and congratulate every one of our 200 staff for their work in a year that has provided many challenges, but has achieved so much.

We are making great progress. Independent analysis this year of our Health, Family Services and Early Years, as well as our corporate structures and governance, shows that we are achieving many of the goals we set down when we wrote our first Strategic Plan four years ago.

But our vision is for “generations of vibrant, healthy and strong Aboriginal communities”, so being satisfied with an unfinished job is not good enough.

We have worked hard to ensure there are new opportunities for our next generations, but we cannot be satisfied with that. As a board, we need to aspire to the next level – and that is also a challenge for each and every individual member of our community as well.

It is the future generations that are a major focus of our work and efforts in our Strategic Plan for the next four years. However strategic plans can go only so far. It is individuals that must also take up the opportunities available to work towards achieving them.

Less than 10 years ago, when my own daughter finished Year 12, she was one of only three Koori kids who completed Year 12 that year in her school. It's exciting to me that more of our young people are putting in the work needed to complete Year 12 and the numbers are rising. It's also exciting to have Koori students in leadership positions in some of our schools and to see young people engaging in programs at MDAS and elsewhere that support their development and confidence. We know that completing school and finding meaningful work is a stepping stone to lifelong success.

But we need to aspire to more. One of the great frustrations we experience at MDAS, is finding suitably-qualified Aboriginal people to work in our organisation. We now have, of 224 staff, 113 of whom are Aboriginal or Torres Strait Islander. But we are limited by the numbers of our mob with appropriate qualifications. We need more qualified people and we need more of our mob to aspire to step up to this next level in their professional lives.

There are countless opportunities in our organisation and outside for our young people to train for higher-level roles and to take them on. I love to see young people who have a dream, then work towards getting the qualifications to achieve that goal. It might begin with an entry level position, a traineeship, a certificate or a diploma, but eventually it might lead to further study or a degree and a higher position within the organisation.

.....

WE NEED TO ASPIRE TO THE  
NEXT LEVEL - AND THAT IS ALSO  
A CHALLENGE FOR EACH AND  
EVERY MEMBER OF OUR  
COMMUNITY AS WELL

.....

MDAS is providing practical entries to some of these pathways. We currently have 11 trainees – each is being mentored, each has opportunity and support to undertake further study and each has many opportunities in front of them. As does every member of staff at MDAS and every member of our community. But it's up to the individual to take that next step and commit to following through with the opportunities.

Our board is committed to pushing everyone in our mob to be the best they can. We are investigating ideas such as scholarship programs and supported education opportunities that can encourage our young people to step up to the next level.

We now have a long list of young people from our area who have gone on to achieve, both within MDAS and elsewhere. We just need more to aspire to pushing their own boundaries and to benefit from the immeasurable benefits to themselves and our mob.









# CEO'S REPORT

**Rudolph Kirby** Chief Executive Officer



**REVIEWING THE PROGRESS OF AN ORGANISATION OVER A GIVEN PERIOD OF TIME IS ALWAYS A CHALLENGING PROCESS – AN OPPORTUNITY TO INDEPENDENTLY AND OBJECTIVELY MEASURE ACHIEVEMENT, BUT EQUALLY, TO SELF-ASSESS AND TO IDENTIFY NEEDS FOR CONTINUED IMPROVEMENT.**

MDAS opened itself to a rigorous process of scrutiny during 2016-17, four years since the MDAS executive worked with the board to define the organisation's first strategic plan in 2013. How far had we come? How many of our goals and priorities had we reached? What should the future for MDAS look like?

I am grateful to the MDAS board for their courage in appointing an independent consultant to undertake this root-and-branch review of our health, family services and corporate services.

I am happy to report the news was overwhelmingly positive. We have identified opportunities for continued improvement and growth, but undoubtedly the progress and achievements of the past four years have been nothing short of phenomenal.

The independent report noted that:

- MDAS's substantial growth during the four-year period, with exponential growth in revenue, clients and services;
- Growth has driven both a large increase in staff and a revised organisation structure;
- Quality and governance has improved, resulting in a marked reduction in risk;

- Investments have been made in systems and documentation to keep up with regulations and manage growth effectively.
- The organisational scrutiny is one side of the story. But the only real measure of our success is in community outcomes, and these are also clear. Community members are voting with their feet and MDAS is now their service provider of choice. Our work is also effectively changing outcomes and lives, and we see this on a daily basis:
- More than 4600 individual clients are now registered with MDAS Health Services alone. Client numbers are up 33 percent over the four years and monthly health checks have increased by 200 percent since 2013;
- In Family Services, the number of programs provided has doubled, client numbers have risen 40 percent and episodes of care are four times the level of four years ago;
- The number of Aboriginal people choosing to work at MDAS is increasing – our Indigenous staff numbers are up 45 percent over the past four years.
- There are other measures, too, of the important progress we are making.

A separate evaluation of the MDAS Early Years Programs was carried out by consultants for the Department of Health and Human Services during 2016-17. It endorsed the program as a “highly effective service”, headlined by the fact that in the past two financial years, no child receiving Early Years family support was permanently removed from their parents’ care.

Our ongoing attention to best-practice in governance was rewarded with success as a national finalist in the Indigenous Governance Awards in 2016.

MDAS continues to evolve its structure and efficiency as an organisation. The organisation has put in place the first Audit and Risk Committee to assist the Board in the effective discharge of its responsibilities on statutory reporting, internal control systems, risk management, insurance, legal and audit proceedings. Our first Chief Financial Officer was appointed during this year, and the experience, advice and oversight of Karen Hensgen has been invaluable to our continued growth and development. Karen’s appointment was complemented by a restructure of our management team to reflect a leaner and more effective organisational model, with Danielle Dougherty appointed Director of Health and Ross Hampton Director of Family Services.

We have faced numerous challenges over the past four years, but, by any measure, our successes have been many.

Undoubtedly, underpinning this success at every level is an important principle – that we are an organisation committed to and actively enacting self-determination.

What does self-determination mean? It’s a broad debate, with diverse interpretations, often bogged down in heavy, political and legal discussion.

But, in reality, it’s nothing more – nothing less – than the ability and right of Aboriginal people to have choice in the way we meet our social, cultural and economic needs as a community. Distilled down to that simple reality, it’s a concept, a wish, that should be neither threatening nor divisive.

At MDAS we are innovating and identifying our own solutions to the challenges we face, and it is now giving us a glimpse of what the outcomes of self-determination might look like.

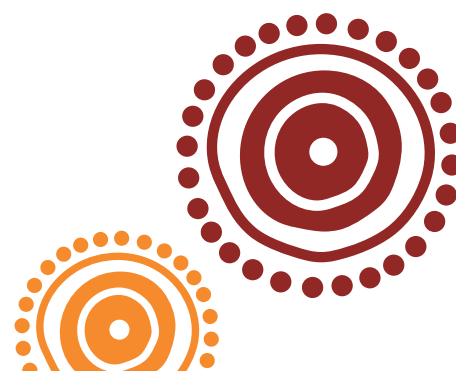
Community-driven solutions do work, but issues and problems 200 years in the making will not be resolved overnight.

The successes MDAS is achieving are what self-determination looks like in action. Our successes, are coming from our ability to form partnerships, to collaborate and compromise – to work with goodwill in a system that is not based on a model of self-determination.

Self-determination is not just about what is morally and ethically “right”. Self-determination is the critical practical element in shifting Australia’s Aboriginal disadvantage in any meaningful and sustained way.

Successful “self-determination” for Aboriginal organisations and communities should allow us capacity to invest in and do things that are priorities for our communities. Successful self-determination will see Aboriginal communities less reliant on Government handout and on a pathway to true economic independence. We will have reliable sources of income – generated from our own economic activity – to do the things we see as important. We will be caring for our own in systems of support, for example for our young, in out of home care, and our Elders, in aged care.

Put simply, these are our lives, our future, our solutions and I look forward to continuing to work with you on reaching our shared goals.







# HEALTH AND CLINICAL SERVICES REPORT

**Danielle Dougherty**

Director Health, Clinical Services and Early Years



**A HUMAN RIGHTS-BASED APPROACH TO HEALTH IS OVERARCHING PHILOSOPHY THAT CONTINUES TO GUIDE MDAS HEALTH SERVICE PROVISION.**

**IT IS AN APPROACH THAT IS BASED ON PROVIDING HEALTHCARE THAT IS ACCESSIBLE AND AFFORDABLE, BUT, MOST IMPORTANTLY, IS BASED ON A CULTURALLY-SAFE MODEL THAT ENGAGES WITH THE INDIVIDUAL AND FOCUSES ON THE NEEDS OF THE WHOLE PERSON.**

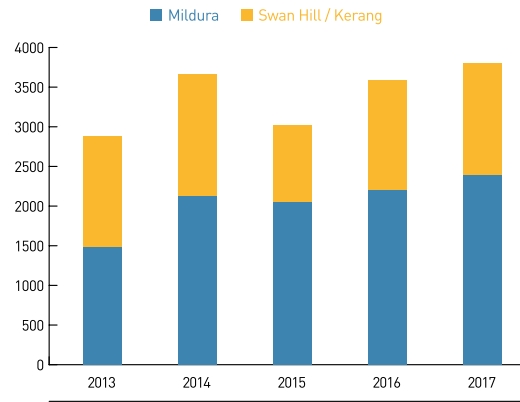
The MDAS health service contributes to build encouraging outcomes in Mildura, Swan Hill and Kerang by tailoring our health focus to meet community needs. It is a community-driven model and the response has been for the community to vote with its feet.

