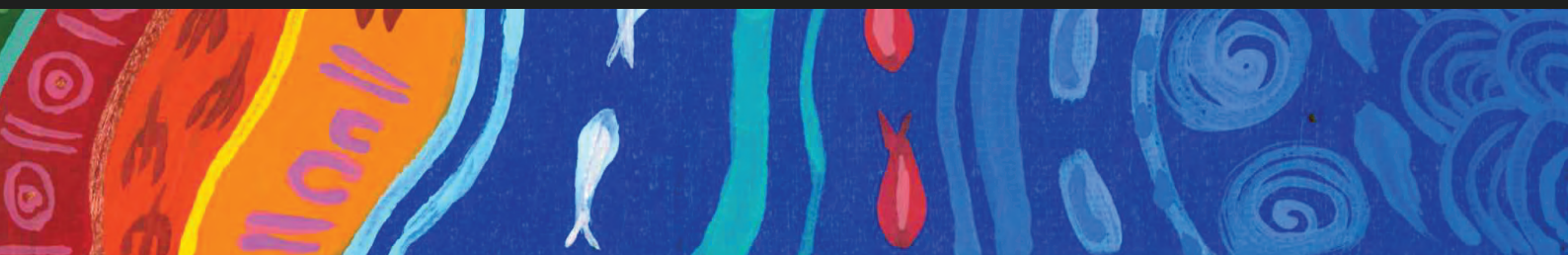
NUNYARA
ABORIGINAL HEALTH SERVICE INC.

ANNUAL REPORT 2024-2025



Statement of Respect

From the Nunyara Board

We live work and play on the land of the Barngarla people. We recognise the depth of feeling Barngarla people past and present have for this land and region it encompasses. We recognise the great diversity of people that now exist in this region and respect their cultural backgrounds and beliefs. We come together acknowledging the atrocities of the past on Aboriginal people, the impact to families and Community and the effects that may still remain a legacy today. We stand united as Aboriginal and Non-Aboriginal people to achieve equity of health and quality of life by acknowledging this unique diversity, respecting culture, and working together for positive outcomes for all Aboriginal people in our Community.

Original February 2012

Vision – A strong, healthy and connected Aboriginal Community

We will lead with a holistic and integrated approach to health care through:

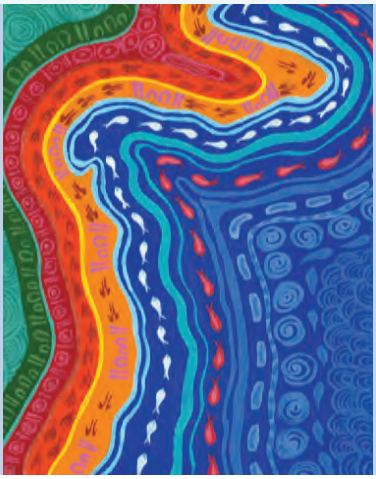
- Being an accessible Aboriginal Community Controlled health serve by providing a culturally appropriate environment and location
- Recognising culture as a source of strength and wellbeing
- Providing advocacy through support, advice and referral to access appropriate services

We will improve the health and wellbeing of the Community through:

- Encouraging responsibility for people to take ownership of their own health and wellbeing
- Increasing and improving the availability of primary health care and wellbeing services for Community
- Offering choice and flexibility of programs and service delivery

We will maintain and improve connections in our Community through:

- Strengthening partnerships by developing formal arrangements
- Maintaining diverse relationships throughout the Community



This report features imagery from the painting

"Coastline" (March 2025)

An acrylic on canvas piece depicting the local coastline from Fitzgerald Bay through to Point Lowly, Whyalla and further south, capturing the colours of the land and waters in our region.

Artist: Jody Croft, our Chronic Care Coordinator.

Nunyara – Respecting Culture, Acknowledging Diversity

Readers of this document should be aware that in some Aboriginal and Torres Strait Islander Communities seeing images of deceased persons in photographs, film and books or hearing them in recordings may cause sadness or distress and, in some cases, offend against strongly held cultural prohibitions. Nunyara wish to advise there may be reference to names or photographs of deceased persons in this document that may cause distress.

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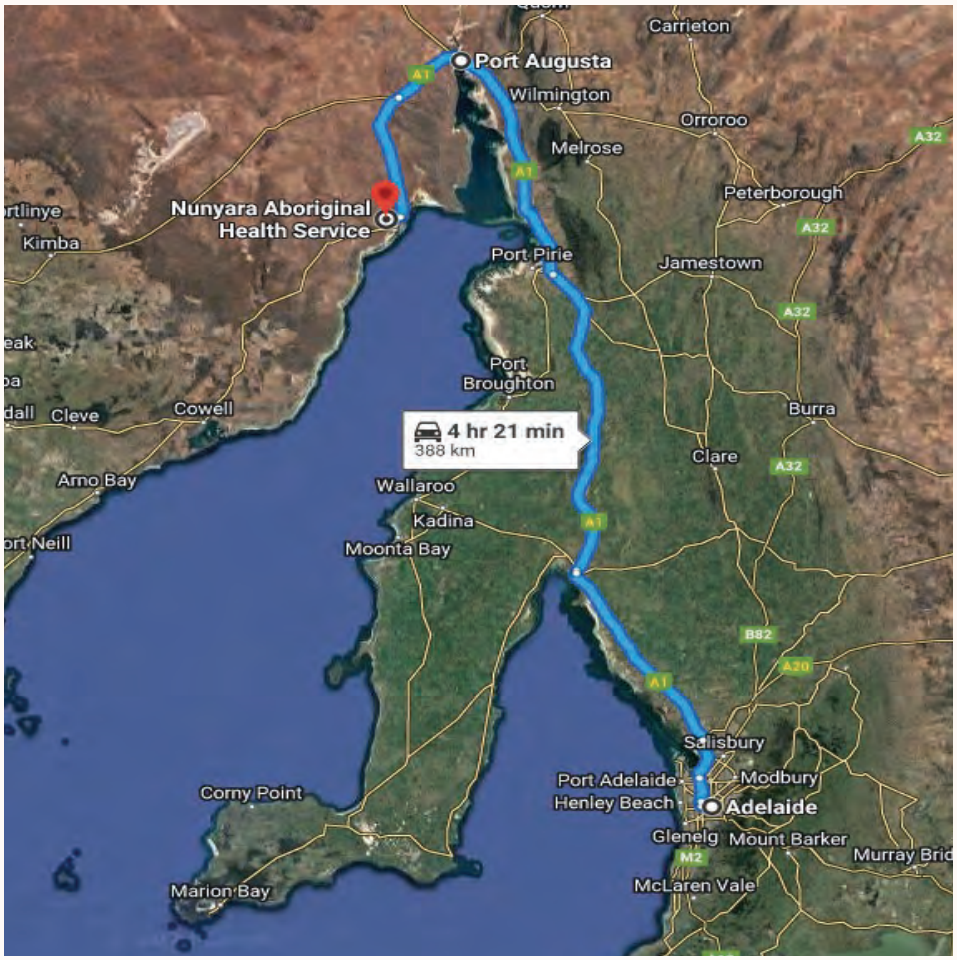
Nunyara Service Profile



Whyalla

- Is located 388km / 4hours, 20 minutes by car to Adelaide
- has a broader population of around **21,000** people
- according to the 2021 ABS has a Local Aboriginal population of **1180**
- is classified as **MMM 3 (Outer Regional)** as we are located in a **large rural town** (ASGS-RA 3)
- is the largest industrial city in regional South Australia and the principal centre for manufacturing, steel production and resources processing in the Upper Spencer Gulf. In 2021 the manufacturing industry in Whyalla provided 1,407 jobs

Nunyara Aboriginal Health Service Inc.

- Saw **1103** Individual Aboriginal clients at Nunyara in the 2024-2025 financial year
- Was established and Incorporated in 2002
- Maintains 100% Aboriginal Board
- Is a **NDIS Registered Provider**
- Is **RACGP Clinically Accredited**
- Is working towards ASES (organisational) Accreditation
- Is the Inaugural and current Chair of SAWCAN
- Is one of only two services in the Whyalla region, that provide dedicated support services specifically to Aboriginal people

Organisational Structure

Board of Management (BoM) Reports to funding bodies and community and is responsible for strategic management and strong governance of the service

Chief Executive Officer (CEO) is responsible for the day-to-day management and operations of the service and accountable to the Board of Management

Clinical Co-ordinator is responsible for the supervision of clinical staff and day to day operations of clinic functions. Work is driven by clinical needs of clients. Supports training and education of clinical staff and support to GP's. Works in conjunction with others to achieve Clinical Accreditation.

Finance Co-ordinator is responsible to the Chief Executive Officer for the development, implementation and management of appropriate financial and system controls, budget development, management of finance software systems and performance reporting.

Aboriginal Health Workers hold a minimum of Cert III in Aboriginal Primary Health Care. Responsible to undertake clinical patient support and advocacy roles whilst training to achieve Cert IV in APHC

HR / Admin Officer ensures staff and visiting providers HR files are complete, organises training, recruitment and assists staff with HR matters.

Aboriginal Health Practitioners have clinical, hands-on care of clients which can include Medication Management, Blood Taking, and invasive primary health procedures. They meet stringent accreditation guidelines and are registered with AHPRA.

CQI and Projects Co-ordinator supports the administrative, training, research, compliance, reporting and quality elements of the service that include leading Clinical and Organisational Accreditation. May undertake 'shared projects' across the region that include other ACCHO's

Clinical Receptionist provides a client focussed administrative support service including bookings, triage and flow through the clinic.

Transport Officers Provide transport for clients to medical appointments under a booking system and deliver client Webster packs.

Outreach Services and Patient Journey Co-ordinator – Coordinates external providers and any follow up required. Provides patient support & organises travel for medical appointments

Chronic Care Co-ordinator focusses on engagement and management of clients with Chronic conditions including liaison with GP's and external services to develop care plans

Medical Students gain skills and knowledge by observing GP's and clinical staff & supported by Adelaide Uni

Visiting (FIFO) GP's provide patient-centred care that addresses health needs and promotes wellness to Aboriginal people in Whyalla

The **Practice Co-ordinator** is responsible for the implementation, development and ongoing review of administrative, financial and operational functions of the clinic and ensures compliance and submission of Medicare claims

Clinical Projects Co-ordinator manages emerging clinical projects or programs of the Service such as COVID response, STI, Syphilis. Supports the development of Trainee Aboriginal Health Practitioners

The **Admin Team Leader** is responsible for the oversight and co-ordination of administrative staff, the day-to-day operations of the administration building, vehicles, transport, maintenance, some travel / accommodation, and the welcome window. Processes payroll and undertakes finance functions

Visiting Specialists and Allied Health including Podiatrist, Diabetes Educator, Respiratory Nurse, Audiologists, ENT, Optometrist, Paediatrician, Occupational Therapist, Physiotherapist, Psychologist, Speech Pathologist, Grief and Loss Counsellor, providing specialist comprehensive care

The **Senior Administration Officer** undertakes clerical and admin duties relating to customer service, supervision, training and supporting the reception staff, Nurses, Aboriginal Health Workers and General Practitioners. The position provides professional, confidential and comprehensive clinical reception services, focussing on timely and accurate completion of tasks, excellent customer service and training

The **IT Support Officer** is responsible for the provision of on site IT support for all Nunyara users. This Includes troubleshooting, internal computer training and working closely with Managed IT helpdesk support team

Administration Receptionist(s) provides generalised administrative support to clients and the entire team

The **Integrated Care Team Leader** leads the development of a culturally appropriate and financially sustainable Aboriginal integrated care programs for the Whyalla community. This role involves managing and mentoring staff, ensuring they receive appropriate training to deliver high-quality services. It includes implementing effective systems and promoting the program to increase visibility and engagement. The Team Leader oversees key initiatives such as Community Case Management, the Aboriginal Disability Liaison Officer (ADLO), NDIS Support Coordination, Culture Care Connect, and Elder Care programs

The **Senior Support Coordinator** plays a key role in partnering with complex remote participants and services to support the implementation and ongoing review of individual NDIS plans. This includes regularly monitoring progress, identifying barriers, and assisting participants in working toward their goals. In addition to direct participant support, the Senior Support Coordinator provides case consultation and strategic guidance to team members, ensuring high-quality service delivery. They also lead the development and facilitation of training across the five core program areas, fostering continuous learning and professional growth within the team

The **Specialist Support Coordinator** is responsible for providing comprehensive complex support coordination to participants with complex needs, behaviours of concern, medical needs, or other high-risk circumstances. The Specialist Support Coordinator works with participants to resolve points of crisis, assists in risk management procedures, provides informed choice and decision making to the participants about a wide range of services and supports

The **Support Coordinator** is responsible for providing comprehensive support coordination to participants. The Support Coordinator works with participants to resolve points of crisis, assists in risk management procedures, provides informed choice and decision making to the participants about a wide range of services and supports. The Support Coordinator may provide a referral specific service as requested by the participant's Planner and provides a case specific support coordination report

Elder Care Coordinator assists identified consumers to navigate access to appropriate aged care support services, via external programs as appropriate. This role has an advocacy function for Elders to ensure they are well supported in community-led pathways to care through the delivery of best practice internal and external referral processes. The Elder Care Coordinator gives direction to the Elder Care Connector in supporting those identified consumers to receive culturally safe assessments and care planning

Elder Care Connector provides support, and advocates on behalf of, Aboriginal Elders and their families to access culturally informed aged care services, assessments and supports. The key aims of the program are to reduce barriers across the aged care journey experienced by Aboriginal people. Increase the number of Aboriginal people accessing Aged Care services. Increase the number of Aboriginal people Receiving Aged Care on Country

Integrated Case Workers break down barriers to accessing mainstream services, NDIS and Aged Care support while developing trust and rapport. They provide case management and NDIS support coordination, advocacy and outreach to Aboriginal and Torres Strait Islander clients and communities in a culturally sensitive manner

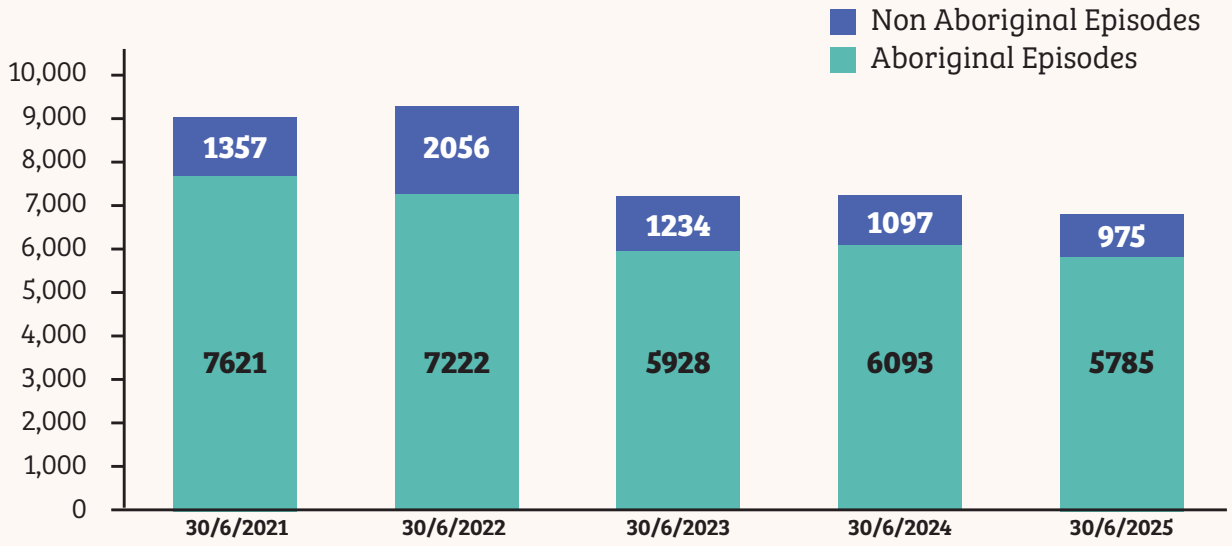
The purpose of the **Aboriginal Disability Liaison Officer** is to support Aboriginal and Torres Strait Islander people with a disability to access services under the National Disability Insurance Scheme. The primary role of the Aboriginal Disability Liaison Officer (ADLO) is to provide outreach to Aboriginal and Torres Strait Islander people in a culturally sensitive manner, breaking down barriers to accessing the NDIS and developing trust and rapport

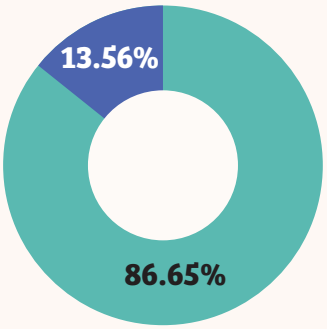
2024-2025 Health Snapshot at a Glance

Episodes of Care

Each time a person sees someone at the clinic it is called an 'episode'.
An episode can involve contact with more than one health provider, as long as the contact occurs on the same day.

