

# Aboriginal Sobriety Group Incorporated Annual Report 2003/04





## Aboriginal Sobriety Group Inc. Annual Report 2003/2004

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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 $C \ensuremath{\mathsf{Hairperson}}$



### Polly Sumner Chairperson

#### As Chairperson, I am pleased to present the Annual Report of the Aboriginal Sobriety Group Inc. (ASG) for the 2003/2004 financial year.

ASG has responded well to the new service delivery structure and the continuation of the Dry Zone Legislation. Both have produced enormous change for the organisation and I commend Mr Basil Sumner, Chief Executive Officer, and his team for their commitment, dedication and outstanding results this year.

Our efforts are greatly rewarded when clients achieve and maintain sobriety. Since our substance misuse recovery pathway structure commenced in early 2002, 24 people have graduated to independent living, employment and healthy lifestyles. They not only achieved sobriety but have affirmed their identity, connection to Aboriginal history and family, self-determination and self-management.

The difference is that ASG's service delivery is holistic. We treat the whole person, not just the symptom to ensure a complete recovery.

# There were many achievements this year, the highlights of which are:

- Increase in client attendances by the Mobile Assistance Patrol (MAP) from 11,590 in 2002/2003 to 12,313 in 2003/2004.
- Significant reduction in the number of people incarcerated and a 15% reduction in the crime rate in the Adelaide metropolitan area (according to South Australian Police/SAPol) due to MAP intervention.
- Renewal of the Memorandum of Understanding (MOU) with SAPol.
- Signing of a new MOU with Centrelink.
- Positive negotiations with the Royal Adelaide Hospital and Flinders University regarding the formation of working agreements.
- Enquiry by the Port Lincoln Community Health Service regarding establishment of a MAP service in their area.
- Enquiry from the Coober Pedy MAP program with regard to training and development of their staff.
- Various new programs introduced by Annie Koolmatrie House (AKH) for clients and their children including the introduction of medicals as a standard procedure, providing a sound foundation for their stabilisation program.
- Appointment of a House Manager at Cyril Lindsay House (CLH), improving communication and the consistency of decision-making.
- The Aboriginality of all Senior Residential Care Workers at CLH, ensuring the delivery of culturally appropriate services.
- Increase in incidents of accommodation at CLH from 1,887 in the previous year to 2,327 this year.
- Increase in the delivery of Talking Circles Programs both at AKH and CLH, raising clients' awareness about culture, history, reconnection and how their individual contribution is important.
- Increased commitment by clients to improving their physical and emotional well being through the programs offered by the Health and Fitness Centre (H&FC).

• Twenty-four people successfully achieving sobriety and independence after graduating from Lakalinjeri Tumbetin Waal (LTW). Three graduations were achieved in the first quarter of operation, five in 2002/2003 and 16 in 2003/2004.

I look forward to seeing more people graduate from ASG's substance misuse recovery pathway next year, and I congratulate those clients who have taken the initiative to enrol in the program.

In closing, I would 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 which funded ASG's programs and services this year and I look forward to working with you next year.

Polly Sumner Chairperson

# The Year in Review $\$



**Basil Sumner Chief Executive Officer** 

As Chief Executive Officer, it is my great pleasure to report on the activities of the Aboriginal Sobriety Group for the 2003/2004 financial year. Our new organisational structure which provides a complete substance misuse recovery pathway has produced real successes.

My team are to be congratulated for their dedication and commitment to the new direction and for the enthusiasm they have shown in identifying needs, innovating, networking and delivering services which provide tangible ongoing results for our clients.

MAP has been instrumental in averting clients from incarceration and in referring them to appropriate agencies and working with the Assessment, Referral and Counselling (ARC) team to return clients to their homes.

Our stabilisation hostels, AKH and CLH have provided a sound basis for clients' recovery, and clients have actively participated in the programs provided by the H&FC demonstrating their commitment toward leading a healthier and substance-free life.

Following stabilisation, many clients have proceeded to recovery and/or rehabilitation programs including LTW, Kuitpo Community, Salvation Army Independent Living, and Salvation Army Towards Independence. Others have found independent accommodation and employment. The main issue putting pressure on ASG's service delivery structure this year was the Dry Zone Legislation which has placed increased demand on MAP and our Administration. Clients continue to be at risk as they are now congregating at the West Parklands and are in danger each time they cross West Terrace. This year, two people lost their lives after being struck by cars.

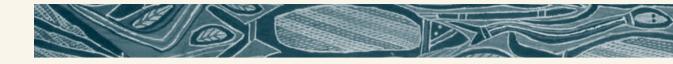
An ongoing issue is the need for a 24-hour Aboriginal dry-out/detox centre. At the very least, there should be a review of current centres and associated services. Our information shows that the demand on MAP increases dramatically in the afternoon shift and yet many current services do not operate after normal working hours. Compounding this, 60-70% of ASG's clients access these services and as they do not employ Indigenous staff, there are communication and service delivery problems.

Adding to the increase in the afternoon shift is the fact that youth are choosing MAP services over mainstream programs. There is also an increase in the number of people, particularly youth, presenting with amphetamine (speed) addiction and most have no intention to stop.

An associated issue is the limited availability of suitable services for people with mental illness. Both our hostels have seen a dramatic increase in clients presenting with varying degrees of mental illness and we are not appropriately resourced, nor is it our core business to deal with these issues. People are masking their symptoms with drugs due to fear of rejection from agencies.

We have also experienced an increase in the number of clients coming from rural areas and their traditional forms of communication have meant that ASG staff have been required to translate requirements. Specifically tailored services need to be available for this special interest group to ensure that ASG can remain focused on its objectives.

The need for AKH to increase operating hours to 24 hours per day, seven days per week is increasingly evident. There was a decrease in instances of accommodation this year at the hostel, mainly as a result of operating hours and the exclusion of meals in the service structure. ASG is currently investigating the possibility of purchasing AKH and maintaining the funding, so that we can improve the building and services, and increase operating hours.



ASG was particularly proud this year to be chosen to undertake a scoping study and develop a business plan for the delivery of substance use and Bringing Them Home (BTH) services in the Riverland. This involved:

- Scoping study of the need for substance use and BTH services.
- Consultation with the Aboriginal and Torres Strait Islander community and other relevant stakeholders to determine the level of need and appropriate approach to the delivery of services.
- Development of a business plan covering the period 1 July 2004 to 30 June 2005 for the establishment and implementation of services.
- Implementation of interim counselling services for existing substance use and BTH clients.

