

Aboriginal Sobriety Group Incorporated Annual Report 2004/05





Aboriginal Sobriety Group Inc. Annual Report 2004/2005

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Nunkuwarrin Yunti of South Australia Inc. Artefact Collection No. 21. Bark Painting, 'Anjura Spears Walaburru the Mullet'. Artist: Benny Muduruk, Burrara, Upper Blyth River, C. Arnhem Land.

From the Chairperson $_$



Polly Sumner Chairperson

As Chairperson, it gives me great pleasure to present the Annual Report of the Aboriginal Sobriety Group Inc. (ASG) for the 2004/2005 financial year.

ASG's substance misuse recovery pathway continues to result in great successes for Aboriginal and Torres Strait Islander people with substance addictions. The structure provides significant flexibility for clients to enter at their point of need and to achieve complete sobriety and independence graduation.

Unfortunately, however, the structure now has a gap due to the closure of Annie Koolmatrie House (AKH) in December 2004. We are extremely disappointed and concerned about this, as we are no longer able to directly assist Aboriginal women and children subjected to domestic violence situations as a result of substance misuse.

Aboriginal women are powerless when it comes to fleeing domestic violence because it is culturally inappropriate for them to lay criminal charges on their spouses. Compounding this, their children suffer enormous emotional, social and health issues as a result of living in a threatening situation and other facilities do not provide the culturally appropriate support that is so necessary to achieve any real success.

Evenso, the government saw fit to remove the financial support necessary to provide a culturally appropriate stabilisation facility for women. The community can be assured that the ASG Board and management team will continue to lobby on behalf of Aboriginal women and their children for the re-establishment of AKH.

Apart from the disappointment and associated issues with AKH's closure, the ASG team continued to work diligently in providing a substance misuse service to Aboriginal and Torres Strait Islander people. My congratulations to Mr Basil Sumner, Chief Executive Officer, and his team for their dedication, loyalty and commitment to ASG's clients.

This year, there were many achievements, the highlights of which are:

- Quality Management Service (QMS) Training was undertaken in readiness for a review by September 2005.
- Continuing reduction in the number of adults and children frequenting the Adelaide city areas due to intervention by the Mobile Assistance Patrol (MAP).
- Formalisation and signing of the Memorandum of Understanding (MOU) with SA Police (SAPol).
- Review and renewal of the MOU with Centrelink.
- Widespread intra and interstate enquiry in relation to ASG programs with some agencies wishing to adopt the same models and receive training from ASG staff.
- Ten delegates from Melbourne visited ASG and are currently negotiating with MAP to train and develop their staff.
- Various enquiries were received in relation to the Lakalinjeri Tumbetin Waal (LTW) program, in particular from Northern Territory, Queensland and Victoria. Two agencies have requested training with LTW as a result of a presentation to a conference in Mildura.
- Employment of a female Community Caseworker in the Assessment, Referral and Counselling (ARC) team to provide gender specific assistance.
- 10 clients graduating from LTW's rehabilitation program to a lifestyle free of substance misuse and associated issues.
- LTW graduates seeking employment with ASG so that they can assist others in their situation. Some have been employed within ASG.
- Commencement of a new Substance Misuse Program in association with the Aboriginal Primary Health Care Access Program (APHCAP) at Brady Street, Elizabeth Downs for the northern metropolitan area.

• Establishment of a new ASG regional office in the Riverland at Berri to address issues such as alcohol and substance misuse; provide early/crisis intervention, awareness education, counselling, referrals, transport, casework, support and follow-ups; and promote sobriety.

The main restraints on ASG's service delivery this year were:

- The Dry Zone legislation which has forced MAP to service a wider area and increased pressure on resources.
- Charitable organisations perpetuating homelessness by providing showers, food and second hand clothes.
- The absence of a dedicated ASG Detox Centre.
- The closure of AKH.

The dedicated ASG Detox Centre has been on our agenda for some years now. It is absolutely necessary to relieve the stress on mainstream after-hours services and to ensure that our people receive the culturally appropriate care that they need and are protected from incarceration.

In closing, I would like to thank our Board members who have consistently supported ASG and lobbied for improved funding and resources.

I would also like to thank the Office for Aboriginal and Torres Strait Islander Health (Health and Ageing), Supported Accommodation Services Assistance Program (Health and Services), Aboriginal Hostels Limited, Adelaide City Council and the Department of Human Services for funding ASG's programs and services this year.

Polly Sumner Acting Chairperson



The Year in Review _____



Basil Sumner Chief Executive Officer

As Chief Executive Officer, I am pleased to report on the activities of the Aboriginal Sobriety Group Inc. for the 2004/2005 financial year.

Firstly, I wish to congratulate all ASG staff who remain loyal and committed despite setbacks and political issues which could otherwise deflate our efforts.

This year, we have assisted many clients to access our substance abuse recovery pathway, helped many to achieve complete sobriety and an independent lifestyle, and opened a new regional office in Berri and a new program in the northern metropolitan area.

The closure of Annie Koolmatrie House (AKH) in December 2004 was heart-breaking, particularly as it occurred at a time when our clients should have been celebrating Christmas free from domestic violence situations. It was difficult to find alternative accommodation as most other facilities were full or winding down for the holiday break. Once again, our staff worked tirelessly and ensured that all AKH clients were well catered for.

A facility such as AKH is absolutely necessary to ensure we are able to provide a complete service. The closure has left a gap in ASG's service delivery structure which cannot be filled by mainstream services either due to unavailability or cultural inappropriateness. It is our intention to lobby for funding to re-establish AKH so that our women and children can free themselves of domestic violence issues associated with substance abuse.

Although the Dry Zone legislation has reduced the number of people frequenting the Adelaide city area, in most cases they have just shifted to outer areas and this has put added pressure on our MAP resources. The need for a dedicated Aboriginal operated Detox Centre is still high considering the limited availability of after-hours services and the cultural inappropriateness of mainstream services. If we are to ensure our efforts are worthwhile, ASG must be able to treat the cause rather than just putting a 'bandaid' on the wound and this requires culturally appropriate holistic intervention – a service provided by Aboriginal people for Aboriginal people.

People presenting with acute cases of drug/ alcohol abuse and mental disorders remains an ongoing problem as ASG does not have enough appropriate staff and resources to assist such clients nor are there appropriate mainstream services to refer them to.

Sometimes it feels like we are 'banging our head against a brick wall'. We work so hard to try and free our people of substance abuse and the associated social, economic and health issues. But the gains we make are matched by further political issues which only result in diminished self-determination and more suppression. So our people revert to self-harm and abuse to escape a depressing lifestyle.

When will politicians respect us as a people? The following quotes taken from the Latham Diaries 2005 are both disturbing and disgusting. "Is this really happening in Federal and State Governments?" "Are we being used as a political football?" "Are all political parties wearing football boots?"