Annual comparison of Episodes of Care (OSR 01)





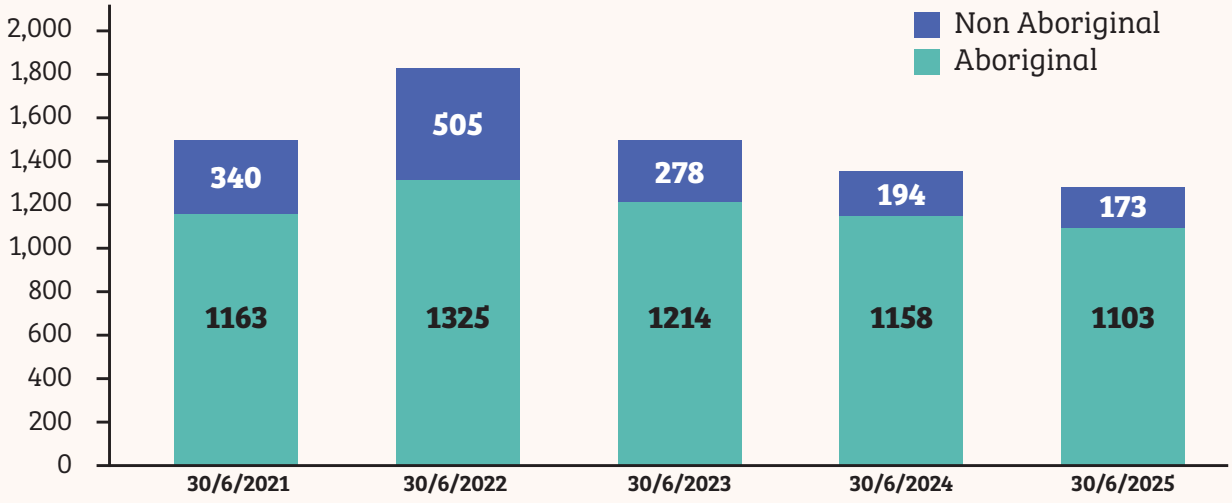
Ratio of Aboriginal Clients to Non Aboriginal Clients 2024-2025

Non Aboriginal
Aboriginal

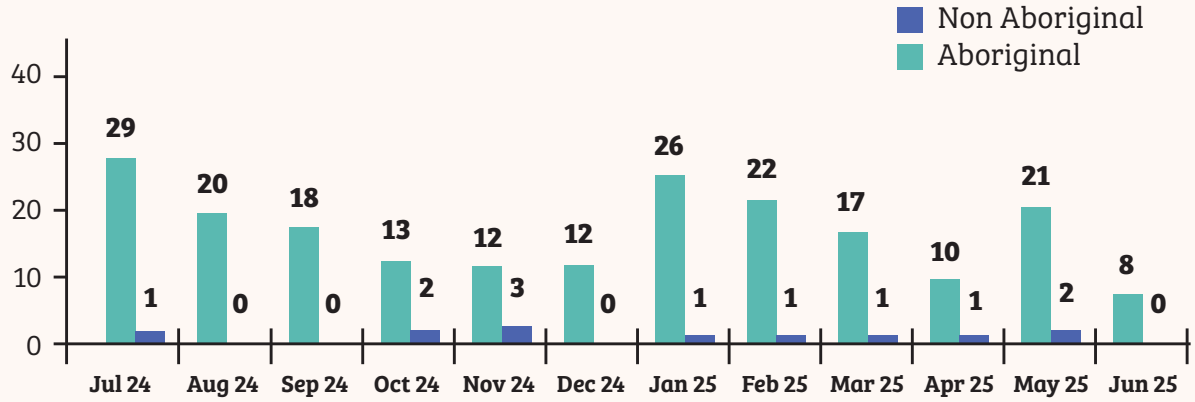
Individual Clients

In 2024-2025 Nunyara had 1103 individual Aboriginal clients, and 173 individual non-Aboriginal clients receive health care from Nunyara.

Aboriginal and Non Aboriginal clients who received health care at Nunyara in the last 12 months. Each client counted only once (OSR 3)



New Patients Presenting Per Month July 2024 to June 2025



Management Reports

From the Board

This has been a year of enormous change for the organisation. The announcement of a $+5M Commonwealth grant to redevelop the Tully Street clinic marks a turning point for Nunyara and for the Whyalla community. Alongside this exciting development, staff managed the significant task of relocating to temporary premises at Bastyan Crescent in April 2025 — a move that came earlier than expected but was handled with professionalism and care.

During this period of transition, the organisation also successfully completed major accreditations and its financial audit, demonstrating that quality and accountability remain strong, even through times of disruption. These achievements give the Board confidence that Nunyara is in a strong position as it prepares for the next stage of its journey.

Strategic Plan Update:

I am pleased to report that after launching our Inaugural Strategic Plan last year, we have made some steady progress in year 1:

Strategy	Broad Element Description	No of Actions	Yet to Start	In Progress	Complete
Strategy 1.1	Accreditations	5	0	4	1
Strategy 1.2	New services, and models of care	8	0	4	4
Strategy 1.3	Environmental Impact	3	0	1	2
Strategy 1.4	Maintain strong partnerships	5	3	2	0
Strategy 2.1	Funding for infrastructure	3	1	1	1
Strategy 2.2	Construction of infrastructure	2	0	2	0
Strategy 2.3	Plan for future growth	1	1	0	0
Strategy 3.1	Grow our workforce	10	1	6	3
Strategy 3.2	Invest and recognise adaptable leadership	5	2	2	1
Strategy 3.3	Promote positive culture and behaviour	7	2	3	2
Strategy 4.1	Strengthen and enhance electronic systems	6	1	4	1
Strategy 4.2	Improve transparency of data and reporting	8	3	1	4
Strategy 4.3	Implement IT systems to improve security and reliability	4	0	1	3
	TOTAL @ June 2025	**67**	**14**	**31**	**22**

As Chairperson, and on behalf of the Board, I extend our sincere thanks to Cindy, our CEO, and to all staff for their dedication, hard work, and resilience throughout the year. The ability to continue delivering culturally safe health care while managing such large-scale change is a testament to the commitment of the Nunyara team.

We also thank the community for their trust and support. Together, we look forward to the opportunities that lie ahead as Nunyara redevelops its permanent home and continues to grow stronger for the future.

On behalf of the Board, I am proud to present this report for Nunyara Aboriginal Health Service for 2024–25.

Jeff – Chairperson

From the CEO

The 2024–25 year has been one of the most significant in Nunyara's history, marked by growth, transition, and the foundations of long-term opportunity.

The highlight of the year was the announcement of a $5 million Commonwealth capital infrastructure grant in July 2024 to redevelop our permanent clinic site at Tully Street, Whyalla Stuart. This long-awaited investment will transform our capacity to deliver culturally safe, modern health care in a facility designed to meet the needs of our community. It is a milestone that reflects years of planning, advocacy, and persistence, and represents the Commonwealth's trust in Nunyara's ability to deliver high-quality services for the Whyalla community.

In November 2024, we faced a significant pressure point when a major water leak occurred at the clinic on Tully Street. This event, which remains the subject of an ongoing insurance claim, forced us to bring forward our relocation by several months. Instead of relocating mid- to later 2025 as planned, we had to transition the entire clinic into temporary premises at Bastyan Crescent (the former Stuart High School site) on 1 April 2025.

This was a major logistical undertaking, requiring not only the physical move but also complex behind-the-scenes work to ensure continuity of services, IT, systems, and compliance across multiple programs. The support of the Department for Education was invaluable in this process, through leasing the site to us earlier than planned. The feedback from community and staff since relocating has been overwhelmingly positive, with the new temporary site providing the space and functionality we need while our permanent home is being rebuilt. Toward the end of this calendar year, our ICT and Administration teams will also transition across to Bastyan Crescent, consolidating Nunyara's operations on one site during the redevelopment.

Alongside these major changes, I am proud to report that Nunyara achieved two significant accreditations this year:

- NDIS Recertification Audit – confirming our capacity to continue delivering disability support services in line with national standards.
- AGPAL Clinical Accreditation – validating the safety and quality of our primary health care systems and processes.

We also undertook extensive planning and preparation for our ASES accreditation (organisational), with the assessor visit scheduled for August 2025. This preparation ensured our systems, policies, and service models are positioned strongly, building on a culture of continuous improvement.

In addition, the organisation successfully completed its annual financial audit, reinforcing strong governance and financial sustainability as we head into a period of significant capital investment and operational growth.

This year also brought important new opportunities through funding secured with the support of NACCHO. In May 2025, Nunyara was announced as a recipient of new funding under the Cancer Program, aimed at improving cancer outcomes for Aboriginal people in areas of highest burden.

This funding will contribute to employing a Health Promotion Officer and support activities at Nunyara designed to increase awareness, prevention, and early detection of cancer. It marks a significant step forward in strengthening our cancer care pathways and addressing an area of real need in our community.

While these organisational milestones are significant, none of them would have been possible without the support of our many stakeholders and partners. I want to particularly acknowledge the South Australian West Coast ACCHO Network (SAWCAN), and the incredible work undertaken collectively by the five Aboriginal Community Controlled Health Organisations across the region — Nunyara, Port Lincoln, Yadu, Tullawon, and Oak Valley Health Services. Together, we have continued to demonstrate the power of collaboration in achieving better health outcomes for Aboriginal communities.

The collective strength of SAWCAN has been recognised across the state, and Nunyara is proud to play a leadership role in this work. These regional partnerships remind us that while our focus is always local, we are part of a broader movement for Aboriginal community-controlled health that is strong, united, and future-focused.

Following on from Jeff's comments about the Strategic Plan, I am pleased to report that at June 2025, we have made solid progress against our Strategic Plan. Of the 67 actions, 22 are complete, 31 are underway, and 14 are still to be started.

The advances we've made in accreditations, developing new services, environmental initiatives, and strengthening our IT systems is a testament to great teamwork. We are also moving forward with infrastructure planning and construction, while continuing to grow and support our workforce. Some areas, such as building stronger partnerships and future growth planning, are still to be progressed and will be a focus in the year ahead.

Overall, we are in a good position. The foundations are in place, and I am confident that with the commitment of our staff and Board we will continue to deliver on our strategic goals for the Community.

I would like to sincerely thank all our staff, stakeholders, and partners for their tireless efforts during this year of transition. Our ability to balance day-to-day service delivery with the demands of relocation, accreditation, and audit has been nothing short of extraordinary. The strength of Nunyara comes from its people, and this year has shown once again that our team — alongside our partners — will rise to every challenge to ensure the health and wellbeing of our community remains at the centre of all that we do.

It has been a year of change, achievement, and resilience. I am honoured to lead Nunyara through this next chapter and extend my gratitude to our Board, staff, NACCHO, Department of Health, Disability and Ageing, the Department for Education, SAWCAN partners, and Community for their ongoing support.

Cindy - CEO

NUNYARA ABORIGINAL HEALTH SERVICE INC.

Strategic Plan

JULY 2024 - JUNE 2029

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Statement of Respect

We live, work and play on the land of the Barngarla people.

We recognise the depth of feeling Barngarla people past and present have for this land and region it encompasses.

We recognise the great diversity of people that now exist in this region and respect their cultural backgrounds and beliefs.

We come together acknowledging the atrocities of the past on Aboriginal people, the impact to families and Community and the effects that may still remain a legacy today.

We stand united as Aboriginal and Non-Aboriginal people to achieve equity of health and quality of life by acknowledging this unique diversity, respecting culture, and working together for positive outcomes for all Aboriginal people in our Community.

Message from the Chair and CEO

Our Community and organisation have weathered many changes in the last three years. We have been strong and resilient and protected the health and wellbeing of our Community. Nunyara will continue to advocate strongly for equity in access to health services, funding and new services that meet the needs of our growing Community.

Our strategic plan is created to align with the objects of the Association, which are:

1. To provide an holistic range of quality services and programs, promote healthy lifestyle choices and work to improve the health outcomes of Aboriginal people who reside in Whyalla, South Australia.
2. To advocate for dedicated and culturally appropriate service responses to the Aboriginal community of Whyalla from mainstream services.

OUR FOUR STRATEGIC OBJECTIVES ARE:

1. CARING FOR OUR MOBS FUTURE
2. GROWING OUR INFRASTRUCTURE
3. NURTURING OUR WORKFORCE
4. PREPARING NUNYARA FOR THE FUTURE

We look forward to working with our staff, partners and Community to realise these strategic goals over the next five years.

Vision

A STRONG, HEALTHY AND CONNECTED ABORIGINAL COMMUNITY.

We will lead with a holistic and integrated approach to health care through:

- Being an accessible Aboriginal Community Controlled Health Service by providing a culturally appropriate environment and location
- Recognising culture as a source of strength and wellbeing
- Providing advocacy through support, advice and referral to access appropriate services

We will improve the health and wellbeing of our community through:

- Encouraging responsibility for people to take ownership of their own health and wellbeing
- Increasing and improving the availability of primary health care and wellbeing services for Community
- Offering choice and flexibility of programs and service delivery

We will maintain and improve connections in our Community through:

- Strengthening partnerships by developing formal arrangements
- Maintaining diverse relationships throughout the Community

WE WORK CLOSELY WITH OUR PARTNERS AND STAKEHOLDERS AT A LOCAL, REGIONAL, STATE AND NATIONAL LEVEL.

Working with our partners	Integration with State and National Strategies
Wynbring Jida Childcare Centre	National Agreement on Closing the Gap
South Australia West Cost Aboriginal Health Network (SAWCAN)	Commonwealth Department of Health and Aging
Aboriginal Health Council of South Australia (AHCSA)	• National Aboriginal and Torres Strait Islander Health Strategy • National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework
Mainstream service providers	SA Health
National Aboriginal Community Controlled Health Organisation (NACCHO)	1. Aboriginal Heath Care Framework 2023- 2031 2. Aboriginal Health Workforce Framework 2023-2031 3. Rural Aboriginal Health Workforce Plan 2021 - 2026

Values

OUR VALUES ARE HONESTY, RESPECT AND INTEGRITY.