Our selection to undertake the Riverland study is an indication of the respect that ASG has earned for the delivery of effective and efficient substance misuse services. It is proof that Aboriginal people are more appropriately qualified to design and develop services for our people.

While we are achieving some wins with government, it appears we are losing the bigger battle to be recognised as valuable members of the community. The closure of the Aboriginal and Torres Strait Islander Commission (ATSIC) has severed our main communication line with government. We now question how can we be heard or whether the Australian government cares at all.

Is it another attempt at assimilation? The effects of ATSIC's closure would certainly indicate this, whether it is the intention or not.

With no representation at a government level, Aboriginal people are forced to live within a structure that caters predominantly for the needs of the majority - white Australians.

Thus we are living in a discriminatory environment that perpetuates racism and inequality. All the hard work we have done over the past decades in increasing self-determination and self-management pales into insignificance. Once again we are being suppressed. If Aboriginal people cannot be recognised as valuable members of the community, how are we to be taken seriously? Evidence that we are not has been around us for years. I recall one Federal Labour politician saying "the Aboriginal Affairs portfolio is like cleaning toilets on the Titanic". Today, our Aboriginal elders are being told by Federal and State politicians that "there are no votes in Aboriginal Affairs, so why should we listen to you and take you seriously".

On top of this, we have to constantly reaffirm our identity through Proof of Aboriginality forms, which have to be renewed every twelve months. This is preposterous. Not only does it tie up Boards of Management in approving such forms as it did ours this year, but it is a gross case of injustice when the remainder of the population don't have to go through such processes to prove their identity. A Birth Certificate is, generally, all that is required. Why then does the government require Aboriginal people to constantly confirm their identity? It is little wonder, considering this and stolen generation issues, that our people are struggling with self-esteem, that they turn to substance misuse and have so many mental health and general health issues. Is this another government action which will force Aboriginal people to assimilate?

It also seems that any political party that takes up 'kicking an Abo' gets big votes. Why is this so when we are supposed to be living in a country which values equality, reconciliation and multiculturalism. Is this attitude stemming from government actions?

What are we to do as a people? We don't have the population to form our own political party and we don't want sympathizers speaking on our behalf. It is a well known fact that Australia's Indigenous people are not much better off than third world countries. We have different issues to the wider population, worsening health and increasing mental health problems, all resulting from the colonisation of Australia - our own country.

The efforts of Aden Ridgeway are commendable but his voice alone cannot impact the government. It is time for Aboriginal people to be more vocal, to win political seats where the vote is needed and to get legislation through that will ensure the equality and longevity of Australia's Indigenous people.

# The Year in Review $\$

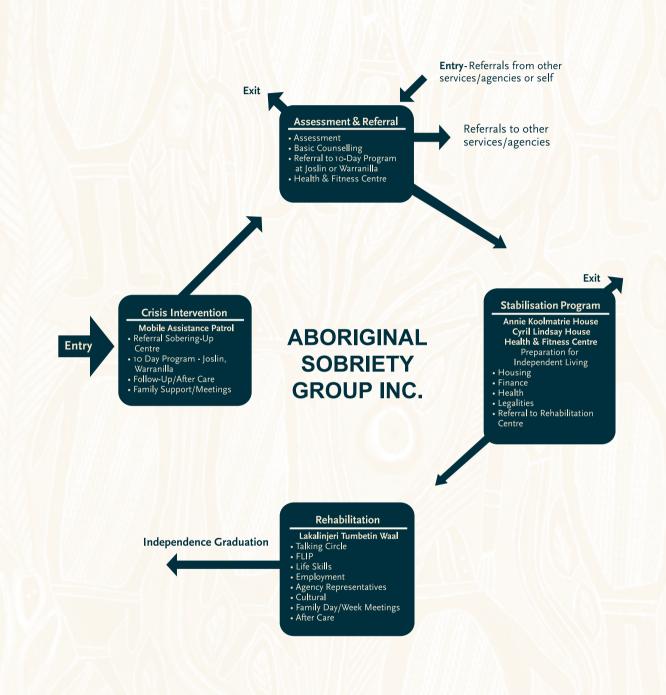
It is my personal intention to ensure that Aboriginal people are represented by Aboriginal people at the government level, and I will continue to encourage the empowerment of our people through education, training and the establishment of economic business enterprise.

This year, I was re-elected as Chairperson of the Aboriginal Health Council of SA Inc. (AHCSA) and in this role I have been able to have some impact on government at a State level. 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 (SAAHP) and representative on the board of the National Aboriginal Community Controlled Health Organisation continue in view of maintaining a State and national focus on substance misuse issues.

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 Hotels 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



# $ORGANISATIONAL \ PERFORMANCE$



#### Alban Kartinyeri Program Director

The new structure which provides a complete substance misuse recovery pathway completed its second full-year in 2003/2004 and has proved to be highly successful in assisting people to live substance-free and functional lives.

ASG would like to thank all the services, organisations, agencies and individuals who supported us this year and hope that you will continue to do so for many years to come.

#### SUBSTANCE MISUSE PROGRAMS

#### MOBILE ASSISTANCE PATROL

MAP experienced a heavier workload this year. Increases were seen in episodes of both new and repeat clients, and there were many more coming from Northern Territory and the Anangu Pitjantjatjara Lands.

The Dry Zone Legislation resulted in people continuing to congregate at the West Parklands around the amenities near the Adelaide High School. This again posed a danger to those crossing West Terrace, particularly late at night. During the year, two people from the homeless sector lost their lives after being struck by cars. MAP staff attended the scene to console and assist relatives and friends. They later transported family home or to other suitable places.

This year, ASG renewed its MOU with SAPol. This agreement means that the police will contact MAP as an option to arrest and incarceration, thus reducing the likelihood of deaths in custody. Both parties meet to discuss issues as the need arises and the agreement is reviewed annually.

There was a number of changes to MAP staffing with new appointments being made to full-time and part-time positions. MAP continues to be in demand and a highly commended service.

#### Assessment, Referral & Counselling

The ARC team assisted many people this year with accommodation, counselling, referrals to appropriate services and education.