Some measures of that success were evident in 2016-17 in a consultant's review of our organisation's progress since the first MDAS Strategic Plan was adopted four years ago. Most notably, for health services, the assessment demonstrated we have a much more engaged community, with individuals who are more proactive about their ongoing health care.



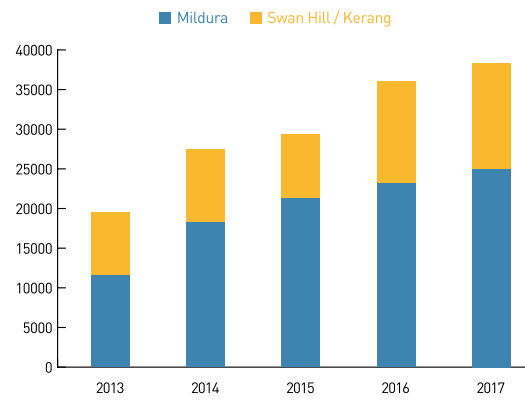
## How are we going?

Individual Clients Seen



The number of clients seen has increased by 33% since 2013 (Source Rapid Impact Review 2016-17)

EoS Healthcare by Location



Episodes of Service has grown 96% since 2013, 68% in Swan Hill and 115% in Mildura (Source Rapid Impact Review 2016-17)

The health leadership team this year undertook a review to look at ways to improve access to Aboriginal Health Checks and GP Management Plans for management of chronic illnesses. From this review health services have undergone a number of systems changes to ensure greater efficiency in appointment booking systems, identifying clients who are due for Health Checks and GP Management Plan reviews. These initiatives will ensure our progress in this area continues.

Although we are focused on building a health service in which MDAS Health Services strives to meet the specific needs of our clients, an important element of our approach is also to continue building partnerships and relationships that support our work and communities.

In March 2017 MDAS began negotiations with the Monash School of Rural Health to form a partnership to develop a research centre of excellence for Koori Health. This is an ambitious and exciting goal we will continue to pursue. It is an initiative that will deliver tangible outcomes for our community, as well as putting MDAS at the forefront of Koori Health delivery in Victoria and Australia.

MDAS and Mildura Base Hospital signed a Memorandum of Understanding in May 2017 to allow for greater collaboration in delivery of services to Aboriginal people. This is leading to improved discharge planning and closer follow up following a hospital presentation.

At Mildura, Speech Pathology was added to the team of visiting allied health services. BG Speech Pathology has been delivering a weekly clinic, helping many children with speech and language issues gain greater access to services than ever before.

This collaborative focus was also at the forefront of a launch this year of our Integrated Team Care program. The program is funded by the Murray Primary Healthcare Network and aims to enhance access to mainstream services for Aboriginal people, increased cultural competence of mainstream health providers and provide care coordination and access to funding for Aboriginal people with a chronic illness.

We also partnered with the Rural Workforce Agency of Victoria to assist 22 children from across the Mallee to receive much needed Ear, Nose and Throat surgeries.

A significant success during the year was approval of MDAS Mildura as the site for a Mental Health Demonstration Project.

The MDAS Early Years team was successful in an application for Aboriginal Cradle to Kinder funding which is allowing 20 families to gain intensive support from conception until their child is four years of age. This program is an intensive case management model focussing on parent child attachment and parenting skills as well as practice assistance in preparation for parenting.

The Health and Early Years teams were this year also involved in a community consultation project undertaken by the Children and Youth Area Partnership to look at the high rates of teenage births in the Mallee area. The outcome of this work has been a greater focus on investing in programs that give greater education and choice for young people around sexual health, healthy relationships and family planning choice.

The Health leadership team visited the Urban Institute for Indigenous Health to look at the highly successful Deadly Choices program and the interface with their 18 health services and aged care services in South East Queensland. This has resulted in a partnership with UIIH and MDAS to implement Deadly Choices and the Aged Care strategy in the Mallee, set to be launched in early 2018.

Thank you to each and every member of our MDAS Health, Clinical Services and Early Years teams in Mildura, Swan Hill and Kerang for their hard work this year. I'm proud that our work together is continuing to make meaningful gains towards our shared goal of closing the gap in health outcomes and life expectancy for Aboriginal people in the Mallee.

# FAMILY AND COMMUNITY SERVICES REPORT

**Ross Hampton**

Director Family and Community Services



**THE 2016-17 YEAR ACROSS THE FAMILY AND COMMUNITY SERVICES PROGRAM AREAS HAS BEEN ONE OF STABILITY AND GROWTH.**

The Family and Community Services area delivers a wide range of programs across the Mallee locations of Mildura, Swan Hill, Kerang and Robinvale. These programs are summarised below and are strongly supported by a strong and healthy relationship with our funding partners in the Department of Health and Human Services (DHHS), Department of Justice, Koori Justice Unit and the Department of Prime Minister and Cabinet. Without this support and funding commitment, the outcomes for our mob across these wide-ranging programs would not be achievable.

**Family Services**

- Therapeutic Residential Care Unit
- ACSASS
- Home Based Care – Complex
- Home Based Care - Intensive
- AFLDM
- Cultural Support Planning
- Targeted Care Packages
- Integrated Family Services
- Aboriginal Family Preservation
- Aboriginal Stronger Families
- Koori Youth Justice

- Early School Leavers
- Koori Night Patrol
- Aboriginal Tenants @ Risk of Eviction
- Crisis Supported Accommodation
- Kinship Care
- Local Justice Worker Program
- Koori Connect
- Horizons Program
- Recruitment & Assessment
- Youth Connections

**Rehabilitation** (Alcohol & Other Drugs)

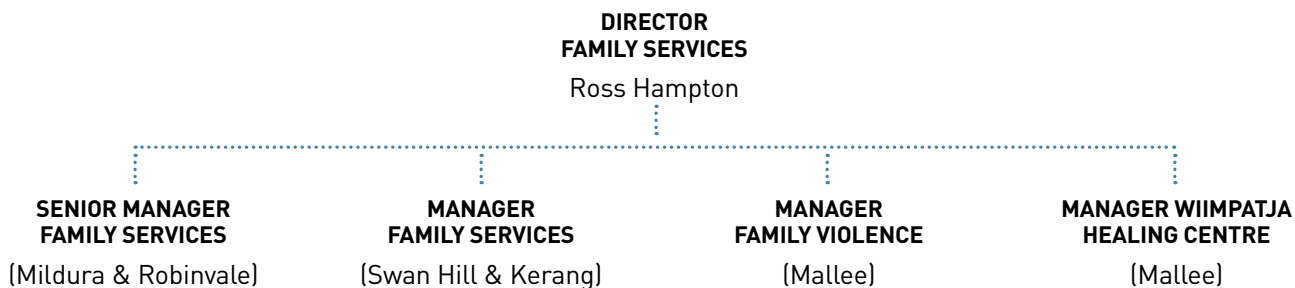
- Wiimpatja Healing Centre

**Family Violence**

- Meminar Ngangg Gimba
- Men’s Case Management
- Men’s Time Out Services

The performance of the Family Services Managers and their staff throughout the year has been one of excellence and this is reflected in the performance across all program areas where outcomes and service delivery to clients has excelled expectations.





### Growth and Future Growth

Within Family and Community Services, we have seen the release of the Victorian Government’s “Roadmap for Reform”, with a high-level focus towards the Out of Home Care and Family Violence areas.

The key reform agenda in these areas are;

- Aboriginal Children in Out of Home Care currently in caring arrangements through the DHHS (Child Protection Unit) or mainstream Community Service Organisations being transitioned to Aboriginal Community Controlled Organisations within a specified timeframe. This timeframe has been established by the Aboriginal Children’s Forum with a 30% target to be met by December 2017, increasing to 80% by the end of 2018.
- The transfer of Section 18 responsibilities, held by the Secretary, transferred to Aboriginal Community Controlled Organisations (ACCOs). Section 18 responsibilities pertain to child protection, with the transfer of these responsibilities giving greater powers and responsibility to the ACCOs in matters relating to child protection. MDAS is represented on the State-wide Steering Committee with the Victorian Aboriginal Child Care Agency (VACCA). Bendigo District Aboriginal Corporation (BDAC) is the first of the ACCOs approved under an “As If” model.

- The establishment of Family Violence Safety Hubs across many key priority locations within the State of Victoria. Mildura has been identified as one of these priority areas and MDAS is a key partner in this development, given the number of Family Violence programs currently delivered within our organisation. It is hoped that the Hub will be operational within the first 3 months of 2018 and have a key focus in assisting Aboriginal people affected by violence with a strong referral pathway to key service providers.

The Roadmap for Reform agenda is supported by strong commitment from the Victorian Government towards “self-determination” for Aboriginal people and their ACCOs.

This reform has resulted in significant contributions from the Department of Health and Human Services (DHHS) in providing MDAS, as well as other ACCOs across the State, with resources in key and critical areas as a lead into the implementation of the reform agenda.

In the Family and Community Services area, we are committed to ensuring that the reform priorities are underpinned by the Self Determination principles. We will work in the coming years to ensure that our clients receive the best possible service across our wide range of program areas.



# GOVERNANCE AND QUALITY REPORT

Letitia Robinson Manager, Governance and Quality



**EFFECTIVE GOVERNANCE IS KEY TO SUCCESS FOR ANY ORGANISATION.**

**MDAS IS RECOGNISED AS A LEADING ORGANISATION IN AUSTRALIA IN TERMS OF ITS GOVERNANCE FRAMEWORK AND SYSTEMS.**

Among the highlights within this year include MDAS being named one of seven finalists in Reconciliation Australia's national Indigenous Governance Awards. MDAS was the only finalist from Victoria.