Honesty	We show honesty by speaking truthfully, within the boundaries of confidentiality. This is shown in our dealings within the organisation and with our consumers and partners by saying what we mean and meaning what we say, keeping our promises, telling the truth tactfully, providing honest feedback and answers and admitting to mistakes.
Respect	We show respect by speaking and acting with courtesy. We treat others with dignity and use culturally appropriate ways of communicating. This is shown in our dealings within the organisation and with our consumers and partners by treating everyone fairly, communicating so people can understand, listening to others, and seeking and providing feedback.
Integrity	We show integrity by honouring our values and the rules of our organisation, government and nation. This is shown in our dealings within the organisation and with our consumers and partners by doing the right thing, abiding by the values, standing up for what we believe in, and taking responsibility for our mistakes.

Our Four Strategic Objectives

1. CARING FOR OUR MOBS FUTURE:

Improving our Aboriginal Communities health through culturally responsive, safe and quality services.

Our mob is growing and changing. At Nunyara we are committed to providing culturally responsive safe and quality services. Over the coming years we want to maintain our quality of services and also grow the footprint of services for our mob to access and to benefit from.

1.1 Maintain, or achieve, accreditations relevant to the services provided by Nunyara
- 1.1.1 RACGP Clinical
- 1.1.2 NDIS
- 1.1.3 Australian Service Excellence Standards - organisational

1.2 Establish new services, build new models of care and improve services in areas of Community need including:
- 1.2.1 Alcohol, Tobacco and other Drugs (AToD)
- 1.2.2 Maternal and Child health
- 1.2.3 Social and emotional wellbeing (SEWB)
- 1.2.4 Diabetes

1.3 Be aware of our environmental impact through establishing guidelines for our clinical and administration services to acknowledge our impact on Country and the wider environment
- 1.3.1 Implement impact on Country guidelines

1.4 Maintain strong partnerships with health and community organisations, government, and suppliers
- 1.4.1 Formalise existing and new partnerships

2. GROWING OUR INFRASTRUCTURE:

Secure resources to develop our facilities.

Create flexible spaces that can be used for multiple purposes and upgrade clinical spaces that are fit for purpose

2.1 Fund and establish contracts to build the next phase of Nunyara infrastructure
- 2.1.1 Pursue funding opportunities for new and improved facilities

2.2 Construction of infrastructure
- 2.2.1 Commission infrastructure projects

2.3 Plan for the future growth of Nunyara
- 2.3.1 Ensure infastructure continues to meet the needs of workforce and service delivery

3. NURTURING OUR WORKFORCE:

Creating a skilled workforce and positive organisational culture

Our workforce is our source of strength, connection to our Community and critical health skills. We want to build resiliency into our workforce to ensure we are able to meet the needs of Community today and into the future.

3.1 A commitment to 'grow our own' workforce
- 3.1.1 Increase our attractiveness as an employer
- 3.1.2 Create innovative recruitment and salary packaging opportunities
- 3.1.3 Implement micro-skilling and training pathways by working with training providers and Universities to link education and employment

3.2 Invest and recognise adaptable leadership
- 3.2.1 Implement a structured approach to succession planning for critical functions within the organisation
- 3.2.2 Provide opportunities for staff to work in higher duties
- 3.2.3 Promote internal training and development opportunities

3.3 Promote positive organisational culture and behaviours
- 3.3.1 Increase positive internal communication
- 3.3.2 Recognition of positive actions and contributions
- 3.3.3 Improve attendance through decreasing unplanned leave

4. PREPARING NUNYARA FOR THE FUTURE:

Building internal systems and processes to continue to operate with integrity

Nunyara is proudly an Aboriginal Community Controlled Health Service. As we grow, we want to embed sustainable organisational systems for growth, transparency, and integrity.

4.1 Strengthen and enhance the usability of electronic systems
- 4.1.1 Continue to expand online automation and self-service capabilities of staff
- 4.1.2 Explore the compatibility of new and existing electronic systems to streamline processes and workflows

4.2 Improve transparency and communication of Nunyara data and reporting
- 4.2.1 Establish resilient internal processes to preserve data quality
- 4.2.2 Data and reporting to support internal governance mechanisms
- 4.2.3 Increase and promote the feedback of data to Community

4.3 Implement contemporary IT systems to improve resilience, security and reliability.
- 4.3.1 Implement organisation wide records and information management practices

High level Implementation Plan

WE WILL FOCUS OUR EFFORTS TO BE ABLE TO MEET OUR AMBITIONS AS DESCRIBED IN THE STRATEGIC PLAN.

JULY JUNE	2024-2025	2025-2026	2026-2027	2027-2028	2028-2029
Caring for our Mob's Future	•	•	•	•	•
Maintain, achieve, accreditations	•	•	•	•	•
Establish new services	•	•	•	•	•
Environmental Awareness	•	•	•	•	•
Maintain strong partnerships	•	•	•	•	•
Growing our Infrastructure		•	•	•	•
Secure funding and establishing contracts		•	•	•	•
Construction of the next phase of infrastructure		•	•	•	•
Planning for the future growth of Nunyara services		•	•	•	•
Nurturing our Workforce		•	•	•	•
A commitment to a 'grow our own' workforce		•	•	•	•
Invest and recognise adaptable leadership		•	•	•	•
Promote positive organisational culture		•	•	•	•
Preparing Nunyara for the future	•	•			
Embed recently implemented finance and human resources systems	•	•			
Nunyara data and reporting	•	•			
Implement contemporary IT systems	•	•			

We will provide annual feedback on the progress of our implementation plan in our Annual Report and in poster format.

Administrative Activities and Services

Continuous Quality Improvement & Accreditation

Highlights this year:

- ✓ Intranet Launch – Nunyara's first intranet established, giving staff a central hub for policies, documents, and resources
- ✓ Quality Management Framework Endorsed – A clear roadmap for managing and improving quality, formally adopted by the Board
- ✓ Audit Schedule Introduced – Comprehensive audits now embedded into everyday practice, strengthening compliance and safety
- ✓ nKPI Reporting Improved – Staff now receive quarterly updates in easy-to-read graphs; data also published six-monthly online.
- ✓ ASES Preparation – Final stages of organisational accreditation are underway

This year has been a milestone one for Nunyara in terms of systems, quality, and continuous improvement. A key highlight was the successful launch of Nunyara's first intranet, providing staff with a central platform to access shared documents, policies, and resources. This has modernised the way we work, saving time, improving communication, and making information easier to find. Alongside this, I also oversaw a complete restructure of our shared document storage system, creating clear pathways for staff to access information without duplication. Together, these changes have already had a significant impact on efficiency and teamwork.

Another major achievement was the Board's endorsement of Nunyara's Quality Management Framework. After years of development, this framework now provides a mature, robust roadmap for how we manage, measure, and improve quality into the future. As part of this, I also introduced a comprehensive audit schedule, embedding compliance checks and best practice monitoring into everyday work. These audits go beyond checklists — they build confidence that our systems are working, risks are being managed, and that the care we provide remains safe and of the highest standard.

A strong focus this year has been on improving the way we use data. The national Key Performance Indicators (nKPIs) are now presented to clinic staff in easy-to-understand graphs every quarter and published on Nunyara's website every six months. While some indicators are still affected by challenges such as GP shortages, there has been progress in areas like the number of patients receiving health checks. For example, health assessment completion rates for clients aged 25–54 increased from 29% in December 2024 to 31% in June 2025, while for clients aged 55+ the rate rose from 34% to 37%.

One of the most significant pieces of work has been preparing for Australian Service Excellence Standards (ASES) accreditation. This whole-of-organisation process examines systems, governance, and service delivery.

Achieving ASES accreditation will validate the high standards we strive for every day, and provide external recognition of the safety, professionalism, and quality of our services. Nunyara is now in the final stages of assessment, and we look forward to sharing a positive outcome in next year's Annual Report.

I am particularly proud of the successful intranet launch and the positive impact it has already had across the organisation. This achievement, combined with the Quality Management Framework, has strengthened the way we operate, creating systems that are embedded, transparent, and accessible.

In my role I collaborate across every team at Nunyara, holding regular meetings to review systems, identify improvements, and strengthen quality outcomes. This has resulted in improved communication across teams, stronger engagement in compliance processes, and a sense of shared ownership in continuous improvement activities.

Looking ahead, my priorities include achieving ASES accreditation, consolidating and monitoring the systems we have put in place, and continuing to support staff in their quality improvement efforts.

Looking Ahead, goals for next financial year include:

- Achieving ASES accreditation
- Continue embedding systems under the Quality Management Framework
- Support all teams in ongoing quality and compliance improvements
- Upgrade Patient Information Record System

Lana - CQI and Projects Co-ordinator

Temporary Clinic at Bastyan Crescent

Information Technology

This year has been one of big changes and challenges in IT, with several important projects completed to support Nunyara's operations. One of the first achievements was the removal of the end-of-life printer fleet and the rollout of a new suite of printers across the temporary clinic at the new temporary site. Alongside this, I deployed Kyocera Cloud Print & Scan with swipe card access, giving staff, doctors, and visiting specialists more flexibility and security when printing and scanning. We now have a reliable and modern fleet, including one multifunction printer in each consult room and two larger printer/copiers in the reception and clinical hub areas.

Another achievement was simplifying processes through IT systems. This included creating a streamlined onboarding system using Microsoft Forms, which makes it easier and quicker to manage new staff. I also invested in my own development, completing training in manual handling, first aid, and fire warden responsibilities, as well as taking on the role of WHS Committee member.

The biggest challenge and achievement this year was supporting the fast-tracked transition of the clinic to the temporary site at Stuart High School after the Tully Street site became unworkable. Working closely with Ant Datacom, we scoped out the IT requirements and minimised costs by reusing much of the school's existing cabling infrastructure.

We added new ports where needed and worked with Vocus Fibre & Network Solutions to reactivate the NBN connection. I also oversaw the installation of a new communications cabinet, network switch, patch panels, backup power supply, and firewall, ensuring the new clinic had a stable and secure IT backbone from day one.

This work was only possible through strong collaboration. I would like to acknowledge New Future IT, who provide ongoing remote support; Kyocera Document Solutions for their assistance with deployment and fleet monitoring; and Tony from Ant Datacom, who supported the cabling and setup work. I also want to thank Caitlyn, who worked with Nunyara during this time as Practice and Project Support Officer. Caitlyn provided significant assistance to me in IT and across many areas of the organisation, and I wish her well as she returns to Yadu Health Service.

Looking ahead, one of the key focuses for IT will be preparing for Nunyara's second relocation, which involves setting up Building 2 at Stuart High School to house the Admin and Integrated Care teams. Ensuring this new building has the right IT infrastructure and connectivity will be a priority for the next 12 months.

Dale – IT Support Officer

I entitle this photo 'A Cabling Nightmare'

Finance

This year has been a strong one for Nunyara's finances, with several key achievements laying the groundwork for even greater efficiency and accountability moving forward. A major highlight was achieving a clean financial audit, which reflects the organisation's sound financial management and compliance with requirements.

Behind the scenes, significant work was done to strengthen our internal systems. This included the introduction of improved financial processes, the development of a new budget template, and a major tidy-up of the general ledger. These changes have already made a difference in how budgets are managed and will support more accurate forecasting and decision-making in the future.

Another achievement was the completion of balance sheet reconciliations, which ensure Nunyara's accounts are transparent and reliable. Together, these improvements not only support strong governance but also give the organisation a solid foundation as we move through a period of capital investment and growth.

Sandra – Finance Co-ordinator

Dr Anisha in October 2024 after gaining her Fellowship

Clinic Receptionist

This year has brought many changes and opportunities in my role as Clinic Receptionist. The big move to our new temporary clinic building at Bastyan Crescent was a major milestone. It was exciting to be part of the transition and to help welcome our community into the new space. The opening of the Bastyan Crescent clinic has been a highlight, as the new surroundings feel more spacious, inviting, and comfortable for both clients and staff. I have enjoyed sharing this fresh start with the community and my co-workers.

Another achievement has been stepping into a more senior receptionist role, which has given me the chance to take on extra responsibilities and grow in confidence. Adjusting to the new building while continuing my reception duties has been a challenge, but I have felt excited, prepared, and ready to contribute to the smooth running of the clinic.

One of the best outcomes this year has been the positive feedback from clients about the new premises. Many have commented that it feels more welcoming and provides a better environment for care. At reception, we do our best to ensure every interaction is positive and that clients feel supported and respected when accessing Nunyara's services.

I am especially proud of the way all staff work together at Nunyara. When help is needed, everyone pitches in to make sure the clinic runs smoothly. There is a real sense of teamwork and having each other's backs, which makes it a great place to work.

Looking ahead, my focus will remain on providing excellent customer service and maintaining strong relationships with clients so they continue to feel comfortable accessing Nunyara and the services we provide.

Onatta – Clinic Receptionist

Administration / Payroll

Area of Work	What was achieved
Payroll	Ensured accurate and timely processing of payroll for all staff, followed by a successful financial audit. Implemented system improvements that reduced errors and increased efficiency.
Human Resources	Maintained accurate employee records and supported recruitment, onboarding and mandatory training requirements in line with policy and accreditation compliance.
Maintenance	Developed a schedule for periodical maintenance. Coordinated the maintenance schedule and ad-hoc requests with the Maintenance Supervisor, improving turnaround times and minimising service disruptions. Supported the Maintenance Supervisor to strengthen supplier and contractor management, ensuring quality service delivery and value for money.
Admin	Streamlined office systems and processes, improving efficiency and reducing time spent on manual tasks. Introduced digital workflows that enhanced accuracy and accessibility of information.

I was part of the working group responsible for the transition to the temporary clinic. This was a huge project that required months of planning, coordination and problem-solving, which was followed by the clinical accreditation shortly after! A huge effort by all involved to achieve compliance and continuity of services!

After a number of years with the same vehicles (some over 8+ years old!), I successfully led the process of securing replacements. Initial attempts with our long-term supplier were significantly delayed due to COVID and the subsequent backlog of orders. I managed to find an alternative supplier that could fulfil our order requirements and save us money. It was no easy task! Navigating the application process and gaining Board approval was a lengthy process but we managed to get it done and we are now enjoying the benefits of reliable, brand-new vehicles for our staff and clients!

I have successfully implemented a software called Asset Tiger to manage our assets, initially starting with keys, fobs and mobile devices. The software has the ability to store information of assets including, make, model, serial numbers, descriptions, locations, value, purchase price and photos. It also has the ability to assign assets to staff and record "events" such as when an item is lost or has undergone maintenance work. We are still in the early stages of implementation, but I am excited to build on it and include more assets!

I could not be prouder of the leadership and collaboration of staff to accomplish everything from audits and accreditations, to progressing a capital works project, relocating to a new site, and everything else in between! It is a true reflection of the strong relationships we have built internally and externally and our ability to communicate effectively with each other to get things done. We are a super team!!

This year we collaborated with Emma from Cleaned up Spaces on a few projects, the most exciting one being around Stock Management and Ordering.

This is aimed at improving our ordering and stock management processes to minimise wastage (linking to our Strategic Plan), save time on manual tasks and improve workflow.