This program saw an increase in the number of people, particularly youth, presenting with amphetamine (speed) addiction. Almost all expressed no intention to stop. For those who agreed to dry-out or detox, ASG achieved placement for them at either Warranilla or, in the majority of cases, the Royal Adelaide Hospital.

The team further developed relationships and partnerships with Centrelink, the City Homeless Assessment Team (CHAST), Aboriginal Prisoners and Offenders Support Service (APOSS), Salvation Army Sobering-Up Unit and others. During the Year, a MOU was signed with Centrelink's Currie Street Office.

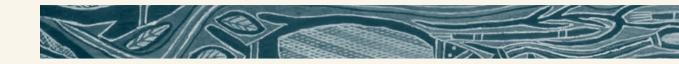
In addition, the team was instrumental in organising an event during Drug Action Week called 'A Night with the Residents' which consisted of a day out at Taoundi, barbecue lunch, viewing of 'Rabbit Proof Fence', and dinner with Andrea Mason (Personal Assistant to Senator Evans), Warren Millera (entertainer nominated for best Country Artist) and several others. The residents were very appreciative and expressed a desire to maintain their sobriety.

#### **S**TABILISATION

Both CLH and AKH maintained a steady flow of residents. There has been an increase in clients with varying degrees of mental illnesses. Although ASG staff are not qualified to deal with such cases, they identify the obvious conditions and refer them to appropriate services for treatment.

Stabilising the situations of those coming into ASG accommodation is critical if residents are to recover or rehabilitate from substance misuse. Issues such as outstanding fines, community service orders, debts, health, mental illnesses, and gambling addictions all impact on whether or not a client can overcome their issues and achieve sobriety.

Discussions were held with Aboriginal Hostels this year about the possibility of ASG purchasing AKH and maintaining the funding. Our aim is to improve the building and the service to 24 hours, seven days per week.



The new AKH Manager is also keen to improve the service and program delivery. ASG has registered with Volunteering SA who are in the process of recruiting someone to hold sessions in the craft room such as pottery, sewing, lead lighting or leatherwork.

CLH recruited a new Manager this year, who has improved the accountability within the hostel and added stability in the area of managerial responsibility. The Manager is currently attending Frontline Management training at Gibaran Management Institute.

#### Rehabilitation

LTW was upgraded with pathways and ramps this year to provide disabled access. Roofing repairs, new lighting around the dormitories and shower/toilet block area, and repairs to the smoke alarm system were also undertaken.

Clients have come from all parts of South Australia to participate in the program and most complete their three-month stay. The 'self-help' style program challenges residents to address and own their issues, and as a group to encourage and support each other.

Some positive outcomes during the year included one resident taking up volunteer work and then gaining part-time employment as a Senior Residential Care Worker at LTW. His long-term goal is to return to his community as an alcohol and drug counsellor.

Another person with a chronic alcohol problem, who went from AKH to LTW and undertook the three month program, returned several weeks later due to inability to cope. She has now recovered and has since undertaken volunteer work with children.

#### **ADMINISTRATION**

The continuation of the Dry Zone and the implementation of initiatives by the Social Inclusion Unit increased the work of ASG's administration team this year. Staff attended many committee and action group meetings and many services, including ASG, have reflected on service performance and delivery as a result.

At the same time, there were many opportunities for ASG to promote its programs and to network

with services in the inner-city on the subject of addressing substance misuse, the Dry Zone, homelessness, mental health and social and emotional well being.

The committees and groups that ASG was involved in this year included:

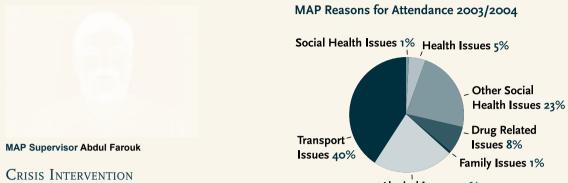
- Inner City Advocacy Group
- Inner City Indigenous Workers Forum
- Dry Zone Steering Committee
- Aboriginal Police Liaison Committee
- SAAHP Advisory Group
- Aboriginal Primary Health Care Access Program Steering Group
- Exceptional Needs Committee
- APOSS Board of Management
- Transitional Accommodation Committee
- Aboriginal Drug and Alcohol Council (ADAC) Board of Management
- Kalparrin Council

Throughout the year, staff continued their studies at Gibaran Training Institute in the following courses:

- Action Learning
- Frontline Management
- Strategic Operations Issues
- Strategic Management
- Diploma in Management
- Masters Degree in Management

Quality Improvement training has also been introduced to ASG through funding received from ADAC. It is hopeful that we will be in a position to receive an external review by February/March 2005 and achieve accreditation. The time leading up will be exciting as it is an opportunity to improve service delivery to our target group.

# SUBSTANCE MISUSE PROGRAMS



#### MOBILE ASSISTANCE PATROL

MAP remains a significant and important service to the Indigenous and wider communities. It provides instantaneous assistance without written referrals, and most clients are transported from 'hot spots' before police or representatives from other agencies come into contact with them. MAP plays a pivotal role in crisis intervention and in reducing incarceration amongst Aboriginal people.

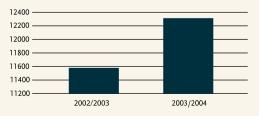
#### **Service Delivery**

This year was challenging with the continuation of an extended program due to the Dry Zone Legislation. As a result, there was a further increase in client attendances from 11,590 in 2002/2003 to 12,313 in 2003/2004. Considering total attendances were 9,879 in 2001/2002, MAP has shown a steady increase over the last three years.

Eleven permanent workers and two casual staff were employed by MAP in 2003/2004. The service was maintained with two vans, one funded by the Department of Human Services and the other by the Adelaide City Council (ACC).

Clients presented with a range of issues from drugs and alcohol to domestic violence, homelessness and other social issues. MAP was instrumental in referring these clients to appropriate agencies for assistance and in working with the ARC team to return clients

#### Total MAP Usage



Issues 40% Alcohol Issues 22% to their homes in regional areas and interstate.

to their homes in regional areas and interstate. Homeless clients were referred to the Assessment and Referral team for appropriate assistance.