"Instead of chopping down tall poppies our popular culture and media outlets now direct their angst towards the disadvantaged: a belief that the unemployed, newly arrived migrants, Indigenous Australians and public housing tenants are undeserving of government support." (Latham Diaries 2005 p14)

Thursday 18 April 1996

"Yesterday Shadow Ministry had a robust discussion on Aboriginal Affairs. Most of the Shadows want to join the Government in putting the black fellas out to dry – give them a bit of a kicking to win votes in middle-class suburbia, Queensland and Western Australia." "And I thought I was a hard bastard." (Latham Diaries 2005 p47) Monday 1 November 2004 (Latham had lunch with Mark Arbib NSW ALP General Secretary at Azuma's in Sydney)

"The focus groups also show that it's popular to bash the blacks: You need to find new issues, like attacking land rights, get stuck into all the politically correct Aboriginal stuff - the punters love it." "Maybe he should have had lunch with Pauline Hanson." (Latham Diaries 2005 p369)

A Federal Labor Minister once commented that holding the Aboriginal Affairs portfolio "was like cleaning toilets on the Titanic".

Thursday 21 March 1996

"Aboriginal Affairsit's a death seat for Labor MP's." (Latham Diaries 2005 p46)

How many more Aboriginal and Torres Strait Islander people will be incarcerated? We make up less than 2% of the total Australian population, and yet, up to 30% of the prison population is of Indigenous descent. It concerns me that the recommendations of the Royal Commission into Aboriginal Deaths in Custody are not being implemented.

How many funerals did you go to this year? For me, I've lost count. The number of Aboriginal and Torres Strait Islander people who passed away or took their own lives this year was astounding. Most of them were young.

"Aboriginal South Australians can expect to live 30 years less than their non-Indigenous counterparts. Almost 16 per cent of babies born to Indigenous women have low birth-weights (less than 2.5kg) - a level that is nearly double the rate for Indigenous people of other first-world countries, such as the American Indian and New Zealand Maori." (Amanda Blair, Sunday Mail, 23 October 2005)

There are government employment programs in place to assist people, but we as Aboriginal people still have trouble getting jobs because of racism and the long-standing stigma and negative perception associated with our people.

"Half of South Australia's 23,424 people identifying as being from Indigenous origin live in poverty. The Indigenous unemployment rate for the Adelaide Metropolitan area is 22.2 per cent (this compares with 7.4 per cent among the non-Indigenous population); 40.5 per cent of Indigenous people over 15 years in Adelaide report earning less that \$200 a week." (Amanda Blair, Sunday Mail, 23 October 2005) We have lost our voice in parliament due to the carefully orchestrated closure of the Aboriginal and Torres Strait Islander Commission (ATSIC) last year. This year, our ATSIC Regional Councils closed. Now there are concerns for the National Aboriginal Community Controlled Health Organisation (NACCHO). Aboriginal people must develop new strategies to overcome the situations that we are forced into.

Saturday 3 April 2004

".....the Government was about to abolish ATSIC... I pre-empted them by getting in first..." (Latham Diaries 2005 p279)

Aboriginal people need to devise appropriate strategies to raise the awareness of and educate the wider Australian population about Aboriginal history, culture and people to change the widely held negative perceptions and increase the opportunity for equitable employment and socio-economic conditions for our people.

A restructure of government service provision is required to address the social, economic and health issues that are constraining our people from living a self-determined, self-managed and independent lifestyle.

A number of our people live in poverty and are stuck in welfare and low socio-economic conditions. This leads to no hope and no hope leads to no direction and no focus on the future. 'Bandaids' don't work. When the real issues are dealt with in a holistic and culturally appropriate way, only then do we see healing.

Compounding the above, we are portrayed and perceived as one people but we are not - we are many with different values, cultures and languages identified by clan groups.

Our common denominators are our issues – low socio-economic status, welfare dependency, poverty, morbidity, ill health, substance abuse, gambling addiction, suicide, domestic violence and the list goes on.

As Allan Brown of Victorian Aboriginal Youth Sports and Recreation (VAYSR) stated at the last NACCHO meeting held in Alice Springs, "Aboriginal people must unite by using our common denominators. We need to work together and find a way to change the status quo – lobby government, conduct media campaigns to educate the wider community, and find better ways to help our people overcome the cloud of suppression."

THE YEAR IN REVIEW

We must, as a race of oppressed people a minority in our own country - get smarter, think smarter, become smarter. We must establish our own economic base, develop business enterprises that will sustain our people into the future. Each individual needs to think about the contribution they can make to ensure that Aboriginal and Torres Strait Islander people continue as a people now and into the future - support each other.

As Chief Executive Officer, it is my intention to make sure that Aboriginal people are represented by Aboriginal people, and I will continue to encourage empowerment through education, training and business enterprise.

This year, I maintained my position as Chairperson of the Aboriginal Health Council of SA Inc. (AHCSA) until November 2004. My associations with various pertinent organisations including being Chairperson of Nunkuwarrin Yunti of South Australia Inc., a member of the South Australian Aboriginal Health Partnership and representative on the Board of the National Aboriginal Community Controlled Health Organisation (NACCHO) continue in view of sustaining a State and national focus on substance abuse issues. The Aboriginal Sobriety Group also have a seat on the National Indigenous Drug and Alcohol Committee as the proxy member for the NACCHO Secretariat.

In closing, I would like to thank ASG's funding organisations – the Office for Aboriginal and Torres Strait Islander Health (Health and Ageing), Supported Accommodation Services Assistance Program (Health and Services), Aboriginal Hostels Limited, Adelaide City Council and the Department of Human Services. I also wish to acknowledge the ongoing organisational support provided by Nunkuwarrin Yunti of South Australia Inc. and the guidance from the Board of Management.

Basil Sumner Chief Executive Officer

SUBSTANCE MISUSE RECOVERY PATHWAY



Organisational Performance ____



Donna Ngulbiltjik Robb Program Director

This year has seen several changes for ASG. Two new outreach services began, namely, the Substance Misuse Program (APHCAP) in the northern suburbs and the Riverland program based at Berri. We also saw the closure of our much needed women's hostel, AKH (formerly Allan Bell House), which has had an enormous impact on our services and our female clients.

Some new positions were established within the APHCAP framework and the homeless program 'No Pulgi' and ASG undertook the Quality Management Services consultation to prepare for a review in September 2005.

SUBSTANCE MISUSE PROGRAMS

MOBILE ASSISTANCE PATROL

MAP continues to service large numbers of clients. However, it is pleasing to note that there has been a noted reduction in areas such as Emergency Units and lower incarceration rates. SAPol has informed ASG that there has also been a significant reduction in the crime rates in the Adelaide metropolitan area and they attribute this to the service that MAP provides. MAP officers have reported a reduction in regular clients frequenting the Adelaide CBD and a significant reduction in children being brought into the city area. The MAP team continues to have a good rapport with many agencies and have been working well with SAPol. Several successful clients have gone onto gain employment with ASG.

Assessment, Referral & Counselling

Many changes were experienced in the ARC team this year as they responded to the alterations within ASG. There were several changes in team membership and the addition of new staff members.

The ARC team has seen a considerable increase in client numbers either self-referred or referred from other services. The demand for accommodating women and their children has been high and, after the closure of AKH, it has been extremely difficult to place them. The other major issue is placing clients with mental health issues and intellectual disabilities. The ARC program has been highly successful with an increased number of clients attending Cyril Lindsay House (CLH) and progressing onto LTW. Several have officially graduated and gone onto lead independent lives.