The project involves:

- Gaining a clear understanding of our current stock levels (stocktake)
- Determining our usage requirements (forecasting)
- Developing a comprehensive inventory with preferred/approved products
- Establishing an ordering process and frequency
- Developing a policy for Stock Management that includes 'special requests'

My focus areas / goals for the next year are to:

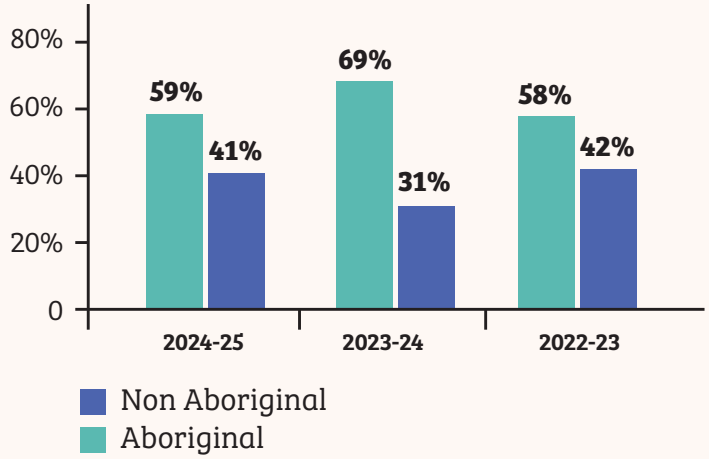
- Finalising the stock management and ordering process
- Moving the rest of our staff over to the temporary site
- Progressing the Capital Works project

Awhina – Admin Team Leader

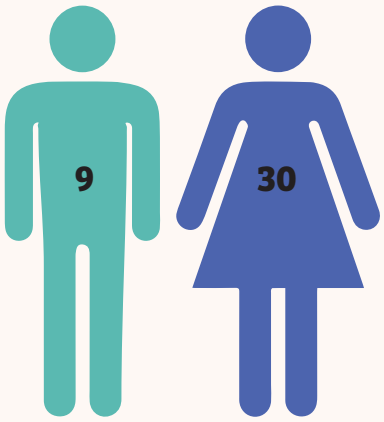
Human Resources Snapshot

*The data displayed in the graphs represents the period from 1st July 2024 to 30th June 2024

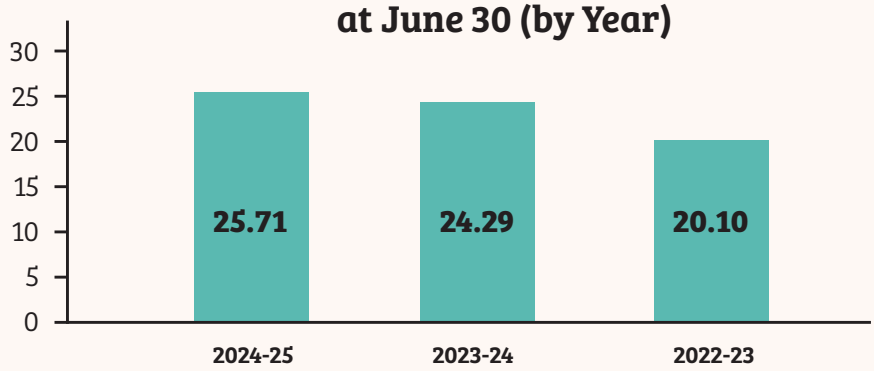
Staff Aboriginality (by Year)



Staff by Gender



Full Time Equivalent (FTE) at June 30 (by Year)



33

Full Time Equivalent (FTE) throughout the year

39

Actual employees throughout the year

Training and Development

HLTAID009 CPR & HLTAID101 Provide basic life support

Anisha, Awhina, Kate, Cindy, Dale, Deb, Devon, Di, Glenn, Greg, Hayley, Jane, Mia, Jody C, Jody W, Kim, Lana, Laurel, Murray, Peta, Rachel, Sandra, Simon, Tanya, Tracey

Cultural Awareness Training

Awhina, Kate, Cindy, Dale, Deb, Deveon, Di, Glenn, Greg, Hayley, Jane, Mia, Jody C, Jody W, Kim, Lana, Laurel, Peta, Rachel, Sandra, Simon, Tanya, Tracey

Privacy Training

Awhina, Deb, Devon, Hayley, Jane, Mia, Jody C, Kim, Lana, Laurel, Peta, Rachel, Tracey

Hand Hygiene Training

Awhina, Kate, Dale, deb, Devon, Glenn, Hayley, Jane, Mia, Jody C, Jody W, Kim, Lana, Laurel, Onatta, Sandra, Tracey

Infection Control Training

Awhina, Kate, Dale, Devon, Glenn, Hayley, Jane, Mia, Kim, Lana, Laurel, Peta, Rachel

Digital Safety Training

Kate, Dale, Deb, Di, Hayley, Glenn, Jane, Jody C, Kim, Lana, Laurel, Peta, Rachel, Sandra, Tanya, Tracey

QAAMS Training - ATELLICA URINE ACR NEW PARTICIPANT

Jody C, Kate, Tanya

QAAMS Training - ATELLICA HBA1C NEW PARTICIPANT

Kate, Tanya

QAAMS Training - DCA VANTAGE HBA1C UPDATE

Donna

Syphilis Point of Care Testing

Donna

GeneXpert for Respiratory Infection Point-of-Care

Kate

Understanding Vaccines & National Imms Program

Tanya

Wound Care Workshop

Kate

QAAMS Training - DCA VANTAGE URINE ACR UPDATE

Donna

Diabetes Educator Training

Kate

Managing Aggressive Behaviour

Awhina, Kate, Deb, Dianne, Glenn, Hayley, Jane, Mia, Jody C, Kim, Lana, Laurel, Peta, Rachel, Sandra, Tanya, Tracey

HLTAID011 First Aid Training - 1 Day course

Awhina, Kate, Dale, Di, Greg, Hayley, Jane, Jody C, Jody W, Kim, Murray, Peta, Rachel, Sandra, Tanya

NDIS Worker Orientation Certificate

Mia, Laurel, Peta

My Health Record Training

Kate, Kim, Laurel, Tanya

Manual Handling Training

Awhina, Kate, Dale, Deb, Di, Hayley, Jane, Jody C, Jody W, Laurel, Peta, Rachel, Tanya

Triage Training

Awhina, Kate, Hayley, Jane, Jody C, Laurel, Tanya, Tracey

Safe Environments for Children and Young People

Awhina, Kate, Cindy, Dale, Deb, Devon, Di, Glenn, Greg, Hayley, Jane, Mia, Jody C, Jody W, Kim, Lana, Laurel, Murray, Onatta, Peta, Sandra, Simon, Tanya, Tracey

Child Car Restraint Training

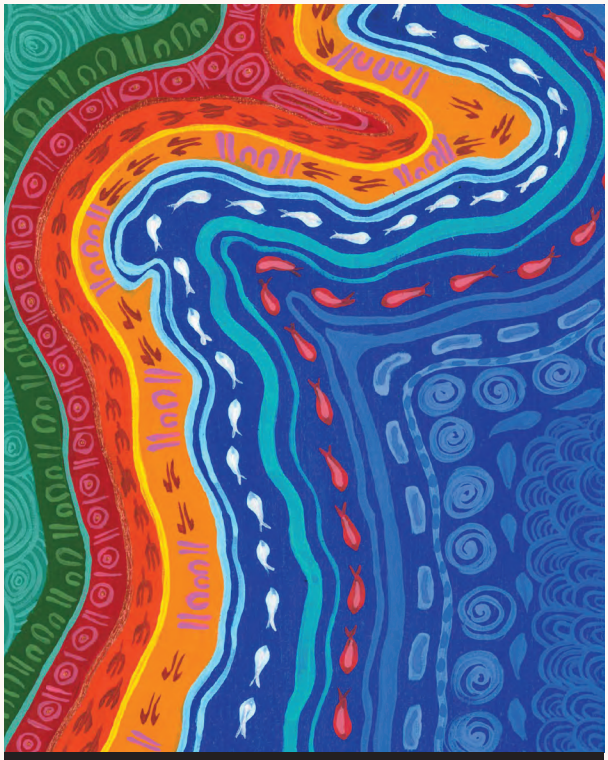
Devon, Mia, Peta, Rachel

HR Update

This year brought both change and growth for Nunyara's workforce. Jody Croft, our Chronic Care Coordinator, commenced 12 months' leave without pay to spend time with family interstate. Jody is also the artist behind the new 715 shirt design, "Coastline" (March 2025) — an acrylic on canvas piece depicting the local coastline from Fitzgerald Bay through to Point Lowly, Whyalla and further south, capturing the colours of the land and waters in our region. Jody, a proud Barngarla woman born in Whyalla, has long expressed her culture and inspiration through art, with acrylic on canvas being her preferred medium.

During the year we also welcomed eight new employees, including three into the Integrated Care Team, three Aboriginal Health Practitioners, as well as new administrative and maintenance staff. At the same time, we farewelled ten staff members, including a GP registrar, a FIFO GP, several admin and reception staff, three Aboriginal Health Practitioners, and one from the Integrated Care team.

Each of these changes has shaped our workforce, and we acknowledge the contributions of all staff who have been part of Nunyara's journey this year.



Artwork for 715 Shirts by Jody Croft (March 2025)

Practice Management

This year has been both challenging and rewarding for me in the role of Practice Coordinator. One of the biggest highlights was the engagement of a resident pharmacist in September. Lucy has already made a huge impact, particularly in organising our medication room, imprest and ordering systems. Looking ahead, I am hopeful she will also be involved in supporting patient medication management, which will further strengthen the services we can provide.

Another achievement was successfully engaging locum doctors between October 2024 and March 2025. What were initially planned as two-week placements were extended to four weeks each, doubling the available time and opening up many more appointments for our patients. This flexibility was vital for continuity of care during a busy period.

Of course, the big move from Tully Street to Bastyan Crescent was a major milestone. It was truly a leap of faith and brought many challenges, but also a great sense of accomplishment. I was proud to be part of both the planning and physical move, as well as the behind-the-scenes work required. This included ensuring providers had new Medicare Provider Numbers, updating our physical address with multiple government organisations, and re-registering with a wide range of bodies.

The effort invested in these changes is already showing results. Medicare revenue increased by $17K this year, largely due to the locum claims and my ongoing work with staff to educate them about patient care items that can be claimed.

This education not only improves revenue but ensures we are delivering best practice care, as each Medicare item represents an important element of service for patients.

I am particularly proud of how the team navigated a year of big changes, including both the move and accreditation, all while adapting to staff departures and shifting workloads. My role became much more diverse, and I temporarily increased my hours to help keep the "ship afloat." These efforts, along with close collaboration with management, staff, and stakeholders, ensured we successfully completed the move and achieved accreditation – outcomes I am very proud of.

Collaboration has also been a strong theme this year. I worked closely with Lana on improving the use of Communicare, holding fortnightly meetings, developing PDSA cycles, and sharing reports with staff. This has increased awareness of why certain processes are followed and sparked productive discussions on how we can continue to improve.

Looking ahead, my focus remains on strengthening the clinic team and systems. A priority is to engage a permanent GP for Nunyara. I also plan to expand Medicare training with staff so that we continue to adapt to new Government requirements and incentives. In particular, I hope to gain deeper knowledge of PIP and MyMedicare incentives so we can maximise these opportunities and ensure the best outcomes for our patients and community.

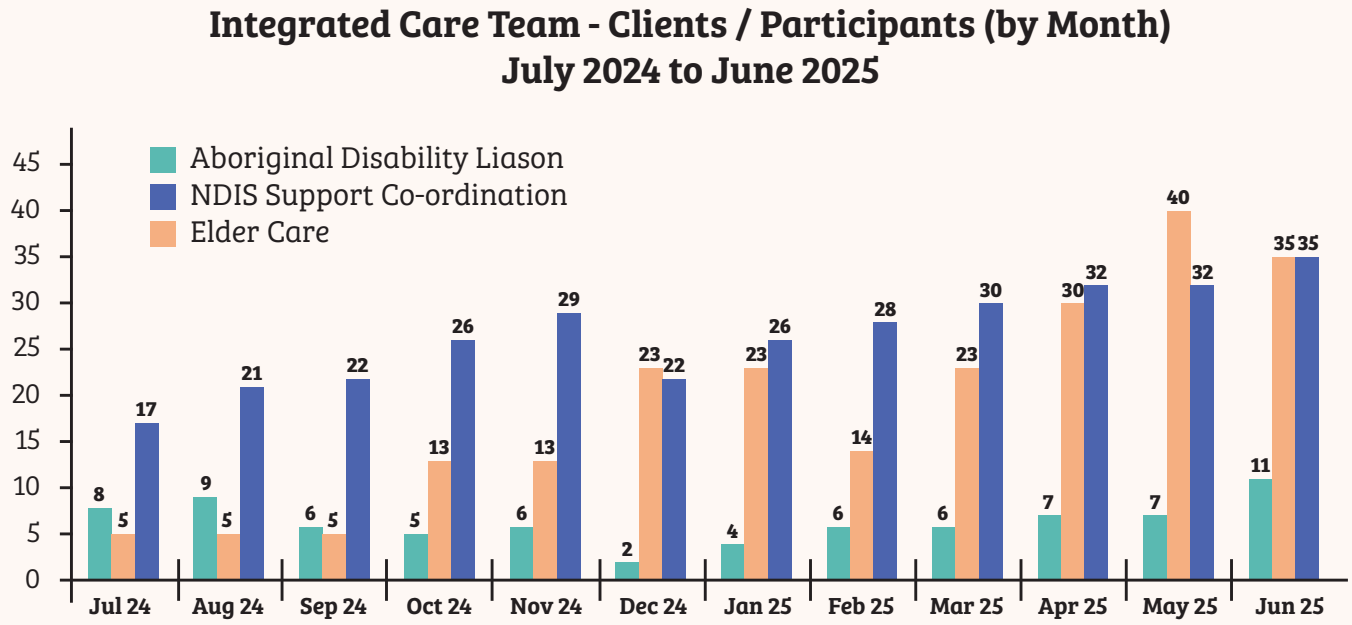
Deb - Practice Co-ordinator

Program Reports

Integrated Care Team

Elder Care, Culture Care Connect, NDIS Support Coordination & Eligibility, Case Management

Nunyara has reached a significant milestone with the creation of a fully functional Integrated Care Team who provide NDIS Support Coordination & eligibility support, Elder Care, Culture Care Connect and Community Case Management services. The team comprises of six Aboriginal and three non-Aboriginal members, successfully implementing five programs that consistently meet and exceed contracted KPIs. The Team have recently taken on the responsibility of supporting the Nunyara Elders Group after some significant guidance and support from Zena who now works for SAWCAN. The Elder Care primary workers Tyrell, Peta and Mia will be working closely with the Elders to meet their needs and collaborate to improve our Elder Care services to Community.



Over the past 12 months the Integrated Care Team have developed significant connections with the following government and non-government agencies. These connections are imperative to the amazing work the team does across five programs to support Community.