MDAS was recognised as a result of rigorous judging that demonstrated our development of an innovative and inspiring system of governance with culture at its heart.

As we make progress towards a reconciled Australia, the self-determination of Aboriginal and Torres Strait Islander peoples must be universally recognised and respected.

## HIGHLIGHTS OF 2016-17

### HUMAN SERVICES STANDARDS ACCREDITATION

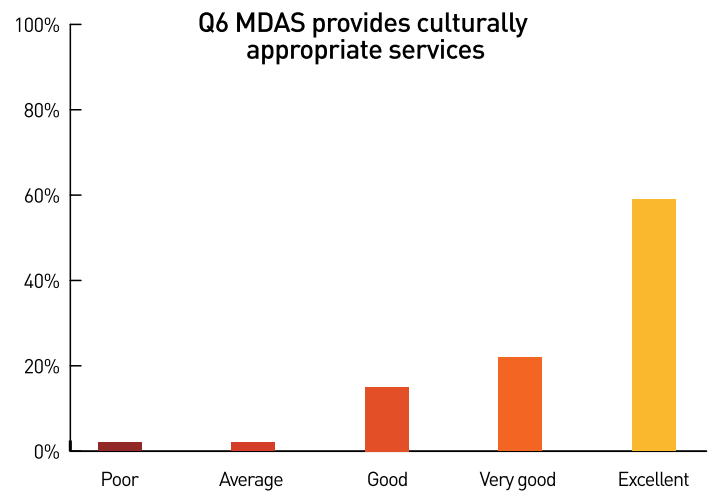
Mid-cycle review against the Human Services Standards - 100% completion.

### THERAPEUTIC RESIDENTIAL CARE AND FOSTER CARE PROGRAMS AUDIT

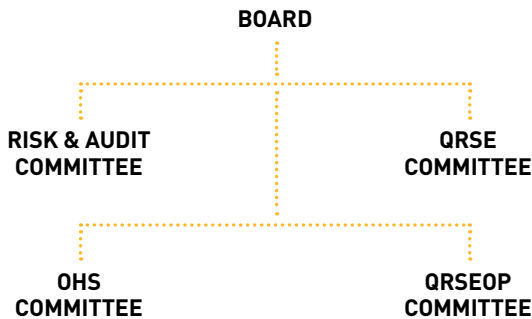
DHHS spot audit, with improvement outcomes to strengthen program service delivery.

### FEEDBACK

Feedback from the MDAS Community Day involved a face-to-face survey of participants. 80% of participants stated that MDAS provides culturally appropriate services at a very good or excellent level.



## MDAS GOVERNANCE SYSTEMS

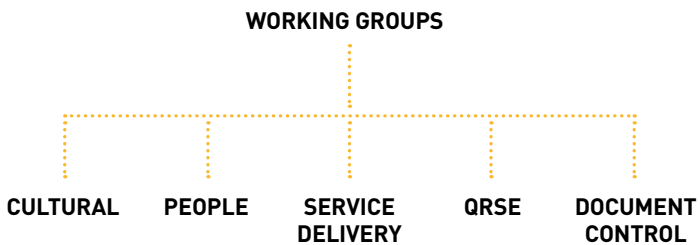


### GOVERNANCE FRAMEWORK

Allows systems and processes to be reviewed and analysis conducted at all levels of the organisation. This includes robust governance of Finance, Risk and Operational systems.

### GOVERNANCE FRAMEWORK / WORKING GROUPS

Strengthens consultation to enhance frontline service delivery.



### CHARM

CHARM is a database that has been designed and developed within MDAS and is utilized as a Management tool. It monitors and tracks all the systems including:

- Compliance (Service Agreements)
- Feedback (Compliments / Complaints)
- Quality (Accreditation and Quality Actions)
- Incident (Incidents and Near misses)
- OHS (Occupational Health and Safety)
- Strategic Directions (Strategic Actions and tasks)
- Risks (Risk Management Plan)
- Documents (Final and Endorsed or under review).

Thank you to everyone in the organisation who has supported our commitment over the year to developing systems and processes that are informed by evidence-based data. The outcomes are demonstrated in our ongoing improvement to community health and well-being outcomes.



## INNOVATIVE MODEL TO BREAK LINKS BETWEEN MENTAL HEALTH AND CRIME

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MDAS was chosen to host the trial of an innovative and collaborative model of providing mental health services for Aboriginal and Torres Strait Islander people who have come in contact with the criminal justice system.

Focusing on people with moderate to severe mental illness and disorders, the ground-breaking two-year demonstration project will aim to reduce the number of repeat offenders by offering integrated services such as clinical mental health services, drug and alcohol counselling and case management.

The project will be known as the Mildura Aboriginal Mental Health Consortium and will be led by the MDAS in partnership with the Mildura Base Hospital Mental Health Service and the Mallee Family Care Community Mental Health Support Services.

The project provides an opportunity to build a more integrated approach to mental health care for Aboriginal people in the Mildura area.

The key strengths of each of the three organisations that provide mental health services locally will be combined to increase the involvement with people who need these services, and to streamline their access to mental health support.

Thanks to a funding injection of \$935,000 from the Department of Health and Human Services, the consortium will effectively test if a more integrated approach to mental health support will help reduce the rate of recidivism by ensuring people get access to relevant services, rather than falling through the cracks or only accessing services in a crisis.

Mildura has an Aboriginal and Torres Strait Islander population of 3.7% of the total population, compared to 0.7% for Victoria and in 2014-15 had the highest number of Aboriginal and Torres Strait Islander offenders per Community Correctional Services location in Victoria.

Mildura has had a Koori Court since July 2005 and in August 2016 Mildura became one of only three regions with a County Koori Court.

The consortium approach is designed to address a known gap and each organisation in the consortium has a defined role.

For example, there is a poor uptake of mental health services by Aboriginal and Torres Strait Islander people in Mildura, except in crisis. This project provides the hospital with the opportunity to begin working with people earlier, before they reach crisis point and while they are being supported by MDAS.

As the lead agency, MDAS will employ the staff for the demonstration project and will be the key point of contact for clients. The project will sit within the Social and Emotional Wellbeing/Mental Health Service with service delivery to be from the MDAS Wellbeing Hub located in Orange Avenue Mildura, where project staff will be based. Intake and referral processes will be undertaken by MDAS in cooperation with Mildura Base Hospital Mental Health Service.

Mildura Base Hospital will provide clinical governance and oversight of the mental health assessment and treatment provided as part of the service model, with a Psychiatric Registrar to be contracted to MDAS for this purpose. The Aboriginal Health Unit at Mildura Base Hospital will also be a point of referral into this project for Aboriginal clients.

Mallee Family Care's Community Mental Health Support Services will provide referrals to the demonstration project as well as bringing a community driven approach to mental health services. The role in the consortium will primarily be a consultative one, drawing on the skills and experience of the MFC team in delivering mental health services in a non-clinical setting.

## INVESTING IN OUR MOST IMPORTANT RESOURCE – OUR PEOPLE

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One of the biggest staff training initiatives ever undertaken by an Aboriginal Community Controlled Organisation in the Mallee in 2016-17 is now delivering better support and more effective services to Koori families.

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**THIRTEEN STAFF FROM MDAS FAMILY SERVICES AND EXECUTIVE TEAMS FROM MILDURA, SWAN HILL/KERANG AND ROBINVALE COMPLETED THE POSTGRADUATE CERTIFICATE STUDIES IN FAMILY THERAPY DELIVERED BY THE BOUVERIE CENTRE IN CONJUNCTION WITH LATROBE UNIVERSITY.**

The training came from an identified need to build the skills and confidence of staff assisting clients facing complex challenges.

MDAS Family Services Manager Andy Charles:

“The more our family and health services work with community, the more we have come to understand that whatever the issue, you will generally not succeed if you work just with the client as an individual.

“Whether it’s drugs, alcohol, family violence, anger, depression or anxiety, there is no point in focussing just on that person – they are a member of a wider family and you have to keep the rest of the family in mind and in the conversation.

“That’s what this training was all about. It’s about thinking holistically around our families, all of whom have some level of trauma in their histories, and the various models that can be utilised to best achieve this.

“The training emphasised the importance of understanding family structures and relationships. The Bouverie Centre, La Trobe University, in partnership with Take Two, Berry Street, ran the post-graduate program designed specifically for Aboriginal and Torres Strait Islander students currently working in community.

“It involved participants developing our own genograms, which map genetic and emotional relationships between family members.

“For almost all of us, as course participants, that was a confronting process in itself, because whether it’s something that’s happening now or recently or is something that’s been passed down through the generations, trauma and its effects are present in pretty much every Koori family and the effects can be devastating.

“Developing our own genograms really forced us all to acknowledge situations and events in our own histories.

“Then we were able to see how, as workers, we could use different techniques to work more effectively with our clients and their families.

“The training provided staff with a whole new tool-kit to address issues that come in front of them every day.

“We are already seeing that play out really positively in that the staff have a much better understanding of the range of ways of dealing with clients and families.”

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**THE TRAINING EMPHASISED THE IMPORTANCE OF UNDERSTANDING FAMILY STRUCTURES AND RELATIONSHIPS.**

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## LEADERSHIP EMERGES THROUGH KOORI CONNECT

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“The goal was to re-engage the young people back into school, but took into account the broader challenges facing the program participants.