STABILISATION

2004 saw the closure of our women's hostel. AKH. in late December due to defunding from Aboriginal Hostels Ltd (AHL). Before it closed, the hostel ran various successful programs including home economics, fitness and well being, self healing through art and Talking Circles to name a few. The impact felt from the closure has been great with the ARC team often left struggling to find accommodation for women and their children who are fleeing from domestic violence or abusive situations. Thankfully around the time of the closure, which happened to be just before Christmas, when most services are winding down, the Aboriginal Housing Authority (AHA) offered a building for AKH clients to be housed until ASG found other accommodation. The closure of AKH not only had an impact on ASG but also on other services that were looking for a women's refuge that offers a culturally sensitive service.

CLH continues to cater for many male clients with drug and alcohol issues, and recently saw an increase in homeless clients referred via the 'No Pulgi' program. Some of these clients have gone onto ASG's rehabilitation facility, LTW, whilst others have gained their independence while staying at CLH and have either returned to their families or have found appropriate accommodation. Clients were provided with and participated in counselling, educational sessions, health and fitness sessions and had access to services such as Centrelink during their stay at CLH. There has been an increase in clients wanting to be placed at CLH with mental health issues, which is difficult as ASG cannot cater for them at this time.

Rehabilitation

This year, the LTW facility received some upgrades including better heating and cooling units and was renovated to meet disability compliance.



LTW has generated a lot of interest from other key organisations including widespread interest from interstate agencies who would like to learn more about LTW and potentially form linkages. There have also been requests for personnel from other agencies to undertake training with LTW on the delivery of drug and alcohol programs.

Clients at LTW continue to have access to various workshops offered from external agencies such as Gambling, Hep C, and Anger Management from Nunkuwarrin Yunti and are offered services from ASG including counselling and Talking Circles.

New Outreach Services

Two new outreach services were established by ASG during the year. The Substance Misuse Program which is part of APHCAP, which operates out of Brady Street, Elizabeth Downs and the Riverland service which operates out of Berri.

NORTHERN METROPOLITAN (APHCAP)

This program operated out of the ASG head office until renovations were complete at the Brady Street Clinic, Elizabeth Downs. It was well promoted in the first few months and the team developed an information pack that was presented to local services. Since its debut, the program has acquired a large client group due to the high need for this type of service in the area. So far this year, the Substance Misuse Program has assisted and provided support to over 100 clients. The team has also had many requests from the local hospital to counsel and educate clients on the affects of drug and alcohol misuse.

RIVERLAND

ASG's Riverland service will eventually have a Bringing Them Home counsellor, a substance misuse worker, and two MAP officers. Currently, ASG is running a MAP service and Talking Circles program out of 10a Wilson Street, Berri. The official opening has not yet been held as we are still establishing the office and the service. Although ASG is in the early stages of this program, there has already been a notable decrease in the number of clients frequenting and residing along the riverfront. Regular clients attend the weekly Talking Circles program and the staff are working with local agencies to provide other services to the community. The feedback from clients, community members and agencies has been very positive.

Capital funding through OATSIH has been approved for the construction of a purpose built facility and the state government are considering matching the offer. Consultations have commenced with the community, key stakeholders and Arup Project Services about the most accessible and best located site for the service. ASG thanks OATSIH and, possibly, the state government for this opportunity to provide an effective facility for our service to operate from.

Administration

Training of staff has always been a priority for ASG and this year was no different. Some staff members have been studying the Diploma of Narrative Therapy at Nunkuwarrin Yunti, several have commenced and completed courses at Gibaran Training Institute, and others have completed the Marumali training offered by Lorraine Peeters. Throughout the year, ASG promoted its service and programs through several events such as Drug Action Week and NAIDOC week. These events also enabled networking between various services.

ASG met regularly with other inner city services on the issues of homelessness, mental health, dry zone, social and emotional well being, substance misuse, policing and legal issues.

We remain involved in several committees and groups including:

- Kalparrin Council
- Aboriginal Prisoners and Offenders Support Service (APOSS) Board of Management
- Dry Zone Steering Committee
- Inner City Advocacy Group
- Prevention of Aboriginal Deaths in Custody Forum
- APHCAP Advisory Group
- Aboriginal Police Liaison Committee

Quality Management Service (QMS) Training was undertaken in readiness for a review by September 2005. The QMS will be a valuable process for quality improvement in service delivery and operations.

Substance Misuse Programs _____

CRISIS INTERVENTION





Abdul Farouk MAP Supervisor until March 2005, Riverland Program Manager

MAP is the core program of ASG's crisis intervention activities, providing a lifeline to Aboriginal people in public places who are affected by substance misuse and homelessness.

As a recommendation of the Royal Commission into Aboriginal Deaths in Custody, MAP patrols the metropolitan area to assist and transport clients to places of safety, care and support before they come into contact with the judicial system.

The program has resulted in a significant decrease in the number of Aboriginal people incarcerated and is an essential component of current and future service delivery.

It is pleasing to note that funding was made available to commence a similar program in the Riverland this year and that MAP has been instrumental in its establishment.

MAP addresses issues with alcohol/drugs and homelessness, and provides referrals, education, initial counselling, follow-ups, and family support. Clients are referred to appropriate agencies and taken to their homes or to extended families.

Total MAP Usage



MAP Reasons for Attendance 2004/2005



Service Delivery

The MAP Program continued to maintain two vans this year, one funded by the Department of Human Services and the other by the Adelaide City Council (ACC).

The vans are operated one at a time with two Field Officers to provide a service 7 days per week.

There was a further increase in client attendances with 13,023 people receiving assistance, up from 12,313 in 2003/2004; 11,590 in 2002/2003; and 9,879 in 2001/2002.

Clients presented with a range of issues including social health, health, drug related, family, alcohol and transport. MAP referred clients to appropriate agencies and ASG programs for assistance.

As a result of MAP intervention, the number of children being brought into the Adelaide metropolitan area continues to decrease. In addition, the MAP service has had a direct impact on camps and squats which have reduced significantly.

MAP again supported and represented many clients at the Magistrates Court, resulting in successful negotiation of their release to rehabilitation centres such as ASG's CLH and LTW instead of returning to gaol.

Staff also assisted clients to return to their homes in regional areas and interstate. Homeless clients with issues were referred to ASG's ARC team.

There was a slight increase in transient clients this year, especially those who were attending medical services or funerals and did not return



home. However, the main pressure on MAP resources continues to be:

- The Dry Zone legislation which has forced MAP vans to cover a wider area because clients are shifting to other places where they can easily access alcohol and drugs.
- Community expectations for an instantaneous service.
- Increased workload in the afternoon shift.
- Limited after-hours services apart from SAPol, public hospitals, SA Ambulance, crisis care and youth services.
- Charitable organisations perpetuating homelessness by providing showers, food and second hand clothes.

The success of the MAP program in having a positive impact on Aboriginal people's lives is intrinsically linked to the provision of appropriate sobering-up and detox centres. The lack of after-hours services and those with the ability to provide culturally appropriate care means that many MAP clients end up back where they came from. A dedicated ASG Detox Centre would solve many of the problems currently being experienced in pressure on the MAP Program and client progress.