It was noted that the Dry Zone Legislation has resulted in many regular clients not frequenting the Adelaide metropolitan area. The education and awareness provided by MAP has contributed to this outcome with many of these clients adopting sobriety and other positive activities such as uniting with families, study and employment. Several have shown an interest in working with MAP and at present, a number of MAP Field Officers are former clients.

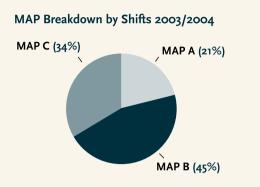
Another positive outcome has been the reduction in transient clients, especially those who are attending medical services and funerals.

The program's response time remains equal to mainstream services, even though a vast area of 45km radius is covered with only one van at a time and two field officers.

The number of children being brought into the Adelaide metropolitan area decreased again this year due to increased awareness as a result of MAP's continued monitoring and education.

In addition, the number of camps and squats reduced as most of the clients were transported by MAP to detox/sobering-up centres, appropriate agencies, their homes or extended families homes.

The main problem still exists in the south west corner of Adelaide near Whitmore Square and Hutt Street. Many clients prefer to camp there due to the provisions available from charitable organisations including showers, food and second-hand clothes. Unfortunately, this charitable assistance has resulted in clients succumbing to drug dealers who frequent that area.



ASG has brought this issue to the attention of police on many occasions and they have now responded with a regular patrol of the area to back-up MAP. As a result, it appears that the drug dealers have decreased or moved on.

Another issue is the lack of an Aboriginal dry-out and detox centre for adults and youth. Not many services operate after normal working hours and current centres do not employ Indigenous staff, even though statistics show that 60-70% of ASG's clients access these centres. Compounding this, youth are choosing to use MAP instead of mainstream programs for transport and other services. As a result, the demand for MAP's service increases dramatically in the afternoon shift.

Overall, the Dry Zone and 24-hour service has put a lot of pressure on MAP with clients shifting to other areas where they can access alcohol. There are limited after-hours services apart from the police, public hospitals, SA Ambulance and crisis care and youth services. Community expectations are high and the demand for MAP's service is expected instantaneously.

Worthy of note, is MAP's contribution to a significant reduction in the number of people incarcerated and a 15% reduction in the crime rate in the Adelaide metropolitan area. (Information provided by SAPol).

#### Educational Programs

As part of MAP's regular patrols, officers distributed brochures provided by the Drug and Alcohol Council, Nunkuwarrin Yunti, Centrelink, ACC and other Aboriginal organisations.

MAP also took part in many activities and transported clients to funerals, hospitals, training and other community events such as NAIDOC Week, barbecues etc. Many clients were supported and represented at the Adelaide Magistrates and other courts this year. This intervention resulted in the successful negotiation for clients release to rehabilitation centres such as ASG's CLH and LTW instead of returning to gaol.

MAP again provided monitoring and education at the Aboriginal Football and Netball Carnival. Held at Murray Bridge this year, ASG is pleased to report that no-one was incarcerated during the carnival.

A representative of MAP was involved in the Riverland scoping survey and strategic planning, and several dignitaries visited the program including the President of the Human Rights and Equal Opportunities Commission, Senior Police Officer/Race Discrimination Unit, ATSIC SA Zone Commissioner, Patpa Warra Yunti Regional Chairperson and a Psychiatrist. Visitors were taken to the 'hot spots' to view the effect of the Dry Zone Legislation.

### Networking

MAP maintains effective working relationships with over 40 agencies including SAPol, hospitals, dry-out centres, councils, government and non-government agencies, Aboriginal and mainstream agencies, welfare and health agencies, and youth and crisis care services.

This year, the MOU with SAPol was renewed for another 12 months and the official agreement will be signed in the near future.

Another MOU was signed with Centrelink and positive negotiations were held with the Royal Adelaide Hospital and Flinders University.

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

Many sessions of training were delivered to students of University SA and Flinders University, as well as emergency department doctors and nurses. Participants were provided with education about Aboriginal culture, the roles and requirements of MAP and other ASG programs, and the drug and alcohol effects on the community. As a result, the working relationship between hospital medical staff and MAP Field Officers has greatly improved.

# SUBSTANCE MISUSE PROGRAMS

Nursing students and high school students also undertook awareness training with MAP.

Considerable interest has been expressed by the Port Lincoln Community Health Service in establishing a MAP program. MAP staff attended their annual general meeting and those present were in favour of commencing the program in Port Lincoln as soon as possible.

MAP was also approached by the coordinator of the Coober Pedy program with regard to training and development of their staff. MAP, other ASG staff and representatives from Flinders University have made a scoping visit and concluded that there is an urgency for training. MAP staff from Murray Bridge will also be undertaking training with ASG in the near future.

#### **Training & Development**

A staff member who undertook relief work for the MAP Coordinator on weekends and during leave has since been promoted to the position of Program Manager and now monitors and supervises staff, and conducts briefing and debriefing daily including induction and training and development.

This year, several staff completed Senior First Aid Training through St John Ambulance, and three staff completed Certificate 3 at COPE.

Other staff continue with their studies at Gibaran Management Institute, AHCSA and Nunkuwarrin Yunti's Diploma of Narrative Therapy.





Assessment, Referral & Counselling

The ARC team's central role of assessing and referring clients to suitable agencies and services continues to contribute to the success of the substance misuse recovery pathway.

#### **Service Delivery**

There was an increased number of clients this year, with referrals coming from both MAP and external agencies. The issues impacting this are rising cases of domestic violence, homelessness, substance misuse, people from interstate with no local family support and referrals from Correctional Services.

Following assessment, the ARC team referred clients to AKH, CLH and LTW to undertake stabilisation or recovery/rehabilitation programs as appropriate. The resultant successes included clients achieving sobriety, enrolling in study, and pursuing employment.

After hours work was still required in some circumstances when clients accessed the program later in the afternoon.

The most significant change was seen in the intake at CLH with the program constantly near capacity. In addition, the number of clients completing the 6-8 week stabilisation program and continuing to recovery/rehabilitation increased.

A progressive issue this year has been the number of requests from the Courts Unit or Community Corrections for hostel accommodation at short notice. The process of assessment is by-passed, which can result in clients being placed in inappropriate programs.