- *Nunyara Clinic and Visiting Specialists*
- *Mission Australia Local Area Coordinator*
- *Speech on Eyre*
- *NDIS Remote SA Team*
- *Novita disability Therapists*
- *The Smith Family*
- *Tullawon Health Service*
- *Workskil Parenting Pathways*
- *Centacare Catholic Country SA*
- *Boracare*
- *Lift Health Group (FIFO Therapy)*
- *Fly 2 Health*
- *Thirrili suicide prevention*
- *Creating Precious Moments (Developmental Educator)*
- *Suicide Prevention Network*
- *Aboriginal Family Support Service*
- *Department of Child Protection*
- *Department for Education*
- *Wynbring Jida*
- *Mcritchie Crescent Children's Services Centre*
- *Department of Human Services Child Wellbeing Team*

Yard space at temporary location, Bastyan Crescent

Devon

- Senior Support Coordinator Achievements

- Supported over 80 different participants and their families in the last year to access support services
- Supported approx. 110 year 11 students from Whyalla Secondary College to complete mock job interviews with locals from a variety of employment fields
- Engaged a new provider to travel out to Yalata Community to provide regular therapy services with another in the works
- Attended professional development training opportunities for Elder Care, Disability and Mental Health
- Supported enrolment at school for a young boy who had never attended childcare or Kindy, being assessed for inclusive education options. He likes to play with his friends at school on the playground

Tyrell

- Elder Care Coordinator Achievements

- Zena handed the ongoing management of the Elders Group over to Tyrell as the Elder Care Coordinator
- Completed an ACAT shortly after returning from leave and researched more information on the new assessment reforms
- Creating an MAC (My Aged Care) information presentation for Elders/Team and Community
- Developing a Cultural Awareness/ Cultural learning PowerPoint for NAHS/Team and Community

Mia

- Elder Care Connector & NDIS support Achievements

- Completing my first NDIS application and received more funding for participant
- Completing my first My Aged Care Application to support our Elders within the community
- Attending state yarning circle in Adelaide and communicating with other service providers also attending the yarning circle
- Moving over and working in the Integrated Care Team fulltime has improved and boosted my confidence

Rachel

- Specialist Support Coordinator Achievements

I began working with Nunyara in August 2024. I am passionate about helping Aboriginal people to access quality services. I've worked in various case management roles in the Whyalla community for the last 19 years. In recent timess, I have primarily worked with people with disabilities to utilise their NDIS plan. Highlights for me this year include:

- Case management support for 25 different participants and their families to access support services
- Improved school attendance for children with disabilities
- Since starting with Nunyara, I have been able to broaden my scope of work to not only working with people with disabilities to utilise their NDIS plan, but also to provide case management support to other members of the family who may meet access for early childhood intervention services or NDIS due to disability need, for example other siblings or the parents
- I have attended professional development training opportunities for Elder Care and Disability

A direct and close connection with BoraCare has enabled the organisation to connect with Community and begin recruiting and training Aboriginal and Torres strait Islander people in the Disability and Elder Care sector. This approach will provide a more culturally appropriate service to Community and increase employment opportunities for mob.

A strong collaborative connection has been built between Tullawon Health, Nunyara Health and the NDIS Remote Leadership Team. This relationship has enabled a strong Support Coordination service to be delivered in Yalata, a remote area of South Australia, 655km from Whyalla. The NDIS have recognised the NDIS expertise of Nunyara inviting the Team to assist in the eligibility journey of the Yalata Community. The team will collaborate with Tullawon and the NDIS to identify existing eligibility documentation and assist in planning the completion of any necessary assessments to ensure individuals receive an appropriate NDIS plan.

Simon – Team Leader, Integrated Care Team

Clinical Activities

This year has been a significant and rewarding one for the clinical team at Nunyara. We achieved several important milestones that demonstrate the strength of our service and our commitment to the community. Most notably, the clinic successfully completed AGPAL Accreditation, ensuring that our systems, processes, and standards meet the highest levels of quality and safety. At the same time, we undertook the major task of relocating from Tully Street to our new premises at Bastyan Crescent. This move has been very well received, with both staff and community members providing positive feedback. The extra space has created a more welcoming environment and allowed staff to work more effectively in delivering services.

Another highlight of the year has been seeing two of our Aboriginal Health Workers complete their studies and become registered Aboriginal Health Practitioners. This is a tremendous achievement and a testament to their hard work and commitment. We are proud that one of these newly qualified practitioners has chosen to remain with Nunyara, strengthening our clinic team and continuing to support our patients. In total, we now have four Aboriginal Health Practitioners employed, who are playing a key role in providing full health checks and ensuring patients are up to date with the National Immunisation Program. Immunisation has been a core focus of our work, with 880 vaccinations delivered in this reporting period, including 253 flu vaccines. These efforts are essential in keeping our community healthy and protected.

On a more personal note, one of the joys of my role is seeing families grow alongside our service. For the past two and a half years, we have been including photos of young Kaylah, with her mother's permission, to share her journey since birth. As the family has now moved to Adelaide, this will be the last year we include these updates. I wish Kaylah and her family all the very best for the future.

I am especially proud of how the team worked together to manage the challenges of both the move and the accreditation process. It required effort and cooperation across the whole organisation – from our CEO and administration team to the Integrated Care Team – and highlighted how well we can unite to achieve positive outcomes for the community. I would also like to give a special mention to Jane, our Visiting Services and Patient Journey Coordinator, who does a magnificent job ensuring patients are able to attend their specialist appointments in Adelaide. Her hard work behind the scenes makes an enormous difference for our patients and their families.

Finally, I want to acknowledge our valued partnerships. This year, we collaborated with the Rheumatic Heart Disease program, who provided further education to our staff and congratulated us on our commitment to teaching medical students, registrars, and locums who spend time at Nunyara. Their support, along with the patient resources they shared, will help us continue to provide excellent care into the future.

It has been a year of change, progress, and teamwork. I am grateful to be part of such a dedicated group of people, and I look forward to continuing to work together to deliver high-quality, culturally safe care for our community.

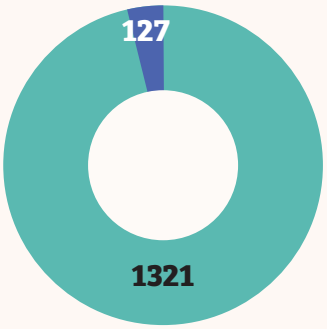
Dianne - Clinical Co-ordinator

Aboriginal Health Practitioner

Hi Community. This year has certainly been a challenging one with the big move from Tully Street to Bastyan Crescent and the demands of accreditation — it really is all about location, location! Despite the changes, it has also been a year of learning, growth, and exciting opportunities. I attended my first NAATSIHWP Conference in Perth, which was a fantastic chance to network, share information, and learn from other ACCHOs alongside many AHWs and AHPs from across Australia and the Torres Strait. The conference, MC'd by Seanie Choolburra, was both inspiring and energising.

Another highlight has been starting my training as an Aboriginal Maternal Infant Care (AMIC) Practitioner through training at AHCSA. This involves attending week-long study blocks every two months in Adelaide, and I am really enjoying the challenge of learning a new language and study approach. I look forward to walking this journey with our lovely pregnant women as I progress through the training.

I also completed the National Immunisation Program and am now able to give childhood vaccinations. On top of that, I've been learning Medicare online claiming (thanks to Deb and Jane for the support!) and continuing to smash out 715 health checks for adults and children to make sure our mob stay healthy.



Encounters (by Provider)

Tanya, *Aboriginal Health Practitioner*

Non Aboriginal
Aboriginal

I also provide clinical and admin support to our Allied Health team and visiting GPs. There is never a dull moment in the clinic when it comes to learning!

Attending community events is always a highlight, as it gives us the chance to connect with other services, showcase what Nunyara offers, and catch up with patients in a more relaxed environment. I look forward to the year ahead, continuing to grow in my role and provide ongoing, holistic care and support to our patients and community.

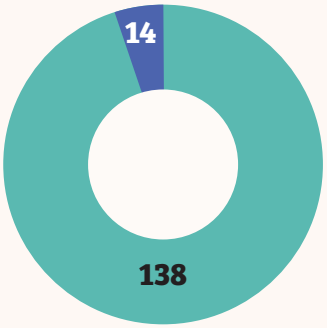
Tanya T - Aboriginal Health Practitioner

Aboriginal Health Practitioner

I began working at Nunyara Aboriginal Health Service in April 2025 as an Aboriginal Health Worker. Before this, I worked in hospitals in Adelaide where there really was no clinical background required for my roles. Moving into primary health care has been a change, and I've been learning what it means to work as an Aboriginal Health Practitioner (AHP) in a clinical setting.

In my role, I work closely with AHPs, GPs, Registered Nurses, and Allied Health staff. My duties include triaging patients both in the clinic and over the phone, conducting 715 health checks, completing HbA1c and ACR tests, providing STI screening, and carrying out pre-consultation checks before patients see the doctor. I will also be the designated AHP for mental health patients, making sure they attend appointments for their injections and managing their recalls.

Some of my key achievements this year include learning clinic-based roles, becoming confident in delivering vaccinations, and gaining new skills that will support my growth as an AHP. A highlight was taking part in NAIDOC in the Park, where I administered flu vaccinations under the supervision of RN Kate. This gave me the confidence I needed to continue building my clinical skills.



Encounters (by Provider)

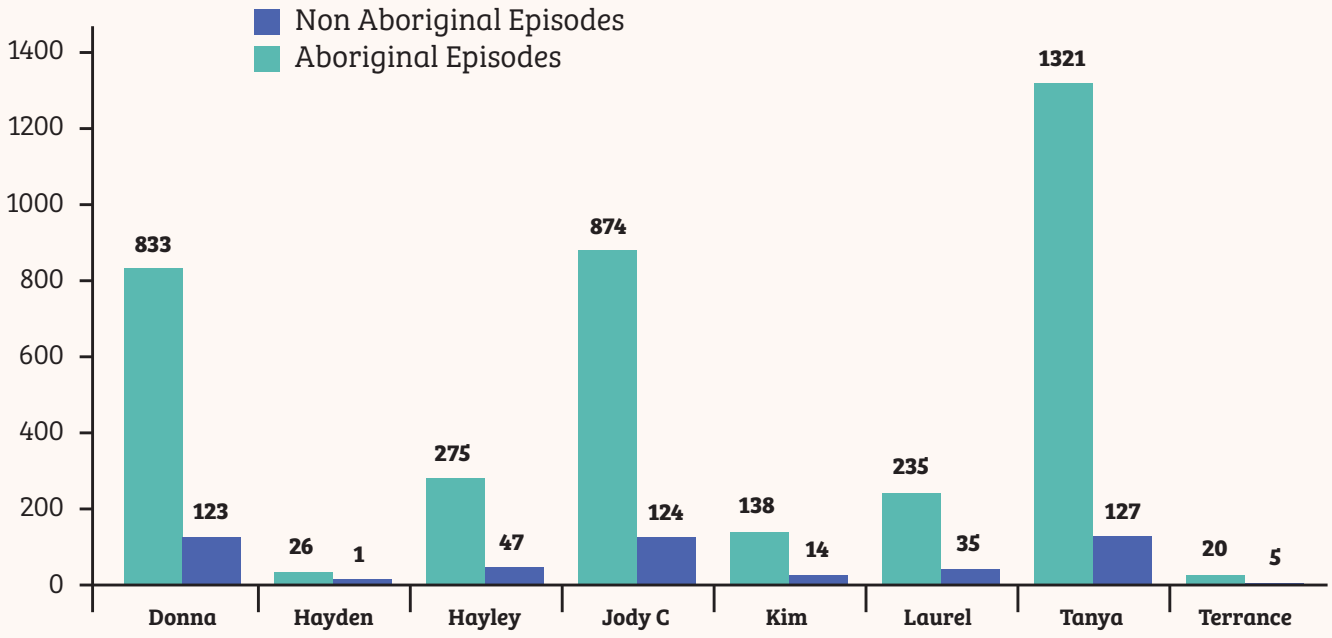
Kim, *Aboriginal Health Practitioner*

Non Aboriginal
Aboriginal

I am always looking for training and opportunities to upskill, and working in a clinic-based setting has already been a rewarding step in my professional journey. My personal growth has come from adapting to the different demands of primary health care compared to hospitals, and I look forward to continuing to learn and contribute to the health and wellbeing of our community.

Kim – Aboriginal Health Practitioner

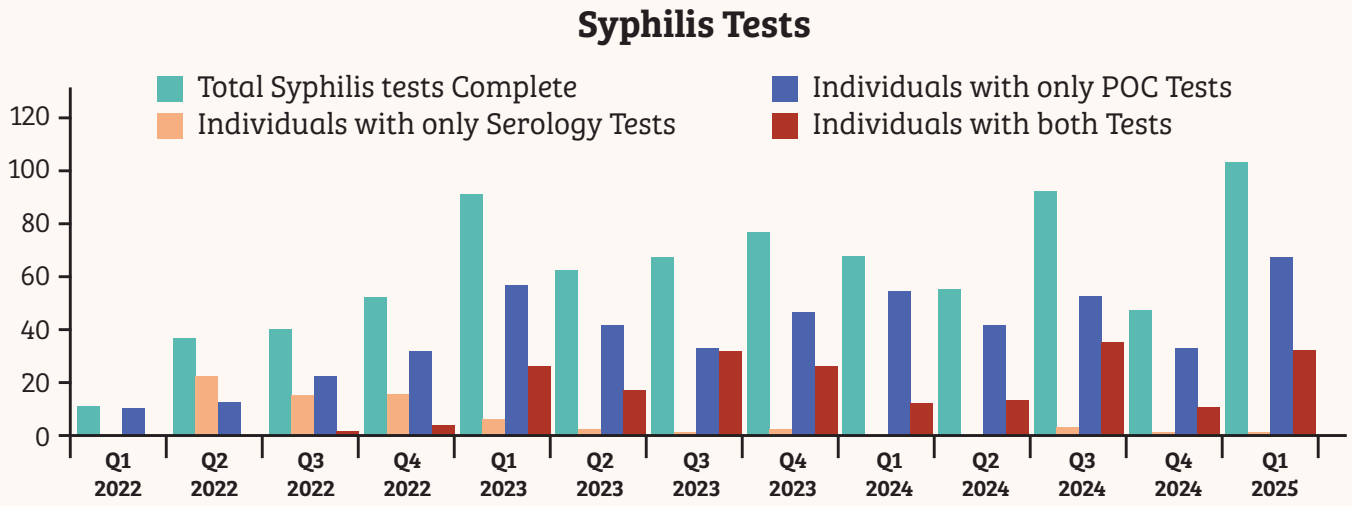
Annual Encounters (by Provider) - Aboriginal Health Workers and Trainees

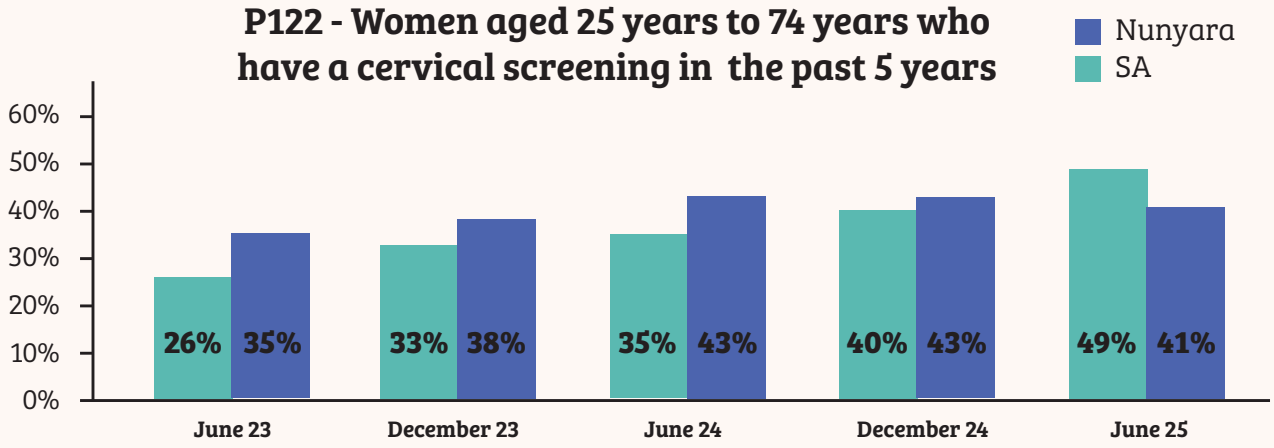


Clinical Projects

This year has been a rewarding one, with many achievements across the clinical projects space I have been involved in. In July 2024, I packed up the portable immunisation fridge and headed to the local park for the NAIDOC Week celebration. It was a great day working alongside the Integrated Care Team, where we administered 22 flu and COVID vaccines and handed out health information to the community. In September, I worked with Flinders Laboratory staff to relocate and set up the GeneXpert machine in its new home at Nunyara. They also trained all of our staff in its use, maintenance, and quality control, which has strengthened our testing capacity. Later in the year, on 7 December, I helped represent Nunyara at the Whyalla Hospital Fete. This was a great opportunity to share health information and engage with community in a different way, with an interactive stall where people could decorate Christmas ornaments using Aboriginal icons and symbols.