MAP Breakdown by Shifts 2004/2005



Educational Programs

As a result of MAP's educational programs, many regular clients have stopped frequenting the city areas and have taken up sobriety and other positive activities such as uniting with families, studying and employment. Many have also expressed an interest in working with MAP and currently the program employs former clients in Field Officer positions.



MAP Team

MAP continues to distribute brochures provided by the Drug and Alcohol Council, Nunkuwarrin Yunti, Centrelink, Adelaide City Council (ACC) and other appropriate organisations. MAP also takes part in many activities and transports clients to funerals, hospitals, training and other community events such as NAIDOC Week, barbecues etc.

Of particular note this year, MAP provided a service to the Port Lincoln Tunarama Festival. Their contribution was highly successful with the SAPol reporting that there were no major incidents or arrests.

Networking

MAP maintains effective working relationships with many agencies including SAPol, hospitals, sobering-up centres, councils, government, non-government, Aboriginal, mainstream, welfare, health, youth, and crisis care.

This year, the MOU with SAPol was formalised and signed, and the MOU with Centrelink was reviewed and renewed for a further 12 months. Other organisations including the Royal Adelaide Hospital, Flinders University, SA Ambulance, Aboriginal Legal Rights Movement and Red Cross have expressed an interest in entering into an MOU with ASG.

To ensure consistency of care, MAP attended regular meetings with SAPol, Adelaide Security Forum, Aboriginal Visitors Scheme, Drug Action Team and other organisations who access the MAP service. Staff also took part in the Inner City Aboriginal Youth Forum.

Many sessions of training were delivered to University SA and Flinders University students as well as Emergency Department doctors and nurses. The purpose was to provide education in cultural awareness, the roles and requirements of MAP and other ASG programs, and the drug and alcohol effects on the community.

SUBSTANCE MISUSE PROGRAMS _____

Feedback from participants was extremely positive and has resulted in improved working relationships between the medical staff of public hospitals and MAP Field Officers. A number of nursing and high school students spent time with the MAP Program and undertook site visits in the vans.

Several enquiries were received from regional, remote and interstate agencies about the MAP Program. During the year, ten delegates from Melbourne inspected the program in Adelaide and were presented with the Policy and Procedures document, the roles and requirements of MAP, and testimonials. The delegates are currently negotiating with MAP to train and develop staff in Melbourne.

Training & Development

MAP staff are closely supervised and briefed/ debriefed each day to ensure management are aware of current and emerging issues.

All staff participate in First Aid training through St John Ambulance, which is provided free of charge. They are also given the opportunity to participate in short courses and other training at Gibaran Management Institute, AHCSA, and Nunkuwarrin Yunti.

A Training Induction Program was facilitated by the MAP Program in September 2004 and included guest speakers from various organisations. The MAP team were also involved in QMS training with ASG.

Assessment, Referral & Counselling

The ARC team continues to provide a central role to the substance misuse recovery pathway by assessing and referring clients to suitable agencies and programs.



Ketch Scira, Larissa Taylor, David Zarkovic Assessment, Referral & Counselling Team

Assessment, Referral & Counselling Reasons for Attendance 2004/2005



Service Delivery

The last twelve months saw many changes as the team responded to community and organisational expectations:

- ASG's Caseworker/Counsellor moved from CLH to the head office to provide further support to the ARC team and provide training in case planning and management of hostel clients.
- A female Community Caseworker was employed to provide much needed gender specific assistance.

There was also a considerable increase in the number of clients either personally accessing ARC services or being referred from other agencies and ASG programs.

The closure of AKH caused some major difficulties in trying to place women and children affected by domestic violence and/or substance misuse issues. The need for this facility has been increasingly highlighted through the consistent number of enquiries and referrals received and the disappointment that very few other agencies employ the culturally appropriate methods required to achieve the positive outcomes that AKH clients enjoyed.

Further difficulties are being experienced with placing and assisting clients with major mental health and intellectual disability issues. At present, both CLH and LTW are unable to provide the specialist care that these clients require.

Compounding this, numerous requests have been received from the Magistrates Court Drug Diversion Program and Community Corrections



for immediate assistance with pre-release client accommodation without prior assessments being undertaken. This has added considerable pressure to the ARC team who undertook to provide a service to these organisations on the understanding that special passes would be granted to assess and refer clients whilst in custody.

It has been identified that the ARC team would benefit from creating a formal working relationship with Waranilla and Joslins Detoxification facilities to diminish the difficulties experienced with waiting times for entry into their programs. The team will also seek to have meetings with other appropriate agencies in an effort to improve communication and service delivery.

Success is still being realised with the number of clients progressing from CLH to LTW's rehabilitation program and graduating to a substance-free life. Many of these clients are seeking employment with ASG so that they can assist others with similar issues.

Educational Programs

The ARC team actively promoted services at various events including Drug Action Week, however, we believe that more education could be directed to rural schools, universities and colleges where substance misuse issues are highlighted. The focus of this education should not only be on how substance misuse affects the individual but also its impact on the whole community – domestic/family violence, mental health and wellbeing – and the importance in considering Indigenous ways of being when addressing these issues.

Training & Development

The ongoing provision by ASG for training and development has enhanced ARC team member skills and knowledge, in particular in the areas of specific counselling techniques which focus on culturally appropriate methods of dealing with issues in Indigenous communities. Three staff members have actively participated in the Diploma of Narrative Approaches and this course of study has proven to be effective in approaching client issues.

STABILISATION

Annie Koolmatrie House

AKH was closed in late December 2004 due to the withdrawal of support from AHL. This was extremely disappointing considering the past achievements of the hostel in assisting Aboriginal women and their children who were fleeing from domestic violence and the resulting financial/social issues.



Sharon Anderson Program Manager Annie Koolmatrie House

Annie Koolmatrie House Occupancy Rate July - December 2004



These women are subjected to volatile and abusive circumstances and their children experience problems from living in a threatening situation. Often, alcohol and drug misuse are contributing elements. The damage to housing from the aggressor attempting to impose control on the victims often leaves them with few belongings, little to no money and the burden of debts to utility services and the South Australian Housing Trust.

The fact that it is culturally inappropriate for Aboriginal women to lay charges on their spouses with the Police means that they are possibly the most disadvantaged and powerless

SUBSTANCE MISUSE PROGRAMS

group, politically, socially and financially, in this country. Thus fiscal and performance criterion for providing resources to assist these women is unrealistic.

Service Delivery

In the six months leading up to the closure of AKH, 633 instances of accommodation were provided to women and 282 to children. If this trend had continued, the full year would have seen an increase in client attendances from 2003/2004.

The Hostel Manager and Caseworker/Counsellor had developed effective networks that allowed clients independence to grow physically, mentally, socially and spiritually.

The network included:

- Nunkuwarrin Yunti who increased their assistance in the environment of potential closure.
- Southern Community Health who provided courses in good family understandings and practices within a culturally safe environment.
- Neporendi who were providing assistance in self-healing through art as a form of therapy for both self-expression and reconnecting with culture.

AKH had secured funding to purchase sewing machines, an overlocker, and gym equipment. The sewing machinery would provide clients with new skills that were practical and could save money. The gym equipment would foster physical improvement and provide positive reinforcement of self-esteem.