Difficulties in placing clients requiring detoxification is a continuing issue. Most centres have waiting lists and are booked weeks ahead. In an effort to improve this situation, the ARC team will pursue





the establishment of a working agreement with detoxification centres. The desired outcome is that ASG's clients are given immediate access upon the recommendation of an ARC Caseworker in consultation with detoxification centre staff.

#### **Educational Programs**

As a result of referral by the ARC team, many more clients are accessing the H&FC following their initial assessment interview. An increased level of physical fitness is assisting clients with stabilisation and recovery/rehabilitation.

ASG's involvement in the Drug Action Week coordinated by the Drug and Alcohol Services Council (DASC) was a great success. A day of activities with clients from AKH and CLH was equally enjoyed by staff.

It would be beneficial to continue involvement in Drug Action Week next year, as well as introduce further activities which promote the ARC team's services and builds relationships with stabilisation clients. These activities would include social events with clients and staff from both ASG and external agencies.

#### Networking

The ARC team's working relationships were actively maintained during the year with many organisations including ADAC, Family and Youth Services (FAYS), Metropolitan Aboriginal Youth Team, Kumangka, DASC, St Vincent de Paul, AHA, Nunga Miminis, Brady Street Health Clinic, Warranilla Health Clinic, Aboriginal Justice Unit, Hindmarsh Youth Detox Centre, Centrelink, Glenside Hospital, Aboriginal Legal Rights Movement (ALRM), Adelaide Central Mission, Travellers Aid and Joslins Alcohol Unit.

These relationships assisted to resolve issues associated with health, family, social, drugs, alcohol and transport.

As many clients required accommodation, the ARC team worked particularly closely with AHA, Salvation Army, St Vincent de Paul, Westcare, Karpandi, CHAST and APOSS.

Meetings were attended with the Aboriginal Primary Health Care Workers Forum, SAPol and welfare agencies.

#### **Training & Development**

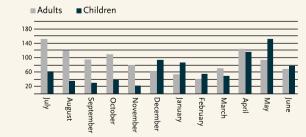
Members of the ARC team are currently undertaking studies in Small Business Management at Gibaran Management Institute and the Diploma of Narrative Approaches at Nunkuwarrin Yunti of South Australia Inc. These studies are increasing our ability to succeed and maintain ASG's reputation within the community for improved service delivery.

#### **S**TABILISATION

#### Annie Koolmatrie House

AKH continued to provide accommodation and case management to women who are dealing with various issues leading to homelessness, and drug and alcohol misuse. Domestic violence is still a major issue and, therefore, many children were accommodated as a result.

#### Annie Koolmatrie House Occupancy Rate 2003/2004



#### **Service Delivery**

This year, there was a nominal decrease in instances of accommodation from 2,350 in the previous year to 1,778. The major contributing factors were security issues associated with the premises only being staffed 8 hours per day and the exclusion of meals in the service structure.

# SUBSTANCE MISUSE PROGRAMS

The restriction of staffed hours to regular working hours has meant that clients are not supervised in the evening. This can impact on their psychological well being with respect to safety, particularly if they have been subjected to domestic violence, and also puts them at risk of failing to adhere to the program.

Clients who come from outside the metropolitan area are more challenged to remain committed to the program when the availability and accessibility of alcohol and drugs is greater in Adelaide as opposed to rural areas. Access to family support is also an issue, however, this can work in reverse when the family is not committed to sobriety.

Other issues affecting the program are:

- The absence of a vehicle which restricts the introduction of educational programs requiring transportation.
- Non-disclosure of clients' history, particularly with regard to mental health, resulting in them being placed at AKH instead of a more appropriate facility.

It would also be beneficial for both clients and their children if computers were made available to assist with education, training and self-improvement.

Regardless of these issues, a number of clients achieved positive outcomes following completion of the stabilisation program at AKH. One client commenced paid work both in the local community and as a support worker with the Aboriginal and Torres Strait Islander Playgroup, and her son accessed health and schooling programs to actualise his full potential.

Another client was accepted into University while simultaneously establishing independent accommodation and more recently was offered paid employment.

A homeless client who lived in a car with her two children has since rekindled an interest in art and writing. Her daughter is attending Cowandilla Primary School and her son is living in a Youth Hostel and has gained full-time employment.

#### Annie Koolmatrie House Children

#### Educational Programs

Various new programs were introduced to enhance and improve the service offered to clients. These included:

- Establishment of regular fitness programs with ASG's H&FC and within the local community such as walks in the immediate hostel surrounds.
- Visits to agencies including weekly outings to Southern Community Health where clients participated in a women's group operated by COPE which addressed the special needs of women.
- Introduction of a healing workshop with Irene Allen incorporating cultural themes, giving clients the opportunity to benefit from a different modality of healing.
- Networking with the Aboriginal and Torres Strait Islander Playgroup who picked up clients with preschool children on a weekly basis and introduced them to other families, cultural activities and health professionals. Some of the services provided by the group included child immunisation, health checks, hearing/ vision assessment, breastfeeding and child nutrition support and medical assessments.
- Conducting a smoking ceremony in association with the Talking Circles program, which was both energising and culturally beneficial for clients.
- Establishing a relationship with local community churches for clients who wished to attend, especially during special religious celebrations such as Easter.

In addition to the above, medicals for both clients and their children were introduced as a standard procedure. This established a sound foundation for their stabilisation program.



Following this, psychological assessments were made where necessary through Nunkuwarrin Yunti and Child and Adolescent Mental Health Services (CAMHS). ASG's Caseworker/Counsellor provided support with regard to alcohol and drug issues and Nunkuwarrin Yunti's female counsellors assisted with specific women's issues. Children's issues were address by CAMHS.

Attending women's community health groups and playgroups connected clients with other members of the community and offered positive role models. Culturally, this allowed for the integration of women from different areas to share common goals and provide support through acknowledgement of their personal challenges.

#### Networking

Various meetings and conferences were attended throughout the year to maintain interagency relationships. These included a training program at Centrelink, workshop on Suicide Risk Assessment, the closure of ATSIC and march, and client day for Drug and Alcohol Awareness Week. Relationships were also maintained with CHAST, Nunga Miminis, Volunteering SA, APOSS, ALRM, and the Aboriginal Justice Officers.

#### **Future Activities**

A working relationship has been established with Volunteers SA and a meeting held with 4th year occupational therapy students at University SA to discuss the establishment of art and craft programs at AKH.