A number of important clinical projects have also progressed. The Beyond the C project has embedded best practice Hepatitis C prevention, identification, and management into the clinic. Through collaboration with SA Pathology, Lana, and our staff, we refined testing so that when a positive antibody result is found, the laboratory now automatically performs a reflex RNA test.





The Enhanced Syphilis Response Project was renewed with NACCHO, and we successfully navigated a transition in oversight from Flinders University to NACCHO, which required adjustments to protocols and quality control processes. I also maintained quarterly reporting and trained new staff in point-of-care testing. The impact of this work can be seen in the syphilis testing graph, which reflects the effort that has gone into monitoring and improving responses in this area.

I am particularly proud of the work in cancer screening. This year, I trained Aboriginal Health Practitioners to check the National Cancer Screening Register as part of 715 health checks, ensuring patients are up to date with cervical and bowel cancer screening. AHPs were also trained to provide education on self-collected cervical screening and bowel cancer kits. These changes are already showing results, with more patients aware of and engaging in screening. The improvement is reflected in the cervical screening graph, which shows an increase in the number of screenings completed. We are also preparing to introduce lung cancer screening into routine health checks.

In diabetes education, I successfully completed a Graduate Certificate in Diabetes Education with Flinders University, which has helped me build a regular client list. We are developing resources for community education, supported by referrals from GPs and local specialists. I am also working closely with Diabetes Educators at SA Health to strengthen this area further.

In reproductive health, I have been undertaking more Implanon insertions and removals, with GPs expressing their appreciation for the time this saves them. There has also been a good increase in Cervical Screening as the graph above represents.

Collaboration has been a strong part of my work. This year, I partnered with Shooting Stars to deliver school-based health checks and education sessions. We began at Whyalla Secondary College and plan to expand to three primary schools. So far, 12 girls have received 715 workups, and four education sessions have been held in schools.

Looking ahead, my focus is on continuing to improve STI and blood-borne virus screening rates, further increasing cancer screening uptake, consolidating the partnership with Shooting Stars, and working towards becoming a Credentialled Diabetes Educator.

Kate – Clinical Projects Co-ordinator

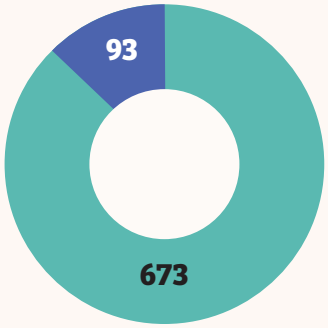
Nurse / Midwife

This will be my second Annual report since commencing at Nunyara in December 2023. The last 12 months have been extremely busy in the clinical space with the decline in the structure of Tully Street building and commencing in the Bastyan street clinic in April. This year also saw my position expanding multiple times into the clinic coordinator's role (other than my regular Thursday and Friday) while Di was on leave. As the clinical lead I was privileged to support the AHW's and AHP's promoting and teaching best practice models which assist clinicians developing their clinical judgement in turn supporting patients, making informed decisions about their ongoing care, ensuring patients have good outcomes.

One of the complications encountered this year was the RAH s introduction of a e-link to the preadmission work up for patients prior to their surgery. Their confirmation of surgery was reliant on the completion of the 31 pages of information, and I must commend the AHPs for working through this process ensuring our patients had access to often life altering care.

There have been many improvements in care in the clinical space, but not as much as maternal care. It has been a priority to engage with women and their families to understand the needs and acknowledge suggestions for improving care and incorporating their perspectives into the service delivery. With this approach in mind our numbers within the clinic have increased in both antenatal and postnatal attendance. The flexibility of this service has proven women and babies have access to a midwife and AMIC worker on any given day. This approach has additionally seen an increase in collaboration with other Aboriginal health services across SA and NT, and increased uptake of childhood immunisation with in the first year of life.

One of the greatest achievements for Nunyara in 2024 was AHP Tanya commencing her AMIC training, and with this team approach we can provide care that addresses both the physical health and the social, emotional, and cultural needs of families.



Encounters (by Provider)

Tracey, Practice Nurse, RN/Midwife

Non Aboriginal
Aboriginal

The relationships we have formed with our women during their pregnancy journey has been very positive, women are eager to contact clinic and inform us of their births and arrange follow up postnatally. Our goal is to build and have an ongoing collaborative approach for our maternal clients with hospitals with in the FUNLHN to ensure optimum care and outcomes. Our future vision in this space is still to visit new mums and babes at home, recognizing this can be a difficult time to get out and access services.

Finally, last year I took on the role of medication ordering and ensuring our medications were stored appropriately to meet accreditation standards this was eventually, and happily handed over in September 24 to the clinical pharmacist Lucy, who's expertise was a welcome addition to the clinic team.

Nunyara is a small team making an enormous impact on our community. There have been many, many positive patient outcomes this year in the clinic for which I am so happy to have been a part of the team delivering that service

Tracey – Practice Nurse / Midwife

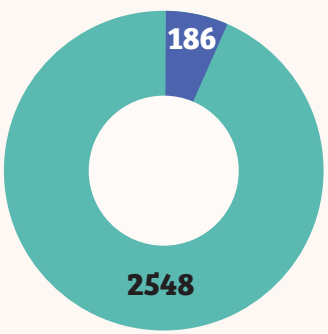
Uncle Murray with a new van

Transport

This year has been a busy and rewarding one in Transport. We received two new vans for our fleet, which has made getting clients to where they need to go much easier. We also welcomed another part-time driver Glenn, which has helped us keep up with the demand. Moving to the temporary site has been a big change, but it's been exciting to settle in and continue the service from there.

What I enjoy most is the company of the clients I transport each day – the yarns, the laughs, and the connections make the job worthwhile. I'm looking forward to continuing this work until my retirement in December 2026.

Uncle Murray - Transport Officer



Transport to Nunyara 2024-2025

Non Aboriginal
Aboriginal

Visiting Services and Patient Journey

This year has been both busy and rewarding in my role supporting clients to access specialist care and ensuring visiting providers are well coordinated at Nunyara.

One of my biggest achievements has been increasing my advocacy for clients who need to travel to Adelaide for appointments. By supporting them before, during, and after their journeys, I've been able to help reduce anxiety and ensure they receive the care they need. As a result, I'm proud to say we achieved a high standard of delivery for more than 140 patients travelling under the Patient Assistance Travel Scheme (PATS). These clients covered a wide range of appointments, including general medicine (80), eyes (18), ear (15), antenates (6), and a range of cancer-related and specialist services.

Attendance at visiting services also increased this year, thanks to consistent engagement and appointment reminders. Even though many of these services only come to Nunyara once a month — or sometimes only four to six times a year — client attendance was strong. Over the year this included 132 podiatry visits, 131 paediatrician visits, 76 respiratory physician visits, and 73 audiology appointments, alongside services such as speech therapy, psychology, physiotherapy, occupational therapy, and counselling.

A particularly rewarding moment came when a client we supported to attend urgent specialist appointments in Adelaide returned home after major surgery. He came into Nunyara with a box of chocolates and thanked us for "saving his life." Stories like this remind me how important it is to take away the worry and stress of travelling out of town for health care. Being able to walk alongside clients on their journey is the most fulfilling part of my role.

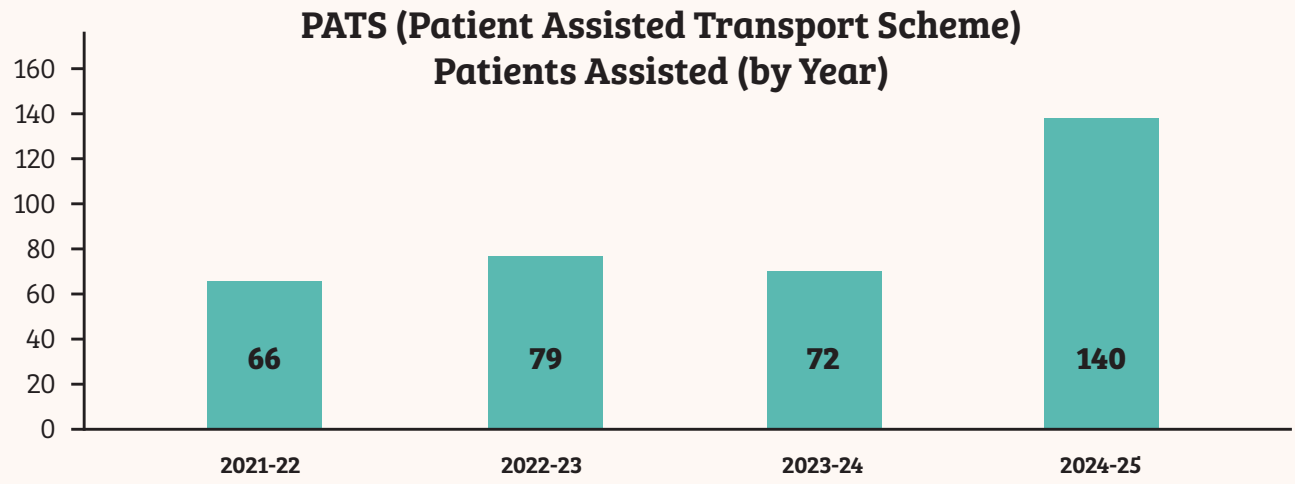
I am especially proud of the difference we have made in paediatric services. Through monthly collaboration with the Rural Doctors Workforce Agency, I was able to advocate for additional visiting services. We were fortunate to secure a second paediatrician and two extra visits, which cleared a huge waiting list. Families can now access appointments within a month, compared to the two-year wait lists often seen in mainstream practices.

This outcome has been life-changing for many families and children in our community.

Looking ahead, my focus is to continue delivering excellent service to clients while further strengthening partnerships that bring specialist care closer to home. I will also be lobbying our local member about the disparity between SA PATS and NSW IPTAAS, as New South Wales provides much higher support for travel than South Australia. Achieving fairer funding will make a real difference for our clients.

Jane - Visiting Services and Patient Journey Co-ordinator

Speciality	Visits 2023-2024	Visits 2024-2025
Hearing	3	4
Ear, Nose, Throat Specialist	3	4
Endocrinologist	13	0
Respiratory Nurse	18	16
Respiratory Physician	6	6
Optometry	15	12
Grief and Loss Counsellor	8	10
Speech Pathologist	11	6
Dietitian	10	0
Podiatrist	11	12
Physiotherapy	6	6
Psychology	12	12
Occupational Therapist	6	6
Paediatrician	9	8
Diabetes Educator	20	0
Pharmacist	3	12



Groups Lunch 2024

Nunyara Groups

At Nunyara, community connection is at the heart of what we do, and the Men's, Women's and Elders Groups continue to go from strength to strength. These groups are more than just meetings — they are a source of strength, belonging, and pride, helping to keep our community strong.

The Women's Group

A safe and welcoming space where women come together each month to yarn, share stories, enjoy a cuppa, and support one another across generations.

The Men's Group

Brings local men together in different locations around Whyalla, combining social catchups with health information and cultural connection — a place to look after both body and spirit.

Our Elders Group

Held monthly at the Whyalla Public Library, celebrates the wisdom of our older community members, providing time for social connection, cultural sharing, guest speakers, and plenty of laughter.

Collaborations and Regional Work

South Australian West Coast ACCHO Network (SAWCAN)

This year, Nunyara has continued its regional partnership with four other ACCHOs along the Eyre Peninsula and Far West Coast regions, including:

- Port Lincoln Aboriginal Health Service
- Yadu Health Aboriginal Corporation
- Tullawon Health Service
- Oak Valley Health Service

Key Achievements

Elder Care and Disability Support

This year, SAWCAN Elder and Disability programs have positioned the region as a national leader in culturally safe aged care reform. All Partner ACCHOs are now fully registered and confidently using the My Aged Care (MAC) portal – the first network nationally to achieve this milestone. Over 60 Elders have been actively registered, strengthening access to services and building an evidence base for future planning. A regional Elder Care workshop in Port Lincoln brought staff together to share learning, build confidence, and commit to improving aged care pathways.

Remote Community Connectors continued their important role, reconnecting families with the NDIS, delivering outreach in Ceduna, Yalata and Koonibba and helping carers feel more supported in navigating disability supports.

Child and Maternal Health – Strong Bubs Strong Families

The Strong Bubs Strong Families (SBSF) program aims to support families and build confidence in our regional health workforce. This year we:

- Trained 8 Aboriginal Health Practitioners (AHPs) to become independent immunisation providers, so vaccinations can be offered locally without relying on outside staff
- Rolled out ASQ-TRAK developmental screening across all five services, with 13 staff now trained. This has already helped pick up children who need extra support and link families with follow-up care
- Worked with community to create culturally appropriate resources for families with neurodiverse children, guided by local voices and artwork
- Supported 11 Aboriginal Health Worker and Practitioner students on their study and training journey, helping them grow into future leaders in our services

Tackling Indigenous Smoking (TIS)

The Tackling Indigenous Smoking team has been busy finding new ways to yarn with community about smoking and vaping. Some highlights this year were:

- Rolling out the Puyu Wiya Pledge Tree across all four ACCHOs, with more than 300 community members making their own pledges to cut down or quit
- Developing a Pregnancy Program, with artwork and resources designed to speak directly to mums and families about having a smoke-free pregnancy
- Strengthening the TIS School Program with the support of Victorian Aboriginal Health Service, giving our team great resources to use with students in schools and youth services
- Sharing our story nationally and winning the Jurisdictional Workers' Workshop poster competition, with a design that showed how the pledge tree is bringing our communities together

Culture Care Connect

The Culture Care Connect (CCC) program has been about walking alongside our communities in the areas of mental health, wellbeing and suicide prevention. Over the past year we:

- Delivered Aboriginal Mental Health First Aid training for 23 ACCHO staff, helping build their confidence to recognise and respond when someone is in distress
- Supported community events in Whyalla, Ceduna, Port Lincoln and Yalata, creating safe spaces for yarning and raising awareness about mental health and suicide prevention
- Coordinated the first Social and Emotional Wellbeing Expo in Whyalla, which brought services together and gave community members a chance to learn more about what supports are available
- Encouraged local CCC workers to attend national gatherings and summits, where they connected with other services and brought back fresh ideas for our region

Research and Data

SAWCAN's "Research Our Way" approach continued to build momentum. We established a Research and Data Subcommittee, engaged with universities and national bodies and presented at major conferences including LOWITJA. Regional surveys with over 100 responses identified priority health areas, including diabetes, skin health, hope and healing and access to housing. This work is strengthening evidence for advocacy and ensuring data is used in culturally safe and strength-based ways.

Partnerships and Collaboration

Collaboration remains central to SAWCAN's ways of working. This year, we strengthened relationships with:

- NACCHO and AHCSA – shaping national policy and training opportunities
- SA Health – joint immunisation training and workforce initiatives
- Victorian Aboriginal Health Service (VAHS) – delivering school and youth TIS packages
- RFDS, Headspace, Thirilli and Standby Country SA – enhancing service integration across SEWB, child health and suicide prevention

We also launched our new SAWCAN website, giving our communities and partners an accessible hub for updates, resources, and information - www.sawcan.org.au

Looking ahead

In 2025 – 2026, SAWCAN will:

- Continue strengthening Elder Care case management and advocacy around aged care reform.
- Secure sustainable funding pathways for SBSF beyond 2025.
- Expand TIS Pregnancy and School Programs, while trialling new resources for early childhood.
- Deliver evaluation of the Research and Data project and progress regional data aggregation.
- Finalise new program agreements and continue to advocate for sustainable investment in regional Aboriginal health.