Relationships were developed with local community churches for residents who desired spiritual support. A number of churches were screened to ensure they also provided appropriate practical and social support.



Keith Weetra Program Manager Cyril Lindsay House

With traditional forms of spirituality, AKH had enjoyed regular assistance from ASG's Cultural Advisor and Irene Allan.

Instead of being able to celebrate these achievements at Christmas, AKH was left with the struggle of finding accommodation for women and children at a time when availability was rare and agencies were drawing to a close for the holiday period.

CYRIL LINDSAY HOUSE

CLH continues to provide accommodation and stabilisation programs to Aboriginal men presenting with substance misuse and homeless issues.

Cyril Lindsay House Occupancy Rate 2004/2005



Service Delivery

A total of 1,601 incidents of accommodation were provided to men this year by CLH. It was pleasing to note that many clients went onto LTW to undertake the rehabilitation program and graduated to an independent lifestyle. CLH assisted some of these clients with finding accommodation whilst others went back to their families.

Graduating clients are doing very well with some becoming staff of ASG. Other clients who were not ready to undertake the LTW program are continuing to access CLH services.

The services provided by CLH this year included:

- Visits by Centrelink on Tuesdays to assist clients with paying board and lodging.
- Talking Circles Program each Wednesday.
- Visits by Drug/Alcohol and Gambling Counsellors from Nunkuwarrin Yunti.



- Assisting clients to attend ASG's Health and Fitness Centre (H&FC).
- No Pulgi program which assists clients to find housing.

The referral of clients with serious drug and mental health issues remains an issue as CLH does not have the specialist resources to assist such clients.

CLH clients receive many letters of support which is assisting them to continue with their journey towards a lifestyle independent of substance misuse.

Health & Fitness Centre

The ASG H&FC continues to grow with residents from our stabilisation hostels and rehabilitation farm using the facility to develop a health and fitness regime which will support a lifestyle free from substance misuse.



Michael Campion Community Caseworker H&FC

Service Delivery

In addition to stabilisation and rehabilitation clients, several schools and community groups used the H&FC this year including Parafield Gardens High School, Warriapendi, Enfield High School, Woodville High School, Hallet Cove Pathways, Cowandilla Unit, Cavan Youth Training Centre and Magill Flexicentre.

The benefits of the disciplines taught by the H&FC to students are demonstrated by the original group from Parafield Gardens High School who are now either in full-time employment, traineeships or further education.

Employees of AHA, APOSS, Nunkuwarrin Yunti, ASG and community representatives also regularly use the H&FC to increase their level of fitness.

H&FC enjoys a multi-cultural environment with men, women and students from diverse backgrounds meeting in a relaxed and social

ASG Health & Fitness Centre Usage 2004/2005



atmosphere. This leads to an acceptance of people and improved understanding of cultural differences.

Educational Programs

Schools and community groups were taught about cardio-vascular fitness, resistance training for muscular and skeletal strength, stretching and flexibility and the basic points of boxing as a sport. It is also an opportunity to discuss the use of alcohol and substance misuse with students and to encourage them to lead a healthier lifestyle.

The ASG Boxing Club membership continues to grow. Friendships and loyalties are formed as members support and encourage each other whether it is at boxing matches or just in the H&FC.

Networking

Throughout the year, the H&FC maintained working relationships with Boxing SA, Australian Institute of Fitness and the South Australian Institute of Sport, along with other social welfare groups, schools, community groups and agencies.

Cultural

Each year the Cultural Advisor undertakes to broaden the cultural knowledge of both Indigenous and non-Indigenous people. This has again been achieved during the past year with the continuance of cross-cultural training with people in the workplace, staff, schools and organisations as well as travelling to Mt Gambier, Port Augusta, Coober Pedy and other places throughout South Australia.

Substance Misuse Programs _____



Major Sumner Cultural Advisor

Service Delivery

Alcohol and substance misuse issues along with cultural issues were discussed at a retreat weekend held in Port Lincoln. Schools also called upon the Cultural Advisor to discuss alcohol and substance misuse and how it affects not only the user but also all those around them, particularly the family.

The Cultural Advisor has also been working with Nunkuwarrin Yunti's SA Link-Up program and undertook a visit to one of the homes where Aboriginal children were taken and is on an advisory committee to the Commission of Inquiry into Children in State Care.

Educational Programs

Talking Circles play an essential part in ASG programs by helping clients to discover the reasons why they turn to alcohol and other substance misuse. The program was run at CLH, AKH and LTW regularly and later in the year commenced at the Berri office, which has been welcomed by Riverland clients.

Smoking Ceremonies and Talking Circles have also been important to students undertaking the Diploma in Narrative Approaches at Nunkuwarrin Yunti. In addition, the ceremonies have benefited the staff of ASG and Nunkuwarrin Yunti. Hospitals, nursing homes and individuals/ clients have called upon the Cultural Advisor's services.

The closure of AKH is of particular concern as it leaves a huge 'gap' for Indigenous women seeking accommodation with their children whilst they address substance misuse issues and build their own cultural awareness. This needs to be addressed and funds made available to run this valuable service.

Networking

Again this year, the Cultural Advisor was involved with the Repatriation of Aboriginal remains, assisting in 'bringing them home' to the Coorong from the Victorian Museum as well as working with the SA Museum on Repatriation.

Several meetings were attended with various organisations including SAPol, ACC Reconciliation Advisory Group, Exceptional Needs Unit, Corrections, Tourism, and Government Ministers. The Cultural Advisor is also on the Boards of Nunkuwarrin Yunti, APOSS and the Aboriginal Drug and Alcohol Council.

Throughout the scoping study and establishment of the new ASG office in Berri, the Cultural Advisor played a valuable role in assisting with and formulating relationships with the Riverland Aboriginal community, organisations and the wider community.

Rehabilitation

Lakalinjeri Tumbetin Waal

LTW continues to achieve great success with assisting clients to graduate to a lifestyle independent from substance misuse and associated issues.



Douglas Longmore Program Manager Lakalinjeri Tumbetin Waal

Service Delivery

Now at the end of its third year of operation, LTW has helped 119 clients. This year, LTW had 32 clients and 10 completed their three-month stay and graduated.

Almost an equal number of people assisted by LTW have had to be turned away due to security, mental illness, brain injury, married/partner, drug dependent (methadone), petrol and other issues which could not be catered for due to the necessity for a 24 hour/day, 7 day/week monitoring system.



The major achievements of LTW this year included:

- Improvements to the facility to allow accommodation for physically handicapped residents, heating and cooling, office equipment including computers and photocopiers, and sports equipment.
- Working with the Quality Improvement Council to prepare for the review of ASG's Quality Management Services in September 2005. ASG aims to become an accredited agency in early 2006 under the Australian Health and Community Services Standards/ Alcohol, Tobacco, Other Drugs Services Module.

Educational Programs

In addition to LTW programs, representatives from other organisations are invited to provide information and programs for residents including:

- Nunkuwarrin Yunti presents workshops on gambling, counselling and anger management.
- Hep-C provides information sessions.
- Centrelink guides residents through the benefits and pensions available.
- Murray Bridge Community Corrections present information sessions on various topics including domestic violence and anger management.