**AN INNOVATIVE PROGRAM GAVE A FRESH START TO A GROUP OF YOUNG PEOPLE AT RISK OF INVOLVEMENT WITH THE JUSTICE SYSTEM. SIX GRADUATES OF THE INAUGURAL KOORI CONNECT PROGRAM RESUMED THEIR EDUCATION WITH MILDURA'S FLO CONNECT. THEY COMPLETED KOORI CONNECT, DEVISED AS A “PRE-FLO” PROGRAM, IN THE FINAL TERM OF 2016. THE PROJECT WAS RUN FROM THE MDAS YOUTH HUB IN PINE AVENUE AND FOCUSED ON EDUCATION, PERSONAL DEVELOPMENT AND CULTURAL ACTIVITIES, AIMED AT REBUILDING CONFIDENCE AND MOTIVATION.**

Koori Connect’s small group-size allowed one-on-one attention to getting the teenagers back on track and was about intervening with kids whose next stop could quite likely involve the justice system.

MDAS Family Services Manager Andy Charles:

“We have a strong relationship with all the schools in the district, and with FLO Connect, and that helped us identify three girls and three boys aged between 14 and 17 who were disengaged from school long-term.

“We had teachers on board to get this pilot project up and running and all of the kids really took their opportunity – in a couple of cases, stepping up to leadership within the group.

“The goal was to re-engage the young people back into school, but took into account the broader challenges facing the program participants.

“Because it was a small group, we could get to know what was going on in their lives and the impact it was having on their ability to attend school.

“For a couple of the participants, they were homeless – they’d been couch surfing for a long period of time, so in those cases, we were able to find and establish them in housing where they’re doing really well.

“For others, there were family issues, so what we did with Koori Connect was backed up by work with the entire family, through additional wraparound support needs identified, and then linked into the relevant MDAS programs.



“Looking at the bigger picture is so important in bringing about change, but in a lot of broader

programs the kids just don’t get their individual circumstances taken into account.

“When they came to us they didn’t really have a voice – at the end, two of the participants stood up, representing the group, and acknowledged the support they have had, and that they were thankful for that.

“It’s not just about learning, it’s about rebuilding a sense of purpose and empowerment.”

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**KOORI CONNECT'S SMALL GROUP-SIZE ALLOWED ONE-ON-ONE ATTENTION TO GETTING THE TEENAGERS BACK ON TRACK.**

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## PROTECTING THE MALLEE'S MOST VULNERABLE CHILDREN

.....

“Establishing Early Years four years ago was prompted by highly-visible and growing community need, in particular a very tragic suicide of a young pregnant woman.”

**A COMPREHENSIVE REVIEW OF THE MDAS EARLY YEARS SERVICE IN 2016-17 CONFIRMED THE PROGRAM IS ON THE RIGHT TRACK TO TURNING AROUND OUTCOMES FOR SOME OF THE REGION'S MOST VULNERABLE CHILDREN.**

The award-winning and internationally-recognised program has continued to strengthen its approach and effectiveness, as confirmed by the evaluation by consultants for the Department of Health and Human Services as part of an evaluation of seven Aboriginal Case Management/Care Coordination models. The consultants' evaluation included four site visits to MDAS, interviews with 10 external stakeholder, staff and clients.

MDAS Health Services Director Danielle Dougherty:

“Establishing Early Years four years ago was prompted by highly-visible and growing community need, in particular a very tragic suicide of a young pregnant woman.

“It really galvanised the determination of a large number of people within MDAS and the community to create a highly-specialised service that was delivered by a specialist organisation and that was highly proactive in its approach.

“What has evolved is a model of early and intensive intervention that engages in an ongoing way and in an effective way with vulnerable families with young children.

“The evaluation found the program to be a highly effective service, headlined by the fact that in the past two financial years, no child receiving Early Years family support was permanently removed from their parents' care.

“The report also found effective service delivery was also evident from “excellent outcomes on Key Performance Indicators, outstanding feedback from clients and wide recognition for the achievements of the service from external stakeholders.

“It was a very thorough, rigorous evaluation and although we know how well this service is doing, we are pleased to have such positive external feedback.

“The process of strengthening our approach to Early Years was strategic – we said at the outset we wanted to stop ‘putting ambulances at the bottom of the cliff’, so-to-speak, and to provide intervention and support where it can make a real difference.”



## SWAN HILL-KERANG LEADERSHIP DRIVES INNOVATION AND ENGAGEMENT

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A STRONG AND GROWING LEADERSHIP AT MDAS SWAN HILL AND KERANG IS DRIVING GROWING COMMUNITY ENGAGEMENT AND INTERACTION WITH A GROWING RANGE OF HEALTH, FAMILY AND COMMUNITY SERVICES DELIVERED FROM BOTH SITES. THE STRONG ORGANISATIONAL LEADERSHIP IS NOW SUPPORTED BY A COMMUNITY ADVISORY GROUP STRUCTURE THAT IS ALLOWING MORE DIRECT COMMUNITY INPUT INTO THE DELIVERY OF MDAS SERVICES AND PROGRAMS. AT SWAN HILL, THIS IS DONE BY A COMMUNITY ADVISORY GROUP, AT KERANG BY THE ELDERS' GROUP.



**Jody Croft**  
Manager  
Health Services Swan Hill



### HEALTH HIGHLIGHTS

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- Health client numbers are growing at the Kerang and Swan Hill sites, with episodes of service growing by 68 percent since 2013
- Additional GP clinic days were scheduled at Kerang – upgrading work this year created an extra consultation room and another office.
- Clinic numbers continued to grow at Swan Hill – a half million dollar upgrade of the MDAS Swan Hill site was announced. The work will create a new entrance and reception area, more clinical consulting rooms and renovations to existing consulting rooms.

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A STRONG AND GROWING LEADERSHIP AT MDAS SWAN HILL AND KERANG IS DRIVING GROWING COMMUNITY ENGAGEMENT AND INTERACTION

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**Michelle Gadsby**  
Manager  
Family Services Swan Hill



**Melanie Lane**  
Kerang Senior Aboriginal  
Health Worker



## MENTORING PROGRAM ESTABLISHED

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A new Swan Hill program linking young Koori people with business and community-member mentors will build the skills and resilience of participants and break 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. The main aim is to help support these young people and build their resilience, with a focus on building their cultural connections, but it's really a win-win, because setting up these mentor arrangements will also build relationships within our community.

## STRONG ADVOCATE FOR HEALTH AT KERANG

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Aboriginal health is getting some attention from work by the Loddon Gannawarra Health Services Executive Network (LGHSEN).

As one of her many community involvements, MDAS Kerang Senior Aboriginal Health Worker Melanie Lane was a contributing member to a detailed review of the region's health needs.

In addition to her work as a senior Aboriginal health worker, and her role with LGHSEN, Mel is also a board member for Kerang & District Health, is on the Lung Cancer Advisory Committee for Cancer Australia and is also involved with Cancer Victoria on a Women's Health project on Cervical Cancer and screening.



# SOCIAL AND EMOTIONAL WELLBEING

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## SOCIAL AND EMOTIONAL WELLBEING

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During 2016-17 MDAS was selected as the site for a mental health demonstration project, to improve mental health services for Koori people in contact with the justice system. Focussing on people with moderate to severe mental illness and disorders, the ground-breaking two-year demonstration project aims to reduce the number of repeat offenders by offering integrated services such as clinical mental health services, drug and alcohol counselling and case management. Selection for this project demonstrates the strength of existing MDAS SEWB services and our success in working within collaborative frameworks to achieve the best outcomes for clients and their families.

The MDAS Social and Emotional Wellbeing (SEWB) team offers intensive support to clients that is respectful, supportive and culturally-appropriate. Programs include Alcohol and Other Drugs, Mental Health, Bringing Them Home, Gambling support, Swimming in Two Rivers and the Koori Women's Diversion Program. In 2016-17 the team supported 463 individual clients – a 26 % increase on the previous year.

Our goal is to engage, support and strengthen Aboriginal people affected by SEWB issues, in order to improve their health, wellbeing and participation in the community.



## A WRAP-AROUND SUPPORT

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### Case study

Bill and Tammy are young parents of two children referred to MDAS by DHHS Child Protection when their children were removed from their care. Bill has a history of multiple drug and alcohol use, as well as deliberate self-harm, while Tammy also has a history of drug and alcohol misuse and suffers from depression. The couple's complex issues included domestic violence, family issues and housing issues. The MDAS team worked together with the couple, addressing their AOD and Mental Health issues. This meant dual appointments, at times, to address both mental health issues and drug and alcohol issues. They were referred to Housing worker and Early Years team for their parenting skills. Bill was also referred to the Bringing Them Home worker in Mildura for reconnection with his paternal family as his father died when he was a baby. MDAS provided support including home visits and collaborated with other services to find a Drug Withdrawal Unit for both. Twice during their treatment, they moved to other areas and Bill and Tammy were referred and worked with other teams. It was a working-together process, to ensure we did not lose them between the gaps. Their intensive support and treatment took over 12 months - but today Bill and Tammy have a house and their children are in their care. Bill does not self-harm anymore and Tammy's depression is well-managed. They both had to be drug free to have their children. They engage with the appropriate services and their children are very healthy and well cared for. Bill and Tammy recently re engaged with the service for ongoing Family Therapy. This was a family approach but well needed for the families that we work with so that everyone is on the same page and we all working towards the same goals or good outcomes. Domestic violence has stopped, and they

are focusing on raising their children. Bill wants to be a good father and role model with his long-term goal to go back to TAFE, while Tammy's goal is to raise her children in a safe home.