Thank you

On behalf of the SAWCAN Board of Directors, we thank our ACCHO staff, community members and partners for their commitment, innovation, and resilience over the past year.

We especially thank Joanne Badke for her long-standing contribution as CEO of Tullawon Health Service, as a SAWCAN Board Director, and for stepping in as Interim Executive Manager during parental leave. Joanne's leadership and commitment to regional collaboration have left a strong legacy that will continue to shape our work.

Our collective achievements are evidence of the strength of working together – by our communities, for our communities.

Nunyara Aboriginal Health Service Inc.
ABN: 52 368 663 383

Audited Financial Report

For The Year Ended 30 June 2025

NUNYARA ABORIGINAL HEALTH SERVICE INC.

STATEMENT AND REPORT BY THE COMMITTEE TO THE MEMBERS

The attached financial statements of Nunyara Aboriginal Health Service Inc. for the year ended 30 June 2025:

a) present fairly the financial position of the Entity as at 30 June 2025 and the results of its operations for the year ended 30 June 2025;
b) are in accordance with the provisions of the Entity's rules; and
c) are in accordance with applicable approved accounting standards.

As at the date of the statement, there are reasonable grounds to believe that the Entity will be able to pay its debts as and when they fall due.

During the financial year no:

a) officers of the Entity;
b) firms of which an officer is a member; or
c) corporation in which an officer has a substantial financial interest,

have received or become entitled to receive a benefit as a result of a contract between the officer, firm, or corporation and the Entity.

Signed according to a resolution of the Committee

.....

Chairperson

Date 16.9.2025

.....

Board Member

Date 16.09.2025

NUNYARA ABORIGINAL HEALTH SERVICE INC
STATEMENT OF COMPREHENSIVE INCOME
For the year ended 30 June 2025

	Note	2025 $	2024 $
Income			
Revenues from fees and charges	4	639,985	1,291,949
Grants and contributions	5	3,810,012	3,222,364
Interest revenue	6	12,712	10,599
Other revenue		16,631	
Total income		**4,479,340**	**4,524,912**
Expenses			
Employee benefits expenses	7	2,576,574	2,482,599
Supplies and services	8	1,620,579	1,829,032
Depreciation and amortisation expense	9	82,710	28,893
Interest	10	2,689	26
Loss on sale of assets	13	80,731	-
Total expenses		**4,363,283**	**4,340,550**
Net result		**116,057**	**184,362**
Other comprehensive income			
Gain on revaluation of land and buildings	13	-	423,409
Total other comprehensive income		**-**	**423,409**
Total comprehensive income for the year		**116,057**	**607,771**

The above statement should be read in conjunction with the accompanying notes.

NUNYARA ABORIGINAL HEALTH SERVICE INC
STATEMENT OF FINANCIAL POSITION
As at 30 June 2025

	Note	2025 $	2024 $
Current assets			
Cash and cash equivalents	11	3,750,169	1,249,615
Receivables	12	13,577	606,309
Total current assets		**3,763,746**	**1,855,924**
Non-current assets			
Property, plant and equipment	13	1,599,677	1,746,169
Total non-current assets		**1,599,677**	**1,746,169**
Total assets		**5,363,423**	**3,602,093**
Current liabilities			
Payables	14	169,291	346,058
Employee benefits	15	306,991	290,408
Financial liabilities	16	36,979	-
Other liabilities	17	2,818,441	1,137,746
Total current liabilities		**3,331,702**	**1,774,212**
Non-current liabilities			
Employee benefits	15	42,190	39,293
Financial liabilities	16	84,886	-
Total non-current liabilities		**127,076**	**39,293**
Total liabilities		**3,458,778**	**1,813,505**
Net Assets		**1,904,645**	**1,788,588**
Equity			
Retained earnings		1,481,236	1,365,179
Asset revaluation reserve		423,409	423,409
Total Equity		**1,904,645**	**1,788,588**

The above statement should be read in conjunction with the accompanying notes.

NUNYARA ABORIGINAL HEALTH SERVICE INC
STATEMENT OF CHANGES IN EQUITY
For the year ended 30 June 2025

	Note	Retained Earnings $	Asset Revaluation Reserve $	Total Equity $
Balance at 30 June 2023		**1,180,817**	**-**	**1,180,817**
Revaluation Increment / (Decrement)		-	423,409	**423,409**
Net result for 2023-24		184,362	-	184,362
Total comprehensive result for 2023-24		184,362	423,409	607,771
Balance at 30 June 2024		**1,365,179**	**423,409**	**1,788,588**
Net result for 2024-25		116,057	-	116,057
Total comprehensive result for 2024-25		116,057	-	116,057
Balance at 30 June 2025		**1,481,236**	**423,409**	**1,904,645**

The above statement should be read in conjunction with the accompanying notes.

NUNYARA ABORIGINAL HEALTH SERVICE INC
STATEMENT OF CASH FLOWS
For the year ended 30 June 2025

	Note	2025 $	2024 $
Cash flows from operating activities			
Cash inflows			
Fees and charges		737,615	1,331,386
Grants and Contributions		6,293,455	3,141,525
Interest received		12,712	10,599
Cash generated from operations		**7,060,413**	**4,483,510**
Cash outflows			
Employee benefit payments		(2,557,094)	(2,465,310)
Payments for supplies and services		(1,939,704)	(1,917,369)
Interest		(2,689)	(26)
Payments to ATO		(165,288)	(137,433)
Cash used in operations		**(4,664,775)**	**(4,520,138)**
Net cash provided by / (used in) operating activities	19	**2,395,638**	**(36,628)**
Cash flows from investing activities			
Cash outflows			
Purchase of property, plant and equipment		(29,042)	(750,224)
Sale of property, plant and equipment		150,000	-
Cash used in investing activities		**120,958**	**(750,224)**
Net cash provided by / (used in) investing activities		**120,958**	**(750,224)**
Cash flows from financing activities			
Cash outflows			
Repayment of lease liability		(16,042)	-
Cash used in financing activities		**(16,042)**	**-**
Net cash provided by / (used in) financing activities		**(16,042)**	**-**
Net increase/(decrease) in cash and cash equivalents		**2,500,554**	**(786,852)**
Cash and cash equivalents at the beginning of the period		1,249,615	2,036,467
Cash and cash equivalents at the end of the period	11	**3,750,169**	**1,249,615**

The above statement should be read in conjunction with the accompanying notes.

1 Objectives of Nunyara Aboriginal Health Service Inc

The Nunyara Aboriginal Health Service Inc (the Entity) was established as an association under the Associations Incorporation Act 1985 (the Act). The Entity's objects are to:

- provide an holistic range of quality services and programs, promote healthy lifestyle choices and work to improve the health outcomes of Aboriginal people who reside in Whyalla, South Australia.
- advocate for dedicated and culturally appropriate service responses to the Aboriginal community of Whyalla from mainstream services.

2 Summary of significant accounting policies

2.1 Statement of compliance

This financial statement is a special purpose financial statement prepared in order to satisfy the financial reporting requirements of the *Associations Incorporation Act 1985 (SA)* and the *Australian Charities and Not-for-profits Commission Act 2012 (Cth),* the basis of accounting specified by all Australian Accounting Standards and Interpretations, and the disclosure requirements of Accounting Standard *AASB 101: Presentation of Financial Statements, AASB 107: Cash Flow Statements, AASB 108: Accounting Policies, Changes in Accounting Estimates and Errors and AASB 1054: Australian Additional Disclosures.* The committee has determined that the Entity is not a reporting entity.

Australian Accounting Standards and interpretations that have recently been issued or amended but are not yet effective have not been adopted by the Entity for the reporting period ending 30 June 2025.

2.2 Basis of preparation

The Statement of Comprehensive Income, Statement of Financial Position and Statement of Changes in Equity have been prepared on an accrual basis and are in accordance with historical cost convention.

The Statement of Cash Flows has been prepared on a cash basis.

The financial statements have been prepared based on a twelve month operating cycle and presented in Australian currency.

The accounting policies set out below have been applied in preparing the financial statements for the year ended 30 June 2025 and the comparative information presented.

2.3 Comparative information

The presentation and classification of items in the financial statements are consistent with prior periods except where specific accounting standards and/or accounting policy statements has required a change.

Where presentation and classification of items in the financial statements have been amended, comparative figures have been adjusted to conform to changes in presentation or classification in these financial statements unless impracticable. The restated comparative amounts do not replace the original financial statements for the preceding period.

2.4 Taxation

The Entity is not subject to income tax. The Entity is liable for fringe benefits tax (FBT) and goods and services tax (GST).

Income, expenses and assets are recognised net of the amount of GST except when the GST incurred on a purchase of goods or services is not recoverable from the Australian Taxation Office (ATO), in which case the GST is recognised as part of the cost of acquisition of the asset or as part of the expense item applicable. The net amount of GST recoverable from, or payable to, the ATO is included as part of receivables or payables in the Statement of Financial Position.

Cash flows are included in the Statement of Cash Flows on a gross basis and the GST component of cash flows arising from investing and financing activities, which is recoverable from, or payable to, the ATO is classified as part of operating cash flows.

Unrecognised contractual commitments and contingencies are disclosed net of the amount of GST recoverable from, or payable to the ATO. If GST is not payable to, or recoverable from the ATO, the commitments and contingencies are disclosed on a gross basis.

2.5 Revenue

Contributed Assets

The Entity receives assets from the government and other parties for nil or nominal consideration in order to further its objectives. These assets are recognised in accordance with the recognition requirements of other applicable accounting standards (eg AASB 9, AASB 16, AASB 116 and AASB 138.)

On initial recognition of an asset, the Entity recognises related amounts (being contributions by owners, lease liability, financial instruments, provisions, revenue or contract liability arising from a contract with a customer).

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

Operating Grants, Donations and Bequests

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

When both these conditions are satisfied, the Entity:

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

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

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

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

Capital Grant

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

Interest Income

Interest income is recognised using the effective interest method.

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

2.6 Current and non-current classification

Assets and liabilities are characterised as either current or non-current in nature. The Entity has a clearly identifiable operating cycle of twelve months. Therefore assets and liabilities that will be realised as part of the normal operating cycle will be classified as current assets or current liabilities. All other assets and liabilities are classified as non-current.

2.7 Cash and cash equivalents

Cash and cash equivalents in the Statement of Financial Position includes cash at bank and on hand and deposits at call. Cash and cash equivalents in the Statement of Cash Flows consist of cash and cash equivalents as defined above, net of bank overdrafts, if any. Cash is measured at nominal value.

2.8 Receivables

Receivables include amounts receivable from goods and services, prepayments and other accruals.

Receivables arise in the normal course of selling goods and services to other agencies and to the public and from recognising grant income. Receivables are generally settled within 30 days after the issue of an invoice or the goods/services have been provided under a contractual arrangement.

Collectability of receivables is reviewed on an ongoing basis. Debts that are known to be uncollectible are written off when identified. An allowance for doubtful debts is raised when there is objective evidence that the Entity will not be able to collect the debt.

2.9 Non-current asset acquisition and recognition

Assets are initially recorded at cost or at the value of any liabilities assumed, plus any incidental cost involved with the acquisition. Where assets are acquired at no value, or minimal value, they are recorded at their fair value in the Statement of Financial Position. All non-current tangible assets with a value of $3,000 or greater are capitalised. Additionally, all assets with a bulk purchase value of $10,000 or more are capitalised.

2.10 Amortisation and Depreciation of non-current assets

The value of leasehold improvements is amortised over the estimated useful life of each improvement. The value of other non-current assets is depreciated over the estimated useful life of the relevant asset.

Amortisation for non-current assets is determined as follows:

Class of asset	Depreciation method	Useful life (years)
Property improvements	Straight line	5 Years
Buildings	Straight line	30 Years
Plant & Equipment (including IT)	Straight line	3 - 10 Years
Other plant and equipment (Artwork)	Not depreciated	N/A

2.11 Payables

Payables include creditors and accrued expenses.

Creditors represent the amounts owing for goods and services received prior to the end of the reporting period that are unpaid at the end of the reporting period. Creditors include all unpaid invoices received relating to normal operations of the Entity.

Accrued expenses represent goods and services provided by other parties during the period that are unpaid at the end of the reporting period and where an invoice has not been processed/received.

All payables are measured at their nominal amount, are unsecured and are normally settled within 30 days from the date of the invoice or date the invoice is first received.
Employment on-costs include superannuatior contributions with respect to outstanding liabilities for salaries and wages, long service leave and annual leave.

2.12 Staff benefits

These benefits accrue for staff as a result of services provided up to the reporting date that remain unpaid.

Accrued salaries and wages

The liability for accrued salaries and wages is measured as the amount unpaid at the reporting date at remuneration rates current at reporting date.

Sick leave

No provision has been made for sick leave as all sick leave is non-vesting and the average sick leave taken in future years by staff is estimated to be less than the annual entitlement of sick leave.

Annual leave

The annual leave liability is expected to be payable within twelve months and is measured at nominal value, using pay rates applicable at the reporting date.

Long service leave

The liability for long service leave is recognised for all staff members regardless of length of service and is measured at nominal value using pay rates applicable at the reporting date, rather than a present value calculation as required by AASB 119 Employee Benefits. Long service leave recognised as a current liability relates to amounts for which the Entity does not have an unconditional right to defer payment beyond twelve months ie staff with 7 or more years of service. The remainder classified as non-current liability relates to employees with less than 7 years service.

Employment on-costs

Employment on-costs including superannuation contributions with respect to outstanding liabilities for salaries and wages, long service leave and annual leave are included with the relevant item.

2.13 Leases

The Entity as Lessee

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

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

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

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

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

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

Where a lease has a term of twelve months or less, it is not accounted for as a right-of-use asset, and is reflected as operating expense of the period.

2.14 Financial Instruments

Initial recognition and measurement

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

Classification and subsequent measurement

Financial instruments are subsequently measured at cost.

(i) Loans and Receivables

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

(ii) Held-to-maturity investments

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

(iii) Financial liabilities

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

Fair Value

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

Derecognition

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

2.15 Professional indemnity and general public insurance

Professional Indemnity and General Public Liability claims arising from the Entity's operations are managed through Elders Insurance. Directors' and Officers' insurance is managed through Cowden SA Pty Ltd.

3 Change in accounting policies

New and amended accounting standards adopted by the Entity

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

New and amended accounting standards not yet adopted by the Entity

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

		2025 $	2024 $
4	**Revenues from fees and charges**		
	Medicare	389,284	372,018
	Medicare - Incentives	91,174	112,544
	IT Platform Recharge	-	165,288
	Other	29,567	572,809
	Other Generated Revenue	129,960	69,290
	Total fees and charges	**639,985**	**1,291,949**
5	**Grants and contributions**		
	Grant Funding - National	5,170,626	2,539,036
	Grant Funding - State	346,567	558,805
	Donations	-	10,000
	Unexpended grants carried forward *	(2,597,301)	(890,120)
	Unexpended grants carried forward from prior year	890,120	1,031,129
	Unspent funds to be returned to provider in 2024/25	-	(26,486)
	Total grants and contributions	**3,810,012**	**3,222,364**

* Nunyara received capital funding of $2,156,000 from the Department of Health and Aged Care (Program - 'Upgrade to Primary Health Facility'). The funds are to be used for the renovation and reconfiguration of three existing duplexes into one clinic. The funding was received in June 2025 and $2,146,528 was carried forward into 2025-26. This is the predominant factor for the increase in 'Unexpended grants carried forward' for 2025.