Next year, the hostel will continue to provide for the cultural and spiritual needs of clients through working with women such as Irene Allen. This allows clients to identify with their culture and use it as an integral part of their healing.

As a mixed gymnasium can be intimidating for clients, funding will be sought to purchase some basic fitness equipment to encourage an interest in becoming physically fit. Once clients' self esteem has been lifted, it is believed that they will more readily engage in advanced programs at the ASG H&FC.

In addition, funding will be sought to equip the hostel with music as this creates a positive ambience and can be a therapeutic tool for alleviating stress and anxiety.

The stabilisation program at AKH could be greatly assisted through staffing 24 hours per

day and incorporating meals/cooking into the service structure. If food were provided for clients to cook, there would be an opportunity to hone basic life management skills including nutritional education and financial management, and also improve parenting skills.

#### **Training & Development**

The Manager of AKH has commenced the Diploma in Narrative Therapy at Nunkuwarrin Yunti and continues with the College for Actualising Human Potential, as well as studies towards the Associate Diploma in Wholistic Psychology. These courses of study will improve the knowledge base and aid positive outcomes for clients. The Manager intends to undertake two further courses in Mental Wellness and Relationships and Family Dynamics in the new year.

### Cyril Lindsay House

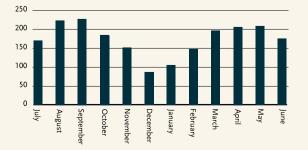


CLH provided an increasingly stable environment for clients this year. Aiding this outcome was the appointment of a House Manager which resulted in consistency of administrative decisions, and the Aboriginality of all Senior Residential Care Workers which ensured the delivery of culturallyappropriate services.

#### Service Delivery

A total of 2,327 incidents of accommodation were provided for men presenting with substance misuse issues and homelessness. This is an increase of 440 on the previous year.

#### Cyril Lindsay House Occupancy Rate 2003/2004



# Substance Misuse Programs

Operating hours were maintained at 24 hours per day, seven days a week, and occupancy rates reflected the sustained demand for this service.

Although a significant portion of residents fail in their endeavours to maintain abstinence, there appears to be a real improvement in individual circumstances and increased effort to achieve goals each time they re-enter.

A rising trend is the number of clients presenting with mental health issues. It is believed that this may be due to a decrease in the number of services catering for this group. Unfortunately, CLH is not appropriately resourced to provide adequate mental health services.

Several improvements were made to the building this year. Two reverse cycle air-conditioning units were installed, significant improvements were made to the electrical system and a new commander telephone system was installed. This resulted in enhanced comfort, safety and communication.

#### **Educational Programs**

The increased culturally-appropriate focus has resulted in a greater number of Talking Circle programs. This has raised clients' awareness as to how culture, history and reconnection to spirituality shapes their everyday actions and connects them to family and community. It has also highlighted to clients how their individual contribution is important.

To promote exercise and social and emotional well being, CLH conducted an increased number of organised excursions including sausage sizzles, visits to parks and other low budget forms of recreation.

#### Networking

Many of the referrals made to clients are related to basic needs such as clothing, toiletries and broadening support networks. This year, referrals were made to The Smith Family, Salvation Army, St Vincent de Paul, and the Hutt Street Centre. Regular weekly visits were made by Centrelink representatives to assist clients with income issues.

#### CASEWORK/COUNSELLING

The Caseworker/Counsellor proved to be a valuable addition to ASG's stabilisation program again this year through assisting clients at both



AKH and CLH to deal with issues which present barriers to achieving objectives.

#### **Service Delivery**

The increase in clients with psychiatric illnesses has become much more prevalent. Many experience forms of psychosis, schizophrenia and clinical forms of depression. This trend is due to the reduction of suitable care or resources within the broader community. While many of these clients self medicate in an attempt to manage or mask their condition due to fear of rejection from agencies, their condition becomes apparent shortly after entry to the hostels and staff do not have significant experience or understanding to effectively manage the situations.

Another significant increase has been seen in the number of clients who come from remote or regional areas. Whilst it is pleasing to see this group seeking assistance with substance misuse issues, many have little or no experience of an urban environment, live in a more traditional manner and communicate predominantly in traditional language. This causes communication barriers which require staff to provide assistance with securing income, banking, transport and shopping. These clients are at risk of exclusion and isolation and, therefore, additional resources are required to achieve their objectives.

#### **Educational Programs**

The appointment of a manager at CLH has improved communication with the Caseworker/ Counsellor allowing for case plan needs to be met more effectively. This has resulted in an increase in achievement of goals and improved awareness of the needs of clients.

Many of the women at AKH have been overwhelmed by their circumstances and have not been able to provide the basic needs for their children or themselves. The proactiveness of the hostel's manager in attaining program services and resources has improved program delivery and ensured that children attend school regularly



and are adequately cared for. A structure has been created which provides an environment for women to address their issues with the Caseworker/Counsellor and to develop plans to move closer to achieving their goals.

The staffing of AKH beyond normal working hours remains a concern. It has resulted in domestic violence clients being pursued or fearing such, and some becoming reinvolved with ex-partners.

It was pleasing to note that following stabilisation, many clients proceeded to recovery and/or rehabilitation programs such as LTW, Kuitpo Community, Salvation Army Independent Living, and Salvation Army Towards Independence. Others found independent accommodation and employment.

#### Networking

This year, interagency relationships were maintained with FAYS, Aboriginal Family Support Services, CHAST, Karpandi-Westcare, Centrelink, ALRM, Aboriginal Housing Authority (AHA), SAHT, Travellers Aid, Kumangka, Salvation Army, Wesley Mission and Nunkuwarrin Yunti in an effort to assist clients fulfil their needs.

### Health & Fitness Centre



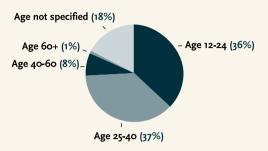
### Community Caseworker H&FC Michael Campion

The ASG H&FC and Boxing Club continued to enjoy success this year. Residents staying at stabilisation hostels were offered the opportunity to develop a health and fitness regime and increase their physical and emotional well being. The commitment they showed toward leading a healthier life was inspiring.