## ALCOHOL AND DRUGS PROGRAM

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### Persistence pays off

Kelly is a 44-year-old woman, with a long history of intravenous illicit drug use. She has engaged with the MDAS AOD programme for three years. Over the years, on several occasions she indicated a desire to attend a Withdrawal Service and Residential Rehabilitation, only to change her mind mostly because she would need to leave her young children. Involvement in a violent relationship escalated Kelly's drug use, and her children were placed in kinship care. During involvement with the AOD program, Kelly had, at times, been fully engaged with services and support but at other times she didn't appear interested in making positive changes. Throughout the years the AOD worker continued to offer empathy and support and was able to maintain the relationship. Kelly finally made the decision to attend residential rehabilitation to withdraw from drug use, with the aim of eventually having her children back in her care.

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ONE LADY, IN PARTICULAR, HAS HAD CONTACT WITH THE JUSTICE SYSTEM SINCE HER YOUTH...SINCE COMMENCEMENT WITH THIS PROGRAM SHE HAS STARTED TO SHOW INITIATIVE AND CONTACTS US REGARDING HER UP AND COMING APPOINTMENTS. SHE ATTENDS THE WITTA ART PROGRAM. SHE NOW HAS SEMI STABLE ACCOMMODATION AND HAS REDUCED HER OFFENDING PERIODS AND THE SEVERITY OF HER OFFENCES.

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## KOORI WOMEN'S DIVERSION PROGRAM

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### Darlene Thomas

Koori Women's Diversion Program Manager

The stories of women who engage in the MDAS Koori Women's diversion program, inevitably contain some recurring themes: drug and alcohol abuse, family violence, disabilities, ill mental health and homelessness. Through great courage they have been willing to engage in our program to try and change their lives.

"One lady, in particular, has had contact with the justice system since her youth. She was before the courts for indictable offending when she commenced engagement with the Koori Women's Diversion program. This lady has always found it hard to engage with services due to her disabilities and her transient lifestyle. But since commencement with this program she has started to show initiative and contacts us regarding her up and coming appointments. She attends the Witta Art program. She now has semi stable accommodation and has reduced her offending periods and the severity of her offences.

"Another woman in our program has just been offered long term housing. For her, this is a huge achievement. Another has almost completed her community corrections order.

"We have also had another woman in our program who we have supported to complete a rehabilitation program. She is now housed long term, has had no further offending and is seeking work. She has almost completed her community corrections order and is looking forward to her bright future."



# MALLEE ABORIGINAL EMPLOYMENT PROGRAM

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Mallee Aboriginal Employment Program (MAEP) is MDAS' commitment to finding sustainable employment opportunities for our Community of Indigenous Australians.

**MAEP 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), POLICIES AND PROGRAMS INVOLVING INTENSIVE ASSISTANCE IN OVERCOMING MULTIPLE BARRIERS CAN BE IDENTIFIED AND MDAS CAN 'LINK IN' THE MAEP CANDIDATE TO A HOLISTIC RANGE OF SERVICES WHICH WILL IN TURN INCREASE THE LIKELIHOOD OF A SUCCESSFUL TRANSITIONING FROM UNEMPLOYMENT TO LONG TERM SUSTAINABLE WORK.**

This is in support of the Commonwealth Government's national priority to reduce the employment gap between Indigenous and non-Indigenous people and to recognise the importance of work for individual and community well-being.

MDAS believe that work should be accessible and culturally safe for everyone and through work we contribute to our community.

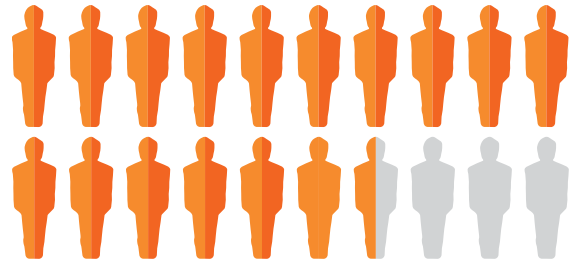
Due to the capacity of the organisation and its well-established track record of delivering outcome driven programs, MDAS has developed strong linkages, partnerships and support from regional stakeholders, thus creating varied employment pathways and sustainable job opportunities for MAEP candidates with external employers.

A third round of the project has now been approved.

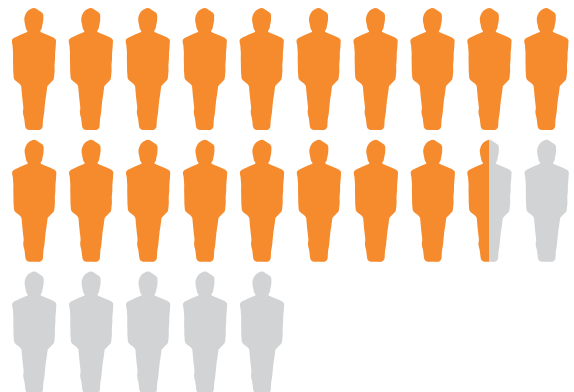
## OUTCOMES

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### Round One



### Round Two



## MICHAEL'S STORY

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### Michael Harradine

MDAS Youth Support Services caseworker

Michael began MAEP in an AOD support role at Warrakoo before taking up a health worker traineeship then transitioning into his Youth Support Services role.



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“I LOVE THIS JOB...I’VE WALKED THE WALK A BIT AND I THINK THE KIDS KNOW THAT AND IT HELPS. MAEP AND THE HR TEAM REALLY CARE ABOUT WHO YOU ARE AND WHAT YOU WANT TO DO AND THEY DO EVERYTHING IN THEIR POWER TO MAKE IT HAPPEN.

IT’S ABOUT HELPING PEOPLE TO GROW AND FIND THEIR OWN WAY, NOT JUST PUTTING YOU INTO THINGS THAT BETTER QUALIFY YOU FOR A ROLE. I CAN SEE GREAT OPPORTUNITIES FOR ME TO CONTINUE TO DEVELOP INTO THE FUTURE, TOO.”

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## TAMIKA'S STORY

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### Tamika Jenkins

Executive Assistant to the MDAS Director of Family Services

Tamika was employed at MDAS as a trainee receptionist – her first job after finishing school. She completed her certificate three in customer service before this year stepping up to the Executive Assistant role.



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“I WAS GIVEN TIME TO STUDY AND IF I WAS STUCK AT ALL THERE WAS ALWAYS EXTRA SUPPORT AVAILABLE, BOTH IN THE BOOK WORK AND IN THE ON-THE-JOB.

THE SUPPORT AND ADVICE I GOT DEFINITELY CONTRIBUTED TO ME GETTING TO WHERE I AM NOW – I CAME IN WITH NO EXPERIENCE AND NOW I HAVE THE QUALIFICATION, EXPERIENCE AND SKILLS I NEED TO DO A DEMANDING JOB”

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## CONNECTING TO COUNTRY

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THE IMPORTANCE OF RECONNECTING WITH COUNTRY AND CULTURE IN HEALING IS A MAJOR PRINCIPLE UNDERPINNING INNOVATIVE AND INTENSIVE MDAS PROGRAMS RUN ON TWO REMOTE PROPERTIES.

The Wiimpatja Healing Centre, at Warrakoo, has been used for many years as an alternative to traditional incarceration and its successes are now being adopted in programs at Menera Station, near Swan Hill. The importance of the programs as a sentencing option was acknowledged by County Court Judge John Smallwood. Judge Smallwood, his associate Lilian Dubrojo and Koori Court Officer Terrie Stewart visited Warrakoo after the launch of Mildura's Koori County Court.

Judge Smallwood:

"Some blokes won't last very long at all, but there have been some sensational success stories.

"It's not one of those things where everybody who goes there comes out better – some just don't buy it, or don't buy it the first time.

"But there are some who do fantastically, and the reality is that it doesn't make anybody worse, that's for sure. It's not like jail, so in that sense it has to work.

"What's different about Wiimpatja is that people can go there on bail or on parole, so there is a process of review that provides an opportunity to show the court if the offender is genuine in wanting to move on in life.

"One of the main strengths of the Wiimpatja program is its focus on reconnecting Koori offenders with their culture and rebuilding respect.

"If you are talking with these young fellas one out, they would just stare at the ground, but in a group in that environment like Wiimpatja you feel like you walk into a different company. There is a sense of security and they are just so much more confident and open.

"It doesn't have to be on their own country or with their own mob – it's just a safe place and with people they can relate to and respect, which is why the involvement of Elders is really important.

"Wiimpatja has strong Aboriginal men who are mentors. It's a really practical aspect, but there is a sense of safety that it provides.

"Watching the men with the Elders, that respect was obvious, and the boys were proud wanting to show us things like throwing the boomerangs.

"There's no damage to anything, the men's rooms are just spotless, and you have got to remember a lot of those blokes would have been sleeping on the floor under a blanket before.

"There wasn't one of the men who didn't want to be there and from our experience with them, they were genuine in wanting to make changes.

"A lot of these men have lost so much cultural connection and they are learning that as well while they are out there. Wiimpatja is community-run and community-controlled and that's really important in people's willingness to participate and the length of stay they spend.

"But the isolation is a factor too – the participants acknowledged they have done wrong and are there for a reason, but they also recognize they had to get away from the environment they were living in to sort themselves out and to show the court they're genuine in wanting to make changes in their life.

"Sometimes you have to remove yourself from everything to get stronger and sometimes they have to move away to sort themselves out, to get away from family and friends."

# WIIMPATJA HEALING CENTRE 2016-17

More than half of the clients exiting Wiimpatja in 2016-17 have had no further contact with the Justice system recorded:

### CLIENTS – 45

Clients were male, aged between **19** and **57** (average age **29**). Only two clients absconded from the program during the year and a further eight clients breached program conditions.