6	**Interest revenue**		
	Interest	3,867	1,597
	Term Deposit Interest	8,845	9,002
	Total interest received	**12,712**	**10,599**
7	**Staff benefit expenses**		
	Salaries and wages	2,267,400	2,198,512
	Employment on-costs - superannuation	253,752	236,225
	Other staff related expenses	55,422	47,862
	Total staff benefit expenses	**2,576,574**	**2,482,599**
8	**Supplies and services**		
	Accreditation & Quality Improvement	20,757	10,749
	Administration	16,464	20,727
	Advertising	9,053	7,830
	Bad and Doubtful Debts	-	3,221
	Client Support Services	95,263	92,226
	Communication	28,020	87,865
	Computing*	164,446	278,796
	Consultants	150,430	100,880
	Food supplies	12,656	21,691
	Housekeeping	74,336	59,300
	Insurance	29,031	23,813
	Legal	8,078	5,926
	Medical, surgical and laboratory supplies	43,654	44,027
	Minor equipment	70,310	58,941
	Motor vehicle expenses	46,972	69,983
	Occupancy rent and rates	-	495
	Postage	5,818	2,623
	Program Distribution (Aboriginal Disability Alliance)	-	293,498
	Printing and stationery	10,630	21,571
	Repairs and maintenance	147,003	20,127
	Security	8,308	1,643
	Staff training and development	19,246	16,303
	Staff travel expenses	39,138	80,658
	Visiting Health Professionals	350,007	320,008
	Other supplies and services	49,270	142,770
	Utilities and fuel	33,789	31,961
	Un-Expended Grant Funds**	172,300	-
	Total supplies and services	**1,604,979**	**1,817,632**
	Auditor fees - auditing financial statements	15,600	11,400
	Total audit fees	**15,600**	**11,400**
	Total supplies and services	**1,620,579**	**1,829,032**

*A Head Agreement dated 9th April 2013 between Nunyara Aboriginal Health Service Inc, Pika Wiya Health Service Aboriginal Corporation (until 30 September 2020) and Yadu Health Aboriginal Corporation appointed Nunyara Aboriginal Health Service Inc as the lead Agent in relation to shared ICT and a Joint Venture. The bulk of expenses within Computing are those of the Joint Venture including an upgrade and project to split Clinical Systems that was funded by the Commonwealth Government. Monthly running costs for the 2 services are reflected in the income in Note 4 and expenses in Computing.

**The MTP Connect project (mobile clinic program) was cancelled during 2024-25. The remaining unspent grant funds ($172,300) for the project were repaid during October & November 2024 (in three instalments).

		2025 $	2024 $
9	**Amortisation / Depreciation expense**		
	Buildings (depreciation)	36,864	21,007
	Plant and equipment (depreciation)	23,028	7,853
	Property improvements (depreciation)	1,345	33
	Right of Use Vehicles (depreciation)	16,961	-
	Mercedes Van / mobile clinic (depreciation)	4,512	-
	Total amortisation / depreciation	**82,710**	**28,893**
10	**Interest**		
	Interest - right of use assets	2,658	-
	Other interest	31	26
	Total interest	**2,689**	**26**
11	**Cash and cash equivalents**		
	Cash at Bank	3,473,509	981,800
	Term Deposit	276,660	267,815
	Total cash	**3,750,169**	**1,249,615**
12	**Receivables**		
	Current		
	Receivables	11,708	532,219
	Less: Provision for Doubtful Debts	-	-
	Other Receivable*	1,869	74,090
	Total current receivables	**13,577**	**606,309**

* Late recovery of the Yadu 2023-24 Telstra Charges (Accrued Income).

13	**Property, plant and equipment**		
	Land		
	Land at valuation*	337,500	337,500
	Total Land	**337,500**	**337,500**
	Buildings		
	Buildings at valuation*	1,107,000	1,107,000
	Accumulated depreciation - Buildings	(57,871)	(21,007)
	Total Buildings	**1,049,129**	**1,085,993**
	Plant and equipment		
	Other plant and equipment at cost (deemed fair value)	117,300	89,440
	Accumulated depreciation - Plant and equipment	(30,543)	(7,515)
	Total plant and equipment at fair value	**86,757**	**81,925**
	Property improvements		
	Property improvements at cost (deemed fair value)	6,723	6,723
	Accumulated depreciation - Property improvements	(1,378)	(33)
	Total property improvements at fair value	**5,345**	**6,690**
	Right of use (ROU) assets		
	Vehicle ROU assets	137,907	-
	Accumulated depreciation - Vehicle ROU assets	(16,961)	-
	Total right of use assets	**120,946**	**-**
	Work in progress		
	Mercedes Van (mobile clinic) - MTP Connect**	-	234,061
	Total Land	**-**	**234,061**
	Total property, plant and equipment + WIP	**1,599,677**	**1,746,169**

During 2023-24 entity engaged "Town and Country Valuers" to perform a valuation on all owned land and buildings. The valuation report did not split out the land component, so the entity derived the land values using the valuation data prepared by the Valuer-General as at 30 June 2024. Although this technique does not comply with AASB 13 Fair Value, which requires valuation at fair value using an appropriate valuation technique the entity has assessed that any variance is likely to have an immaterial impact on the financial statements.

The revaluation of land and buildings resulted in a revaluation increment of $423,409 which has been credited to the asset revaluation reserve.

During 2024-25 Nunyara decided to cease the mobile clinic program and disposed of the Mercedes Van. It was sold for $150,000 at a loss.

Reconciliation of Property, Plant and Equipment

The following table shows the movement of Property, Plant and Equipment during 2024-25

	Land & Buildings	Right of Use Assets	Other plant & equipment	Property improvements	WIP	TOTAL
Carrying amount at the beginning of the period	1,423,493	-	81,925	6,690	234,061	1,746,169
Additions	-	137,907	27,860	-	1,182	166,949
Disposals	-	-	-	-	(230,731)	(230,731)
Revaluations	-	-	-	-	-	-
Depreciation/amortisation	(36,864)	(16,961)	(23,028)	(1,345)	(4,512)	(82,710)
Carrying amount at the end of the period	**1,386,629**	**120,946**	**86,757**	**5,345**	**-**	**1,599,677**

		2025 $	2024 $
14	**Payables**		
	Current		
	Creditors and accrued expenses	144,264	330,578
	Employment on-costs	25,027	15,480
	Total current payables	**169,291**	**346,058**
	Total payables	**169,291**	**346,058**
15	**Staff benefits**		
	Current		
	Annual leave	110,660	128,092
	Long service leave	117,360	97,214
	Accrued salaries and wages	78,971	65,102
	Total current staff benefits	**306,991**	**290,408**
	Non Current		
	Long service leave	42,190	39,293
	Total non current staff benefits	**42,190**	**39,293**
	Total staff benefits	**349,181**	**329,701**
16	**Financial liabilities**		
	Current		
	Vehicle lease liability - current	36,979	-
	Total financial liabilities	**36,979**	**-**
	Non Current		
	Vehicle lease liability - non current	84,886	-
	Total non current financial liabilities	**84,886**	**-**
	Total financial liabilities	**121,865**	**-**
17	**Other liabilities**		
	Current		
	Contract liability - deferred grant revenue	2,597,301	890,121
	Deferred revenue other	221,140	221,140
	Unspent funds to be returned	-	26,485
	Total current other liabilities	**2,818,441**	**1,137,746**
	Total other liabilities	**2,818,441**	**1,137,746**

18 Unrecognised contractual commitments

Lease commitments

Lease commitments contracted for at the reporting date but not recognised as liabilities in the financial statement, are payable as follows:

Within one year	-	37,998
Later than one year but not longer than five years	-	-
Total lease commitments	**-**	**37,998**

The 2023-24 lease commitments are related to the leasing of three vehicles. These leases have a term of twelve months and so are not presented as a financial liability under AASB 16 *Leases*. As at the 30th June 2024, the lease for the coming 12 months has been executed and 6 months was paid on the 6th of July 2024.

Four new right of use vehicles were recognised in 2024-25 under AASB Leases (see notes 13 & 16).

		2025 $	2024 $
19	**Cash flow reconciliation**		
	Reconciliation of cash and cash equivalents at the end of the reporting period:		
	Cash as per Statement of Financial Position	**3,750,169**	**1,249,615**
	Balance as per the Statement of Cash Flows	**3,750,169**	**1,249,615**
	Reconciliation of net cash provided by operating activities to net result:		
	Net cash provided by (used in) operating activities	2,395,638	(36,628)
	Add/less non cash items		
	Prior period adjustment	-	-
	Depreciation and amortisation expense of non-current assets	(82,710)	(28,893)
	Loss on disposal of assets	(80,731)	-
	Movement in assets and liabilities		
	Increase (decrease) in receivables	(592,732)	519,436
	(Increase) decrease in staff benefits	(19,480)	(17,289)
	(Increase) decrease in payables and provisions	176,767	(145,647)
	(Increase) decrease in other liabilities	(1,680,695)	(106,617)
	Net Result	**116,057**	**184,362**

20 Contingent Liabilities

There are no contingent liabilities as at 30 June 2025.

21 Board members

No remuneration was received by Board Members. Members of the board that served for the financial year were:

Wilhelmina Lieberwirth
Jeff Croft
Ida Calgaret
Robyn Joslyn
Casey Meredith-Moore
(Rhonda) Marie Ellis

22 Related party transactions

Related parties of the Health Service include all key management personnel, and their close family members.

A supplier was engaged to provide general building, asset and equipment maintenance. $40,449 was paid to the supplier during 2024-25 (labour and reimbursement of materials). The supplier is a related party of the CEO. The Board approved the engagement of the supplier and the services provided were on normal commercial terms. The supplier was also engaged as an employee from March 2025 to June 2025. Gross earnings plus superannuation for this period was $28,978.40.

23 Events After Balance Sheet Date

There were no events after balance date requiring disclosure in this financial report.

Galpins
Accountants, Auditors
& Business Consultants

CHARTERED ACCOUNTANTS™
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INDEPENDENT AUDITOR'S REPORT

To the members of Nunyara Aboriginal Health Service Inc.

Report on the Audit of the Financial Report

Audit Opinion

We have audited the accompanying financial report of Nunyara Aboriginal Health Service Inc. (the Association), which comprises the statement of financial position as at 30 June 2025, statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the statement by the members of the committee.

In our opinion, the accompanying financial report of the registered entity is in accordance with Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012* (ACNC Act), including:

(i) giving a true and fair view of the registered entity's financial position as at 30 June 2025 and of its financial performance for the year then ended; and

(ii) complying with Australian Accounting Standards to the extent described in Note 2, and Division 60 of the *Australian Charities and Not-for-profits Commission Regulation 2022*.

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 Association in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110: *Code of Ethics for Professional Accountants (including Independence Standards)* (the Code) that are relevant to our audit of the financial report in Australia, and we have 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.

Emphasis of Matter - Basis of Accounting

We draw attention to Note 1 to the financial report, which describes the basis of accounting. The financial report has been prepared for the purpose of fulfilling the Association's financial reporting responsibilities under the ACNC Act. As a result, the financial report may not be suitable for another purpose. Our opinion is not modified in respect of this matter.

Responsibility of Committee for the Financial Report

The committee of the Association is responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards and the ACNC Act and for such internal control as the committee determines is necessary to enable the preparation and fair presentation of a financial report that is free from material misstatement, whether due to fraud or error.

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

The Committee is responsible for overseeing the Association's financial reporting process.

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Auditor's Responsibility for the Audit of the Financial Report

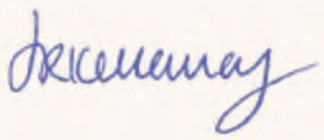
Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that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

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

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Association's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Association'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 Association 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.

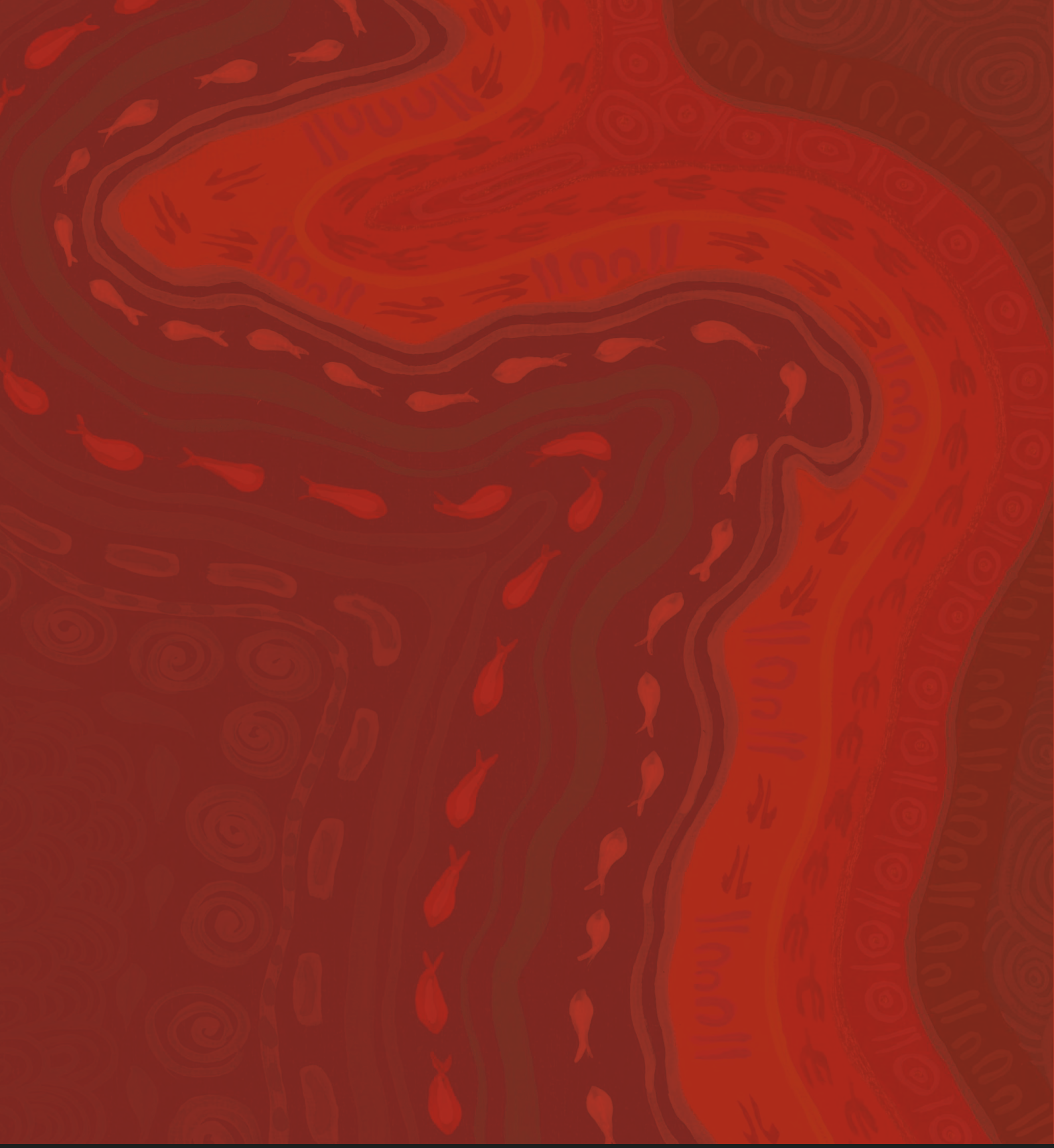
We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

GALPINS ACCOUNTANTS, AUDITORS & BUSINESS CONSULTANTS



Jessica Kellaway CA, CPA, Registered Company Auditor
Partner

18 / 09 / 2025



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