#### **Service Delivery**

In addition to stabilisation clients, many schools and community groups made regular visits to the H&FC. They included Parafield Gardens High School, Hallet Cove Pathways, Warriapendi, Enfield High School, Seaview High School,

#### ASG Health & Fitness Centre Usage 2003/2004



Woodville High School (Wiltja), SYC Magill Flexicentre, Cavan Youth Training Centre and APOSS.

Several residents from Catherine House also made use of the facilities, and employees from other agencies including Nunkuwarrin Yunti, Link-Up, AHA and APOSS attended on a regular basis.

#### **Educational Programs**

Schools and community groups were taught about cardio-vascular fitness, resistance training for muscular and skeletal strength, stretching and flexibility as well as the basic and finer points of boxing as a sport.

Separate classes for boys and girls with some school groups proved to be a success as they felt more comfortable and their participation increased. The Centre trialled running weights and boxing classes parallel with conflict management classes. This was highly successful with children showing great interest.

The ASG H&FC has always promoted a philosophy of 'community support'. We enjoy a multi-cultural environment and have men and women members from diverse backgrounds and many different parts of the world and religions.

Several of the members from other countries are on Protection Visas either from Africa or Central Asia. The ASG H&FC support these clients in any way possible. For example, one such client requested work experience in the Centre as part of his school curriculum. This was agreed and it was a great success which the client thoroughly enjoyed.

The ASG Boxing Club enjoyed a steady year with consistent performances throughout the season. In September at Whyalla, John Linde established his dominance in the heavyweight division and Steve Petrillo showed great maturity in his first fight in which he claimed victory.

# Substance Misuse Programs

Rod Williams is proving to be a dedicated athlete with much promise for the future and Harry Watson, ASG's junior, won a silver medal at the State Championships. The ASG Boxing Club Presentation Night was held at the Walkers Restaurant this year.

#### Networking

Teamwork and cooperation is one of the keystones of the H&FC. We continue to maintain good working relationships with other agencies including the Australian Institute of Fitness and the South Australian Sports Institute (training and development), Nino Pilla International Academy of Martial Arts (referrals and training), and other social welfare groups, schools, community groups and agencies including the Education Department, Salvation Army, Angilcare, Catherine House and Boxing SA.

The development of an agreement between the ASG H&FC and Catherine House has led to more women accessing the gym.

#### Cultural



#### **Cultural Advisor Major Sumner**

The Cultural Advisor continues to play an integral role in clients' stabilisation and recovery through highlighting the importance of identity, family, spiritual and cultural connections to their social and emotional well being and ability to respond to changes in their lives.

Many Smoking Ceremonies and Talking Circles were held at CLH and AKH this year to assist clients deal with their issues in a culturally appropriate setting and environment.

Smoking ceremonies were also held for members of the community and organisations in response to the death of family members.

In addition, Smoking Ceremonies and Talking Circles were conducted for various programs of Nunkuwarrin Yunti, not only benefiting staff but also students of the Diploma in Narrative Therapy. Following the scoping of services required in the Riverland, it was identified that Talking Circles should be incorporated into the services offered in that region.

Throughout the year, the Cultural Advisor attended various meetings in the city and country areas. Various discussions were held with Corrections at Victor Harbour and several presentations were given on Alcohol and Drug Issues as well as Cultural Oppression.

The Cultural Advisor continues to participate in the repatriation of skeletal remains of Ngarrindjeri nation ancestors from the United Kingdom and privately held collections within the Adelaide area.

#### Rehabilitation

### Lakalinjeri Tumbetin Waal

#### LTW Program Manager Douglas Longmore

LTW has now completed its second full-year of operation and is proving highly successful as the rehabilitation component of ASG's substance misuse recovery pathway.

#### **Service Delivery**

On commencement in March 2002, LTW had 23 residents. From July 2002 to June 2003 this increased to 27 residents, and in the second full-year of operation LTW assisted 37 residents, 9 of whom returned to do a second and third term. Returning clients took advantage of the 14-day to 90-day follow-up program. Of the 86 people who sought assistance from LTW, 24 successfully graduated, 3 in the first quarter, 5 in 2002/2003 and 16 this year. Of these, 5 graduates successfully gained employment or volunteered with ASG.

Residents have come from various places including New York, Queensland, New South Wales, Northern Territory, and Tasmania as well as South Australia. Of the total, 20 residents



came from the Anangu Pitjantjatjara Lands and 15 were from in and around Murray Bridge. In LTW's history, 17 women have sought assistance for healing from substance misuse.

Amongst the major achievements this year, LTW was totally renovated. It now provides first class accommodation comparable to many other mainstream centres.

Through Community Benefit grants, disability access was provided to the facility and ASG is grateful to Murray Bridge CDEP (Tangalum Pultinji Yunti) who undertook these modifications. Up-to-date office equipment was also installed including photocopiers and newer computers, and the televisions were repaired. In addition, LTW's Caseworker/Counsellor negotiated a partnership with DASC's Library to upgrade the video section.

The main issue affecting LTW's ability to achieve full potential is the lack of staff to fill vacant positions which would ensure that the facility and residents are monitored 24 hours, seven days a week. It is imperative that LTW maintains these operating hours for the safety of clients. Equally important, is the need for 'role models' to fill these positions. This year, we were pleased to secure the services of a former resident to cover LTW's weekend shift.

#### **Educational Programs**

The framework at LTW continues to improve. Progress has been made with the Education, Skills Development, Counselling and Culture strategies.

LTW believes its biggest achievement yet is the employment of three graduates with ASG, testifying to the success and ongoing stability that the programs encourage.

#### Networking

Networking was extended this year with LTW forming relationships with many Aboriginal representative agencies in and around South Australia. Some of these organisations included the Murray Bridge Council, Umoona Health, Pika Wiya, Mildura Aboriginal Corporation, Whyalla Corrections, and Yalata.

In May, LTW's Manager attended an Aboriginal Corrections Conference at Victor Harbour and distributed information about ASG and its programs. LTW is grateful to Vic Paveccehio and his family who donated 5,000 roses. Unfortunately poor soil resulted in many not taking, but those that did have greatly improved the garden environment.

The weekend worker has been extremely effective in networking and has facilitated the donation of towels, blankets and sheets.

#### **Training & Development**

LTW's manager and staff have continued their ongoing training and education in the Diploma of Management, Social Work degree, Narrative Approach and Alcohol and other Drugs Certificates 3 and 4. The weekend worker undertook the practical assessment for Certificate 3 in Community Services at LTW.