### WHAT DOES HEALING LOOK LIKE?

Case workers follow up with clients every three months after completion of the Wiimpatja Program. More than half of the clients exiting Wiimpatja in 2016-17 have had no further contact with the Justice system recorded:

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

“Back in community, is currently employed and has not been in contact with the Justice system”

“Settled back in community and gained employment with BMEET and not in contact with the Justice system”

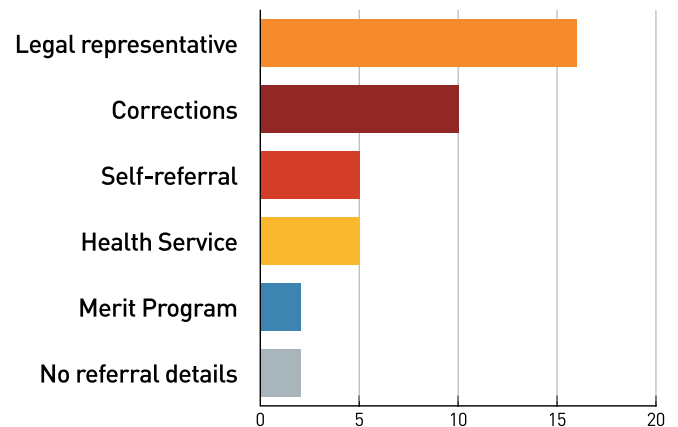
“Settled back into community, playing football, active within community and has had no contact with Justice System”

“Has returned to (home community), back with his partner and children and doing work for the dole”

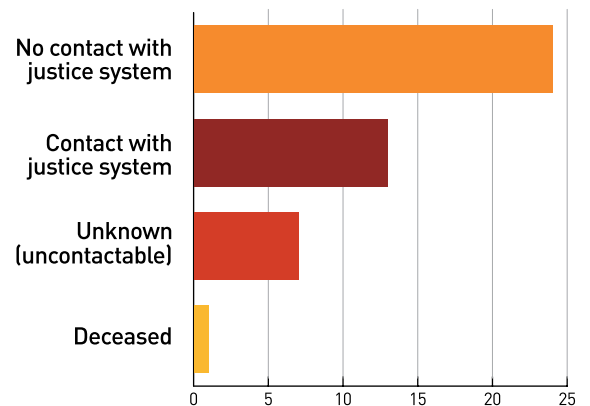
“On completion of his rehab, finalised his Mildura court matters and returned to his father in Sydney”

### Referral Agencies

Most referrals from Victoria and NSW



### Follow up



# CORPORATE SERVICES REPORT

**Karen Hensgen** Chief Financial Officer



## 2016-17 highlights

- Quality and governance has improved resulting in a marked reduction in risk.
- A compliance monitoring action plan is in operation to meet MDAS core business needs.
- Investments in systems and documentation to keep up with regulations and manage growth
- A new Finance and Audit Committee is now reporting to the Board.
- Feasibility assessments undertaken for sustainable commercial enterprises opportunities.

## Property Management

A new property manager is overseeing management and maintenance of MDAS buildings. Asset maintenance plans are reducing continuity and financial risk from unexpected emergencies.

The First Mortgage and Community Infrastructure Program Grant (FMCIP) is an opportunity for Aboriginal organisations to apply for removal of the first mortgage held by the Minister over a property owned by the organisation. It is aimed at strengthening Aboriginal organisations and moving towards self-determination. Work has commenced on this process.

The MDAS Board supports Aboriginal home ownership and is keen to work with tenants who express interest in purchasing the house in which they live. If the tenants require financial advice, MDAS can recommend steps to facilitate home loans through financial institutions or

Indigenous Business Australia. During 2017 MDAS completed one property sale to a tenant, and others are currently being assessed for approval by Aboriginal Housing Victoria.

Management of MDAS housing in Mildura, Swan Hill and Kerang is being transitioned to external property managers for rental collection, arrears, repairs, inspections and VCAT matters. Improving access and quality of housing is the key objective of external housing management.

## Fleet Management

A new “transport hub” is being considered by Corporate Services and Program managers. Policy and procedures are under review to improve accountability, management and usage of cars.

## IT Services

MDAS has entered into a IT Shared Services agreement with VACCHO to develop a more sustainable corporate services model and have access to specialist IT consultants.

## Human Resources

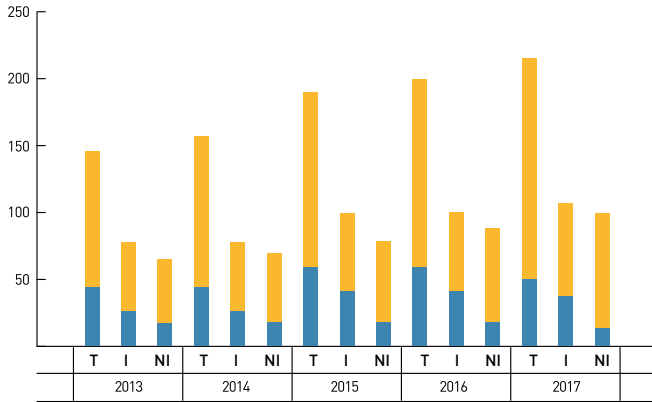
HR has implemented a number of improved systems and practices to manage the growth in staff numbers and related complexity. Workforce development plans are being developed via a training and professional development coordination tool. These create educational pathways for MDAS internal learning and development.

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 and develop aboriginal leaders.



### Workforce Demographics

■ Male ■ Female  
 T - Total I - Indigenous NI - Non-Indigenous



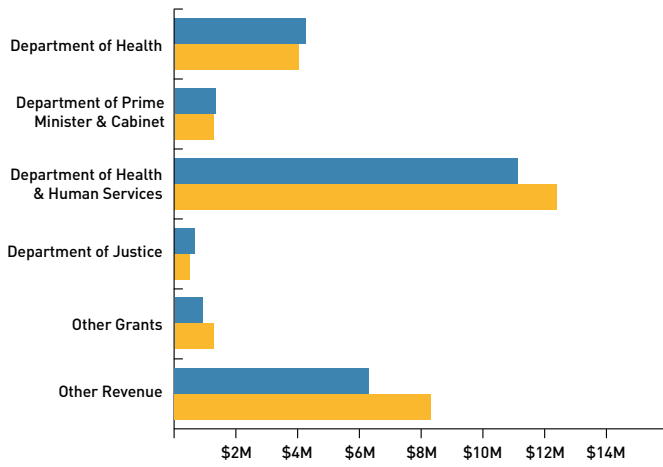
### Finance Department

A new finance team is focused on service delivery goals with an emphasis on MDAS behaviours including Integrity, Respect and Accountability. Providing Managers with the tools and support to manage program budgets is a key priority of the Finance team. Our budgeting program has been upgraded to provide functions including visuals (charts and graphs) and enhanced reporting. New purchasing card procedures have been implemented to streamline spending and reporting.

Revenue has increased 12% in the past 12 months due to increased program delivery and new services. Growth has driven both a large increase in staff and a revised organisation structure.

### Revenue by Funding Sources

■ 2016 ■ 2017



REVENUE BY FUNDING SOURCES	2017	2016
Department of Health	\$4,158,996	\$4,211,992
Department of Prime Minister & Cabinet	\$1,664,892	\$1,689,820
Department of Health & Human Services	\$12,615,749	\$11,341,348
Department of Justice	\$500,471	\$655,354
Other Grants	\$1,406,548	\$1,080,495
Other Revenue	\$8,513,680	\$6,861,736
	<b>\$28,860,336</b>	<b>\$25,840,745</b>

FINANCIALS

# STATEMENT OF PROFIT OR LOSS

.....

## 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 2017

	Note	2017	Restated 2016
		\$	\$
Revenue	2	20,346,656	18,979,009
Other income	2	8,513,680	6,861,736
Employee benefits expense		(14,003,656)	(13,818,933)
Program administration expenses		(5,628,915)	(4,772,758)
Client costs & program development / delivery		(4,075,423)	(4,049,551)
Depreciation expense		(1,147,655)	(1,290,685)
Occupancy costs & utilities		(1,819,685)	(1,080,468)
Motor vehicle expenses		(534,470)	(518,547)
IT costs		(479,813)	(379,027)
Travel expenses		(425,075)	(482,459)
Grant returns		(1,790)	(283,166)
Repairs & equipment replacement		(137,131)	(159,094)
Interest expense		(83,836)	(65,999)
Other expenses	3a	(715,852)	(507,403)
<b>Net current year loss</b>	3b	<b>(192,965)</b>	<b>(1,567,345)</b>
<b>Other comprehensive income:</b>			
Other comprehensive income		-	-
Total other comprehensive income		-	-
Total comprehensive income for the year		<u>(192,965)</u>	<u>(1,567,345)</u>
Total comprehensive income attributable to the entity		<u><b>(192,965)</b></u>	<u><b>(1,567,345)</b></u>

The accompanying notes form part of these financial statements.

**FINANCIALS**

# STATEMENT OF FINANCIAL POSITION

.....