Lakalinjeri Tumbetin Waal Reasons for Attendance 2004/2005



Networking

Many organisations have expressed an interest in the LTW program and are considering it as a model for their own work in this area. LTW maintains regular contact with agencies in Mildura, Ceduna and Port Lincoln as well as Pika Wiya, Correctional Services Australia, Woolshed, Offenders Aid and Rehabilitation Services, Port Adelaide Detox, Archway, Brain Injury Options, Nunga Courts, SAPol, Kalparrin, Aboriginal Legal Rights Movement, Nunga Club, Centrelink, Murray Bridge Community Correctional Services, Drug and Alcohol Services Council, Coomealla Health, Umoona Health, Tauondi College, Bendigo Health and the Salvation Army.

LTW has also attracted widespread enquiry from agencies in the Northern Territory, Queensland and Victoria. The Cultural Advisor and LTW Manager have been asked to present at a conference in Victoria on the development of a cultural healing centre.

Earlier in the year, the Cultural Advisor and LTW Manager addressed a conference in Mildura. Two agencies requested that their personnel undertake training with LTW.

In addition, LTW's Caseworker/Counsellor was a guest speaker at the Brompton AA meeting.

Throughout the year, staff supported local community events including the NAIDOC March in both Murray Bridge and Adelaide.

Training & Development

Various courses were undertaken by LTW staff this year. Staff also attended conferences and workshops on suicide, Hep-C and heroin drug overdose.

Outreach Services

Northern Metropolitan



John Webb Northern Metropolitan Program Manager, MAP Supervisor from March 2005

A new Substance Misuse Program began in association with Nunkuwarrin Yunti and Munna Paendi in a joint collaboration of services which is APHCAP funded on 1 July 2004 focusing on the northern metropolitan area. Initially commencing at ASG's Adelaide office, the program moved to the newly renovated Brady Street building at Elizabeth Downs in October 2004.

Staff employed to work with the program spent the first month promoting to the community and networking with other agencies to raise awareness.

Service Delivery

Since the program began, 202 episodes of care have been provided.

Clients have been assisted in various areas from advice, home detoxification, counselling, drug overdose, and acute alcohol abuse to suicide prevention.

Many have presented with more urgent issues which needed resolving before they could focus on drug and alcohol rehabilitation.

Some requests involved travelling to country towns and outside the northern suburbs area. Many requests were received for attendance at major hospitals to counsel and educate clients on the affects of alcohol and drug misuse.

The Program has been very successful, however, retention and continuity of staff has been problematic.

RIVERLAND

Following the success of ASG's involvement in the scoping study and strategic planning for the Riverland last year, the MAP Program Manager was relocated to Berri in March 2005 to establish a new regional ASG office.

ASG was chosen because of its unique and successful programs in Adelaide. The new office will address issues such as alcohol and substance misuse; provide early/crisis intervention, awareness education, counselling, referrals, transport, casework, support and follow-ups; and promote sobriety with the ultimate aim of reducing incarceration and deaths in custody.

Prior to the regional office establishment, there was no similar service being offered in the Riverland. Berri was chosen as the most suitable location because most of the associated agencies operate from this centre and the proximity would ensure effective communication and referral of clients. In addition, the majority of the Riverland population live in Berri and most of the substance misuse issues are encountered in this town.

There are approximately 800-1000 Aboriginal people living in the Riverland area with alcohol, marijuana and gambling being the major issues because they are cheaply and readily available. Consequently, there is a high risk of self-harm and the potential for incarceration. Domestic violence, homelessness and other problems are also issues for the area.

ASG Riverland Program Reasons for Attendance April - June 2005





Service Delivery

The Riverland Regional Office received a very warm welcome from the community, both Indigenous and non-Indigenous. Many clients are now known to ASG and staff see an average of 70-80 regulars per month.

Already the new office has had a positive impact with one of the first clients being considered for employment with MAP and a further three to be approached in the future.

Five clients have been referred to and participated in Detox Programs at Berri and Barmera hospitals, some have received care from Nunga Miminis for domestic violence issues and others have participated in ASG programs.

Various programs and activities have been established and are operating successfully including:

- Talking Circles Program on Tuesday mornings. (Eight regular participants).
- Family Wellbeing Course on Wednesday and Thursday in conjunction with TAFE. (Transport and refreshments are provided for clients who attend).
- Regular patrols and home visits to Barmera, Loxton, Berri, Renmark and surrounding areas.
- Visits to squats and riverbanks where homeless clients camp.
- Monthly education and information sessions on ABC Radio Renmark.
- Day trips to Adelaide and Murray Bridge as part of the rehabilitation process.
- Participation in the Elders Group.

A program for ladies only called Karchitty Mimini will commence in the near future.

Networking

ASG has built an excellent rapport with clients, agencies and the community who are coming to the office to work collectively and in partnership.

The program has featured on WINTV twice to inform the community of ASG's presence and role.

Regular meetings are held with the Gerard Community Council and due to the close working relationship required, planning has commenced for formalising the relationship through an MOU. Relationships have also been established with hospitals, police, community corrections, Berri Magistrates Court, Cadell Community Centre, APHCAP, Riverland Regional Health Service, Aboriginal and Islander Health Advisory Group, Centrelink, Child Youth and Adolescence Family Support Service, Anglican Community Care, Riverland Health Authority, TAFE, CDEP, Rivskills, Employment Assistance Program, ABC Radio, Berri/Barmera Councils, Paringa/ Renmark Council, Loxton/Waikerie Council, local businesses and other associated services. ASG attends regular meetings with these groups and provides presentations to increase awareness about ASG and the Riverland program.

Staff & Resources

ASG is currently in the process of interviewing, selecting, inducting and training staff.

The building at 10A Wilson Street is being set-up and some minor alterations are being made to make the facility more suitable. One vehicle has been provided for MAP work but is in need of replacement due to the high mileage experienced by the program.



Aboriginal Sobriety Group Inc. Financial Report 2004/2005

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Statement of Financial Performance

For the Year Ended 30 June 2005

	Note 2005	2004
Recurrent Income		
Operational Grants	1,980,197	1,722,209
Interest Received	3,827	11,198
Rent Received	44,284	61,835
Workcover Reimbursement		70,329
Sundry Income	2,264	158
Total Recurrent Income	2,030,572	1,865,729
Recurrent Expenditure		
Advertising, Sponsorship & Promotions	6,640	1,411
Audit Fees	13,342	10,724
Bank Charges	231	120
Cabcharge & Courier	46	68
Catering	343	890
Cleaning & Rubbish Removal	9,944	9,615
Computer Costs	40,292	17,329
Conference & Courses	40	909
Consultancy Fees	4,463	15,009
Data Processing Charges,		
Administration & Computer Support	14,913	26,038
Donations	750	250
Dreamtime Publication Relations	16,680	39,992
EAP Expenses	1 11/1 AND IN	420
Electricity & Gas	17,381	20,528
Fines	119/19/ AND AND AND	156
Food	29,633	33,623
Fringe Benefits Tax	7,813	12,826
General Expenses & Supplies	5,139	7,750
Insurance - General	45,627	41,689
- Workcover	33,257	36,047
Legal Costs	22,185	5,371
Medical Prescriptions & Supplies	678	1.1 (1)
Minor Equipment & Consumables	1,117	2,506
Motor Vehicle Expenses	116,192	87,370
Postage	88	466
Program Expenses:		
- Drug Action Week	7,375	3,983
- Talking Circles	22,450	188 1
Printing, Stationery & Office Requisites	9,821	11,881
Professional & Secretarial Fees	ALL AND	9,500
Provision for Annual Leave	3,581	52,640