**Mallee District Aboriginal Services Ltd.**

ABN: 54 334 685 198

STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2017

	Note	2017	Restated 2016	Original 2016
		\$	\$	\$
<b>ASSETS</b>				
<b>CURRENT ASSETS</b>				
Cash and cash equivalents	4	4,175,553	1,334,732	1,334,732
Trade and other receivables	5	1,029,710	383,116	383,116
Other assets	6	62,400	252,437	252,437
Financial assets	7	667,746	430,506	430,506
<b>TOTAL CURRENT ASSETS</b>		5,935,409	2,400,791	2,400,791
<b>NON-CURRENT ASSETS</b>				
Trade and other receivables	5	-	250,898	250,898
Intangible assets	8	782,306	-	-
Property, plant and equipment	9	21,176,060	21,965,381	22,268,824
<b>TOTAL NON-CURRENT ASSETS</b>		21,958,366	22,216,279	22,519,722
<b>TOTAL ASSETS</b>		27,893,775	24,617,070	24,920,513
<b>CURRENT LIABILITIES</b>				
Trade and other payables	10	3,318,036	1,303,674	1,303,674
Short-term provisions	11	782,292	660,191	660,191
<b>TOTAL CURRENT LIABILITIES</b>		4,100,328	1,963,865	1,963,865
<b>NON-CURRENT LIABILITIES</b>				
Long-term provisions	11	259,653	155,446	155,446
Borrowings	12	2,502,500	1,798,500	1,798,500
<b>TOTAL NON-CURRENT LIABILITIES</b>		2,762,153	1,953,946	1,953,946
<b>TOTAL LIABILITIES</b>		6,862,481	3,917,811	3,917,811
<b>NET ASSETS</b>		21,031,294	20,699,259	21,002,702
<b>EQUITY</b>				
Retained profit		20,506,294	20,699,259	21,002,702
Reserves		525,000	-	-
<b>TOTAL EQUITY</b>		21,031,294	20,699,259	21,002,702

The accompanying notes form part of these financial statements.

# STATEMENT OF CASH FLOWS

## Mallee District Aboriginal Services Ltd.

ABN: 54 334 685 198

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2017

	Note	2017 \$	2016 \$
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
Grant receipts		21,325,635	19,264,740
Other receipts		8,760,637	7,159,460
Payments to suppliers and employees		(27,343,104)	(26,346,908)
Interest received		29,492	40,254
Interest paid		(83,836)	(65,999)
<b>Net cash provided by operating activities</b>	17	<u>2,688,824</u>	<u>51,547</u>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
Proceeds from sale of property, plant and equipment		383,277	81,000
Payment for property, plant and equipment		(746,124)	(1,425,721)
Proceeds from sale of investments		391,705	-
Payment for investments		(580,861)	-
<b>Net cash used in investing activities</b>		<u>(552,003)</u>	<u>(1,344,721)</u>
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>			
Proceeds from borrowings		2,000,000	1,246,000
Repayment of borrowings		(1,296,000)	-
<b>Net cash provided by financing activities</b>		<u>704,000</u>	<u>1,246,000</u>
Net increase / (decrease) in cash held		2,840,821	(47,174)
Cash at beginning of financial year		1,334,732	1,381,906
<b>Cash at end of financial year</b>	4	<u><u>4,175,553</u></u>	<u><u>1,334,732</u></u>

The accompanying notes form part of these financial statements.

# STATEMENT OF CERTIFICATION

.....

**Mallee District Aboriginal Services Ltd.**

ABN: 54 334 685 198

**DIRECTORS' REPORT**

The company is incorporated under the *Corporations Act 2001* and is a company limited by guarantee. If the company is wound up, the constitution states that each member is required to contribute a maximum of \$1 each towards meeting any outstanding obligations of the entity. At 30 June 2017, the total amount that members of the company are liable to contribute if the company is wound up is \$1 (2016: \$1).

**Auditor's Independence Declaration**

The lead auditor's independence declaration for the year ended 30 June 2017 has been received and can be found on page 5 of the financial report.

Signed in accordance with a resolution of the Board of Directors.



---

Keith Hampton (Director)

Dated this 17<sup>th</sup> day of November 2017

# INDEPENDENT AUDIT REPORT



shugg.com  
(03) 5021 9566  
126 Lime Ave  
Mildura VIC 3500  
Southern Audit Pty Ltd  
ABN: 62104381919

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF  
MALLEE DISTRICT ABORIGINAL SERVICES LIMITED  
ABN 54 334 685 198

**Report on the Audit of the Financial Report**

**Opinion**

We have audited the accompanying financial report of Mallee District Aboriginal Services Limited (the Company), which comprises the statement of financial position as at 30 June 2017, 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 Mallee District Aboriginal Services Limited is in accordance with Division 60 of the *Australian Charities and Not-for-Profits Commission Act 2012*, including:

- (i) giving a true and fair view of the Company's financial position as at 30 June 2017 and of its financial performance for the year ended on that date; and
- (ii) complying with Australian Accounting Standards and Division 60 of the *Australian Charities and Not-for-Profits Commission Regulation 2013*.

**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 ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *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 and fair presentation of the financial report in accordance with Australian Accounting Standards and the ACNA Act, 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 intend to liquidate the Company or to cease operations, or has no realistic alternative but to do so.

The Directors are responsible for overseeing the Company's financial reporting process.

**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.

**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 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 the Director's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the 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.

**Report on Other Legal and Regulatory Requirements**

In accordance with the requirements of section 60-45(3)(b) of the ACNC Act, we have not become aware of any deficiency, failure or shortcoming in respect of the matters referred to in paragraph 60-30(3)(b),(c) or (d) of the ACNC Act.

Southern Audit Pty Ltd  
Registered Company Auditors

Philip Shugg  
Principal

Dated this 17<sup>th</sup> day of November 2017  
126 Lime Ave., Mildura, Vic., 3500

# AUDITOR'S INDEPENDENCE DECLARATION

.....



shugg.com  
(03) 5021 1968  
126 Lime Ave  
Mildura VIC 3500  
Southern Audit Pty Ltd  
ABN: 62104381919

AUDITOR'S INDEPENDENCE DECLARATION  
TO THE DIRECTORS OF MALLEE DISTRICT ABORIGINAL SERVICES LIMITED  
ABN 54 334 685 198

In accordance with the requirements of section 60-40 of the *Australian Charities and Not-for-profits Commission Act 2012*, as lead auditor for the audit of Mallee District Aboriginal Services Limited for the year ended 30 June 2017, I declare that, to the best of my knowledge and belief, there have been:

- a) no contraventions of the auditor independence requirements of the *Australian Charities and Not-for-profits Commission Act 2012* 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 Shugg FCA  
Principal

Dated this 17<sup>th</sup> day of November 2017  
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  
Murray Primary Health Network  
Victorian Responsible Gambling Foundation  
Vic. Aboriginal Community Controlled Health Org. (VACCHO)

### OUR PARTNERS ARE

---

Australian Community Support Organisation Ltd  
Bendigo District Aboriginal Co-operative  
Bendigo Health Care Group  
Cancer Council Victoria  
Eworks Employment Solutions Inc.  
Mallee Family Care  
Mildura Rural City Council  
Neimur Park Pty Ltd  
Njernda Aboriginal Corporation  
Pharmacy Guild of Australia  
QAAMS Program  
Rural Workforce Agency Victoria  
Swan Hill District Health  
Vict. Aboriginal Child Care Agency  
Victoria Legal Aid

Victorian Aboriginal Legal Service  
Korin Gamadji Institute - Richmond Football Club  
Mallee Family Violence Executive  
Mallee Child and Family Services Alliance Executive  
Mallee Aboriginal Government Employee Network Group

### OUR PARTNERS

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#### **MDAS has formal Memorandums of Understanding with:**

Sunraysia Community Health Services  
Mildura Base Hospital  
Mallee Family Care  
Maari Ma Health Aboriginal Corporation  
Loddon Mallee Aboriginal Reference Group  
Monash University  
Rural Workforce Agency Victoria  
Tip Toe Podiatry  
Take Two Berry Street  
Sunraysia Community Health Services  
Dardi Munwurro

#### **MDAS is a member of the Victorian Aboriginal Community Controlled Health Organisation (VACCHO)**





# THANK YOU TEAM!

**AND WELL DONE TO OUR ENTIRE TEAM (AS AT 30/06/17) FOR ANOTHER YEAR OF HARD WORK AND PROGRESS...**

Ada Peterson  
 Adam Street  
 Aiden Matthews  
 Alan Walsh  
 Alana Doe  
 Alisha Charles  
 Allison Buchanan  
 Amanda McCole  
 Amanda Williams  
 Andrea Stewart  
 Andrew Charles  
 Angelica Kirby  
 Angelika Fevaleaki  
 Anne Ottaway  
 Anthony Demasi  
 Anthony Taylor  
 Aseel Marioud  
 Ashton Williams  
 Badrika Piyumal  
 Bayden Clayton  
 Belinda Fidura  
 Belinda King  
 Bobbi-Jean Sailor  
 Bradley Britten  
 Brady Hall  
 Brendan Johnson  
 Briana Hayden  
 Carol Mayersbach  
 Cathy Pickup  
 Ceciline Biles  
 Chamika Gamage  
 Chantenee Islam  
 Charlotte Jecklin  
 Cheryl Benham  
 Chevorn-Lee Barclay  
 Colin Clark  
 Courtney Undy  
 Damien Murray  
 Danae Coote  
 Danielle Dougherty  
 Darlene Thomas  
 Darlene Sanders  
 Deborah Berg  
 Della Walker  
 Delureen Kirby  
 Derek Smith  
 Derik Jones  
 Desmond Smith  
 Dharminderjit Singh  
 Diane Jones  
 Djallarna Hamilton