Aboriginal Sobriety Group Inc. Statement of Financial Performance

For the Year Ended 30 June 2005

	Note	2005	2004
Recurrent Expenditure (cont'd)	1 Kill Zar		101121
Provision for Long Service Leave		12,106	21,865
Provision for Vehicle Replacement		63,500	
Rates & Taxes		13,309	14,431
Rent		19,285	484
Repairs & Maintenance		12,977	36,277
Salaries & Wages		1,365,222	1,312,024
Security		405	365
Subscriptions & Licence Fees		2,403	820
Superannuation Contributions		115,924	117,623
Telephone		32,699	38,392
Training		31,429	54,898
Travel Allowances & Fares		2,899	3,242
Uniforms		1,763	321
Total Recurrent Expenditure		2,103,942	2,049,853
Operating Recurrent Surplus (Deficit)		1111	<i>*</i>
Before Unfunded Charges	11111/	\$(73,370)	\$(184,124)

The accompanying notes form part of these financial statements

Statement of Financial Performance

For the Year Ended 30 June 2005

	Note	2005	2004
Operating Recurrent Surplus (Deficit) Before Unfunded Charges	131	(73,370)	(184,124)
Less Unfunded Charges and Provisions			
Depreciation & Amortisation	118	57,870	56,464
Loss on Sale of Non Current Assets		a AVA	2,930
Operating Surplus (Deficit)	12	(131,240)	(243,518)
Add Non Recurrent Income			
Capital Grants Received		63,491	37,193
Net Surplus (Deficit) After			
Capital Receipts		(67,749)	(206,325)
Add Extraordinary Items)mill
Assets acquired on transfer of Program			
to Aboriginal Sobriety Group		11/1-1	28,100
	100	(67,749)	(178,225)
Accumulated Funds at the beginning of			
the Financial Year		220,562	398,787
Accumulated Funds at the End of the Financial Year	1111	\$152,813	\$220,562

The accompanying notes form part of these financial statements

Aboriginal Sobriety Group Inc. Statement of Financial Position

As at 30 June 2005

	Note	2005	2004
Current Assets	No Far		
Cash at Bank	6	336,916	93,834
Sundry Debtors		85,331	101,418
	11200	422,247	195,252
Non Current Assets		AV V	Aut
Property, Plant & Equipment at cost	2	860,332	796,839
Less Accumulated Depreciation		437,003	379,133
Comment of the state of the sta	MC-1	423,329	417,706
Total Assets		845,576	612,958
Current Liabilities		112	146
Creditors & Accruals	3	91,293	39,912
Unexpended Grants	4	328,644	158,846
Provisions	5	272,826	193,638
Total Liabilities	W GH	692,763	392,396
Net Assets	11/266	\$152,813	\$220,562
Equity	MI <i>THE</i>	AR RA	111
Accumulated Funds		152,813	220,562
Total Equity		\$152,813	\$220,562
Contingent Liability	7		

The accompanying notes form part of these financial statements

Statement of Cash Flows

For the Year Ended 30 June 2005

	Note	2005
Cash Flows from Operating Activities		
Cash Receipts	I ZON W	2,106,323
Payments to Suppliers and Employees		(1,803,575)
Interest Received		3,827
Net Cash provided by (used in) Operating Activities	6	306,575
Cash Flows from Investing Activities		
Payments for Property, Plant & Equipment		(63,493)
Proceeds from Disposal of Property Plant & Equipment		
Net Cash provided by (used in) Investing Activities	WHAF	(63,493)
Cash Flows from Financing Activities		194
Net Cash provided by (used in) Financing Activities		M
Net Increase in Cash Held		243,082
Cash at the Beginning of the Financial Year		93,834
Cash at the End of the Financial Year	6	336,916

The accompanying notes form part of these financial statements

Aboriginal Sobriety Group Inc. Notes to the Financial Statements

For the Year Ended 30 June 2005

Note 1: Statement of Significant Accounting Policies

This financial report is a special purpose financial report prepared in order to satisfy the financial reporting requirements of the Associations Incorporation Act 1985. The Committee of Management has determined that the Association is not a reporting entity.

The financial report has been prepared in accordance with the requirements of the Associations Incorporation Act 1985, Australian Accounting Standards and other mandatory professional reporting requirements with the exception of the following:-

AAS4:	Depreciation of Non Current Assets
AAS30:	Accounting for Employee Entitlements

The financial report is prepared on an accrual basis and is based on historic costs and does not take into account changing money values or, except where specifically stated, current valuation of non-current assets.

The following material accounting policies, which are consistent with the previous period unless otherwise stated, have been adopted in the preparation of this report.

(a) Income Tax

Under Section 50.5 of the Income Tax Assessment Act 1997 the income of the Association is exempt from income tax.

(b) Property, Plant & Equipment

Freehold Land & Buildings are brought to account at cost or at independent valuation. The depreciable amount of all fixed assets is depreciated in the following manner:-

- Buildings As it is difficult to separate the value of buildings from the freehold land the committee do not consider it necessary or material to depreciate buildings.
- (ii) Other depreciable assets A fixed annual charge over the estimated useful lives of the assets to the association commencing from the time the asset is held ready for use.

Profit and losses on disposal of property, plant & equipment are taken into account in determining the surplus for the year.

Employee Benefits

(c)

Provision is made in respect of the Association's liability for annual leave at balance date. Long service leave is accrued in respect of employees with more than seven years employment with the Association.

Contributions are made by the Association to an employee superannuation fund and are charged as expenses when incurred. The Association has no legal obligation to provide benefits to employees on retirement.

(d) Goods & Services Tax (GST)

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Tax Office. In these circumstances the GST is recognised as part of the cost of acquisition of the asset or as part of an item of the expense. Receivables and payables in the statement of financial position are shown as inclusive of GST.

Notes to the Financial Statements

For the Year Ended 30 June 2005

Going Concern

Note 1:

(e)

Statement of Significant Accounting Policies (cont'd)

	Association's future as a going concern is deper compliance with the conditions attached to grant Sobriety Group of SA Inc will generate sufficient as and when they fall due.	s received. On this basis A	boriginal
		2005	2004
Note 2:	Property, Plant & Equipment	a falla	J AV
(a)	Freehold Land & Buildings (at cost)		
	11 Palmyra Street, Torrensville	206,446	206,446
(b)	Lassahold Improvements		
(b)	Leasehold Improvements At Cost	10,850	10,850
	Less Accumulated Amortisation	10,850	10,850
		10,050	10,050
		119112	1112
(c)	Plant and Equipment		
(C)	At Cost	406,213	342,720
	Less Accumulated Depreciation	297,427	275,08
		108,786	67,639
	ATTA AUTO		
(d)	Motor Vehicles		
()	At Cost	208,723	208,723
	Less Accumulated Depreciation	124,498	93,189
	7 . W. M. M. S. W. 1775	84,225	115,532
		A CONTRACTOR INFO	
(e)	Motor Vehicles		
(-)	At Valuation	28,100	28,100
	Less Accumulated Depreciation	4,228	13
		23,872	28,087
		1.07 .03 - 61 - 60 - 61 -	
	Total Property, Plant & Equipment	\$423,329	\$350,067
Note 3:	Creditors & Accruals		
11	Sundry Creditors	72,693	24,312
	Accrued Expenses	18,600	15,600
			. ,
	ALLAN AN AN AN AN AN AN	\$91,293	\$39,912

Aboriginal Sobriety Group Inc.

Notes to the Financial Statements

For the Year Ended 30 June 2005

Note 4:	Unexpended Grants	2005	2004
		1/2/0	11
	At balance date the Association had not expended all of i funds have been rolled over into the next financial year unexpended funds are:		
	Quality Improvement Program	5,353	5,386
	Kainggii Yuntuwarrin Program	156,641	18,06
	Support Accommodation Assistance Program	61,649	117,24
	Family Violence Awareness Program		1,818
	IMEC Program	16,122	16,332
	No Pulgi Program	32,379	
	City Watchhouse Program	56,500	11-
		\$328,644	\$158,846
Noto r:	Provisions	118	
Note 5:	Provision for Annual Leave	122 522	110.042
	Provision for Long Service Leave	123,523 85,803	119,942 73,696
	Provision for Vehicle Replacement	63,500	73,090
		03,300	HIHAA
		\$272,826	\$193,638
			2005
Note 6:	Cash Flow Information	11	1111
(a)	Reconciliation of Operating Surplus to Net Cash Provid by Operating Activities	ded	
	Operating Surplus (Deficit) for the year		(67,749)
	Depreciation		57,870
	Decrease in Sundry Debtors		16,087
	Increase in Payables		51,381
	Increase in Provisions		79,188
	Increase in Other Liabilities		169,798
	Net Cash provided by (used in) Operating Activities		\$306,575
(b)	Reconciliation of Cash	IF ST M ST M	A 1743
	Cash at the end of the financial period as shown in the of cash flows is reconciled to the statement of Financia		
	Cash at Bank		\$336,916
Note 7:	Contingent Liability		
	A contingent liability exists in relation to the potential funding bodies. It is the board's view that any surplus will not be repayable to the funding bodies.		

Statement by Members of the Committee

For the Year Ended 30 June 2005

(a)

The committee has determined that the association is not a reporting entity and that this special purpose financial report should be prepared in accordance with the accounting policies outlined in Note 1 to the financial statements.

In the opinion of the committee the accompanying financial report as set out on pages 22 to 29:

- Presents fairly the financial position of Aboriginal Sobriety Group of SA Inc at 30 June 2005 and its performance for the year ended on that date in accordance with Australian Accounting Standards and mandatory professional reporting requirements
- 2 In accordance with section 35(5) of the Associations Incorporation Act 1985, the committee hereby states that during the financial year ended 30 June 2005:
 - (i) no officer of the association;
 - (ii) no firm of which an officer is a member, and

(iii) no body corporate in which an officer has a substantial financial interest,

has received or become entitled to receive a benefit as a result of a contract between the officer, firm or body corporate and the association

- (b) no officer of the association has received directly or indirectly from the association any payment or other benefit of a pecuniary value.
- At the date of this statement there are reasonable grounds to believe that the Association will be able to pay its debts as and when they fall due.

This statement is made in accordance with a resolution of the Committee and is signed for and on behalf of the Committee by:

thris Keley

Board Member

Board Member

Signed in Adelaide this 19th day of October 2005

Independent Audit Report to the Members of

Aboriginal Sobriety Group Inc.

Scope

We have audited the financial report, being a special purpose financial report, of Aboriginal Sobriety Group of SA Inc for the year ended 30 June 2005 as set out on pages to 22 to 30.

The Committee is responsible for the financial report and has determined that the accounting policies used and described in Note 1 to the financial statements which form part of the financial report are appropriate to meet the requirements of the Associations Incorporation Act 1985 and are appropriate to meet the needs of the members. We have conducted an independent audit of this financial report in order to express an opinion on it to the members. No opinion is expressed as to whether the accounting policies used are appropriate to the needs of the members.

The financial report has been prepared for the purpose of fulfilling the requirements of the Associations Incorporation Act 1985. We disclaim any assumption of responsibility for any reliance on this report or on the financial report to which it relates to any person other than the members, or for any purpose other than that for which it was prepared.

Our audit has been conducted in accordance with Australian Auditing Standards. Our procedures included examination, on a test basis, of evidence supporting the amounts and other disclosures in the financial report and the evaluation of significant accounting estimates. These procedures have been undertaken to form an opinion as to whether ,in all material respects, the financial report is presented fairly in accordance with the accounting policies described in Note 1 so as to present a view which is consistent with our understanding of the Association's financial position and the performance as represented by the results of its operations. These policies do not require the application of all Accounting Standards and other mandatory professional reporting requirements in Australia.

The audit opinion expressed in this report has been formed on the above basis.

Audit Opinion

In our opinion the financial report presents fairly in accordance with the accounting policies described in Note 1 to the financial statements, the financial position of Aboriginal Sobriety Group of SA Inc. as at 30 June 2005 and the results of its operations for the year then ended.

In our opinion the accounts on which the reports are based are considered adequate pursuant to Section 37(3)(d) of the Association Incorporation Act, 1985, given the nature and scope of the activities of the association.

Beren Newman + Co

TA Basso - Partner Adelaide

20 October 2005

Basso Newman & Co **Chartered Accountants**

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ADAC	Aboriginal Drug and Alcohol Council
ACC	Adelaide City Council
AFSS	Aboriginal Family Support Services
AHA	Aboriginal Housing Authority
AHCSA	Aboriginal Health Council of SA Inc.
AKH	Annie Koolmatrie House
АРНСАР	Aboriginal Primary Health Care Access Program
APOSS	Aboriginal Prisoners and Offenders Support Service
ARC	Assessment, Referral and Counselling team
ASG	Aboriginal Sobriety Group Inc.
CHAST	City Homeless Assessment Team
CLH	Cyril Lindsay House
DCS	Department of Correctional Services
DHS	Department of Human Services
FAYS	Family and Youth Services
H&FC	Health and Fitness Centre
ICAG	Inner City Advocacy Group
LTW	Lakalinjeri Tumbetin Waal
MAP	Mobile Assistance Patrol
MAYT	Metropolitan Aboriginal Youth Team
MOU	Memorandum of Understanding
SAPol	South Australian Police
VAYSR	Victorian Aboriginal Youth Sports and Recreation

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SOBER UP THE MAN

THE WIFE WINS

SOBER UP THE WIFE

THE CHILD WINS

SOBER UP THE CHILD

THE FAMILY WINS

WHEN THE FAMILY WINS

THE COMMUNITY WINS

ASG Philosophy (adopted from the Native Cree Canadians)



Aboriginal Sobriety Group Inc.

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