Dominic Eggmolsesse-Smith  
 Edward Hayden  
 Elisha Vea  
 Elisha Whitford  
 Elissa Mewburn  
 Elite Zahinda  
 Emma Philp  
 Eswari Byka  
 Ethan Chilly  
 Evelyn Saunders  
 Ferna Vagg  
 Fredrick Apthorpe  
 Glenda Nicholls  
 Glenn Sandow  
 Graham Gordon  
 Graham Kirby  
 Gugulethu Ncube  
 Hannah Bettison  
 Rudolph Kirby  
 Harold Webster  
 Helena Baxter  
 Hine Billing  
 Isaiah Johnson  
 Jacinta Molloy  
 Jacquelyn Josephs  
 Jade Klæbe  
 James Peterson  
 Jane Capogreco  
 Jane Neyland  
 Jane Smith  
 Jason Pappin  
 Jennifer Berry  
 Jennifer Laurie  
 Joanne Mitchell  
 Joanne Wright  
 Jodie McMutrie  
 Jody Croft  
 Jody Little  
 Jonty Marciano  
 Joseph Azzarelli  
 Julia Coshan  
 Justine Williams  
 Kane Smith  
 Kara Merritt  
 Karen Hensgen  
 Karina Nolan  
 Karla Raymond  
 Karley Connelly  
 Katharine Glenie  
 Katherine Crouch  
 Kathryn Bishop  
 Kathy Potter  
 Keisha Clarke  
 Keith Hampton  
 Kelly Masters  
 Kelly Taliloa  
 Kelly Williams

Kelvin Cattlin  
 Kerrie Burton  
 Kerry Russell  
 Kiah Fisher  
 Kirsty Hampton  
 Kosha Shanahan  
 Kristy Winter  
 Krystal Gadsby  
 Laura Hallett  
 Leah King  
 Leanne McDermott  
 Leanne Taylor  
 Leon Stizza  
 Leroy (Junior) Eggmolsesse  
 Leroy Eggmolsesse  
 Letitia Robinson  
 Lewis Loder  
 Lisa McDonald  
 Lola Masasso  
 Malinda Summerfield  
 Mandeep Kaur  
 Manu Paul  
 Maresha Handy  
 Margaret Sharman  
 Maria Beckwith  
 Maria Fargas  
 Marie Mah  
 Marissa Gilbert  
 Mark Heald  
 Mary Baker  
 Matthew Chilly  
 Melanie Lane  
 Melissa Pippin  
 Melissa Scarr  
 Melissa Towle  
 Meredith Rowney  
 Michael Harradine  
 Michelle Gadsby  
 Michelle Gray  
 Monica Doherty  
 Mou Rashid Bose  
 Nalin Fonseka  
 Natasha O'Donnell  
 Nathan Kelly  
 Nathan Yates  
 Nickki Kirby  
 Nicole Davis  
 Norma Gowers  
 Norman Elder  
 Pamela McCormack  
 Patricia Watson  
 Paul Roberts  
 Pearl Dunn  
 Pettina Kelly  
 Raeleen Wattata-Drummond  
 Raelene Stephens  
 Rebecca Wilson

Rhonda McInnes  
 Ricky Kirby  
 Robyn Smythe  
 Ross Hampton  
 Ross Hensgen  
 Rupert Clark  
 Russell Taylor  
 Ruth Broughton  
 Ryan Bailey  
 Sage Preiss  
 Samantha Brennan  
 Samantha Falconer  
 Sandra Ball  
 Sarah-Lee Whyman  
 Shani Lloyd  
 Shanice Kuchel  
 Shannon Phillips  
 Sharlee-Anne Towle  
 Sharni Karpany  
 Sherryl Farrow  
 Shiloh Peila  
 Simon Stockman  
 Simone Spencer  
 Skye Hayden  
 Skye Nikolic  
 Stanley Ward  
 Stephan Gocol  
 Stephanie Harradine  
 Sue Irving  
 Tamara Hamence  
 Tamara Handy  
 Tamara Jackson  
 Tamara Walker  
 Tamika Jenkins  
 Tamika Smith  
 Tania Patterson  
 Tanya-Maree Nagas  
 Taya Philp  
 Tempest Alphonse  
 Terrance Brennan  
 Terrence Kuchel  
 Terry Thomas  
 Tessa Clark  
 Tiffany Griffin  
 Tina Philp  
 Toni McCormack  
 Tracy Heaphy  
 Tracy Watson  
 Travis Morvell  
 Valentina Fifita  
 Vanessa Dyke  
 Vicki Thompson  
 Victoria Laurie  
 Victoria Murray  
 Yvonne Barnes  
 Zachary Wilksch  
 Zanele Thebe

## OUR SERVICES

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### 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

Drug & Alcohol counselling  
Gamblers Help

Koori Women's Diversion  
Swimming in Two Rivers  
Mental Health-AOD (Youth specific)  
Adult mental health  
Gambling Community  
Prevention Project

### AGED AND DISABILITY

Home and Community Care  
Disability  
Community Based Respite  
National Jobs Creation Package

### FAMILY AND COMMUNITY SERVICES

---

### CHILDREN'S PLACEMENT SERVICES

Aboriginal Children Specialist Advice  
Support Service (ACSASS)  
Home Based Care  
Kinship Care  
Aboriginal Family Led Decision Making  
Cultural Support Planning  
Recruitment and Assessment 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  
Emerging Leaders Program

### FAMILY VIOLENCE

Meminar (Family Violence Refugee)  
Men's Case Management  
Time out Services  
Men's Behaviour Change

### HOMELESSNESS AND HOUSING SERVICES

Crisis Support  
Transition Support  
Aboriginal Tenants at Risk of Eviction  
Koori Private Tenancy Worker  
Community Housing

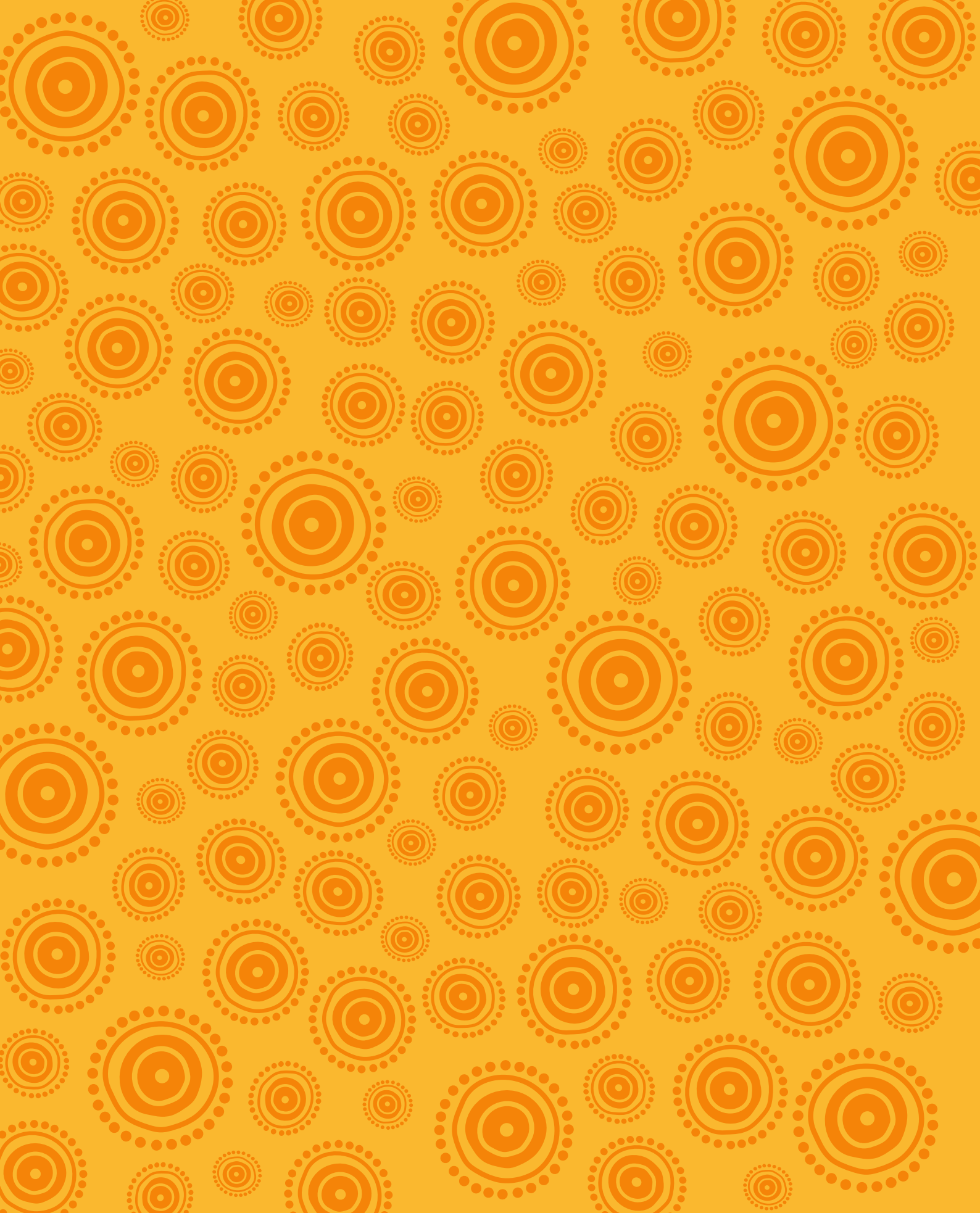
### REHABILITATION SERVICES

Wiimpatja Healing Centre

### EARLY YEARS SERVICES

---

Maternity Services  
Maternal and Child Health Services  
Family Support Services  
· In Home support  
· Home Based Learning  
· Cradle to Kinder  
Early Intervention and  
Early Learning Services  
· Supported Playgroups  
· Circle of Security  
· Collaborative Therapy  
HIPPA (Home Interaction Program  
for Parents and Youngsters)  
Koori Preschool Assistant Program



*Generations of vibrant,  
healthy and strong  
Aboriginal communities*

**Mallee District Aboriginal Services Ltd**

120 Madden Avenue PO Box 5134 Mildura 3502

[www.mdas.org.au](http://www.mdas.org.au)