In January, ASG's Cultural Advisor and the LTW Manager attended a Pitjantjatjara language course at the University of South Australia's Underdale Campus.



# Aboriginal Sobriety Group Inc Financial Report 2003/2004

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STATEMENT OF FINANCIAL POSITION	25
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Independent Auditors' Report	30

### Aboriginal Sobriety Group Inc. Statement of Financial Performance For the Year Ended 30 June 2004

Note Recurrent Income	2004	2003
Operational Grants	1,722,209	1,745,475
Interest Received	11,198	14,241
Rent Received	61,835	63,615
Workcover Reimbursement	70,329	
Sundry Income	158	1,406
Total Recurrent Income	1,865,729	1,824,737
Recurrent Expenditure		11/10
Advertising, Sponsorship & Promotions	1,411	2,007
Audit Fees	10,724	13,600
Bank Charges	120	546
Cabcharge & Courier	68	464
Catering	890	
Cleaning & Rubbish Removal	9,615	15,624
Computer Costs	17,329	13,086
Conference & Courses	909	809
Consultancy Fees	15,009	11,136
Data Processing Charges, Administration & Computer Support	26,038	80,067
Donations	250	L HASA
Dreamtime Public Relations	39,992	12,896
EAP Expenses	420	1111
Electricity & Gas	20,528	36,354
Fines	156	
Food	33,623	32,128
Fringe Benefits Tax	12,826	111
General Expenses & Supplies	7,750	9,445
Insurance - General	41,689	33,952
- Workcover	36,047	19,207
Legal Costs	5,371	1 1/2
Medical Prescriptions & Supplies	100000-00-00	515
Minor Equipment & Consumables	2,506	1,149
Motor Vehicle Expenses	87,370	82,917
Occupational Health & Safety Expenses		715
Postage	466	921
Program Expenses: - Drug Action Week	3,983	11/11
Printing, Stationery & Office Requisites	11,881	15,829
Professional & Secretarial Fees	9,500	9,500
Provision for Annual Leave	52,640	27,047
Rates & Taxes	14,431	14,381
Rent	484	1,506

### Aboriginal Sobriety Group Inc. Statement of Financial Performance For the Year Ended 30 June 2004

	Note	2004	2003
Recurrent Expenditure (cont'd)	In Par		12171
Repairs & Maintenance		36,277	41,191
Salaries & Wages		1,312,024	1,170,812
Security		365	495
Subscriptions & Licence Fees		820	880
Superannuation Contributions		117,623	106,547
Telephone		38,392	43,739
Training		54,898	33,273
Travel Allowances & Fares		3,242	5,524
Uniforms		321	55
Total Recurrent Expenditure	100	2,027,988	1,838,317
Operating Recurrent Surplus (Deficit)			AC A
Before Unfunded Charges		\$(162,259)	\$(13,580)

The accompanying notes form part of these financial statements

### Aboriginal Sobriety Group Inc. Statement of Financial Performance For the Year Ended 30 June 2004

	Note	2004	2003
Operating Recurrent Surplus (Deficit) Before Unfunded Charges		(162,259)	(13,580)
	1217	(10-,-59)	(-),),
Less Unfunded Charges and Provisions	2111	W/A	12
Depreciation & Amortisation		56,464	45,064
Loss on Sale of Non Current Assets		2,930	$\sim$
Provision for Long Service Leave		21,865	14,613
Operating Surplus (Deficit)	12	(243,518)	(73,257)
Add Non Recurrent Income		a(118	TAV
Capital Grants Received		37,193	105,497
Net Surplus (Deficit) After			
Capital Receipts		(206,325)	32,240
Add Extraordinary Items		1122	) And I
Assets acquired on transfer of Program			
to Aboriginal Sobriety Group		28,100	PPA
	144	(178,225)	32,240
Accumulated Funds at the beginning of			
the Financial Year		398,787	366,547
Accumulated Funds at the End of the Financial Year	1111	\$220,562	\$398,787

The accompanying notes form part of these financial statements

### Aboriginal Sobriety Group Inc. Statement of Financial Position As at 30 June 2004

	Note	2004	2003
Current Assets	1 No Par		
Cash at Bank		93,834	282,190
Sundry Debtors		101,418	MP
		195,252	282,190
Non Current Assets	2111/2	AN	
Property, Plant & Equipment at cost	2	796,839	745,242
Less Accumulated Depreciation		379,133	333,434
		417,706	411,808
Total Assets	W COST	612,958	693,998
Current Liabilities		9   Z	
Creditors & Accruals	3	39,912	34,623
Unexpended Grants	4	158,846	141,454
Provisions	5	193,638	119,134
Total Liabilities	1111 22	392,396	295,211
Net Assets		\$220,562	\$398,787
Accumulated Funds	WWW (1999)	\$220,562	\$398,787
Contingent Liability	6		

The accompanying notes form part of these financial statements

Aboriginal Sobriety Group Inc. Notes to the Financial Statements For the Year Ended 30 June 2004

#### 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
- AAS28: Statement of Cash Flows
- 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:-

- (i) 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.

#### (c) Employee Benefits

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.

Aboriginal Sobriety Group Inc. Notes to the Financial Statements For the Year Ended 30 June 2004

#### Note 1: Statement of Significant Accounting Policies (cont'd)

#### (e) Going Concern

The accounts of Aboriginal Sobriety Group of SA Inc. have been prepared on the basis that it is a going concern and that the Association will continue to operate. The Association's future as a going concern is dependant upon grants and subject to compliance with the conditions attached to grants received. On this basis Aboriginal Sobriety Group of SA Inc. will generate sufficient cash flow to be able to pay its debts as and when they fall due.

Note 2:	Property, Plant & Equipment	2004	2003
(a)	Freehold Land & Buildings (at cost)	1001110	71118
(")	1 Palmyra Street, Torrensville	206,446	206,446
(b)	Leasehold Improvements		
<b>`</b>	At Cost	10,850	10,850
	Less Accumulated Amortisation	10,850	10,850
(-)	Disat and Equipment		
(c)	Plant and Equipment At Cost		200 50 (
		342,720	322,524
	Less Accumulated Depreciation	275,081	249,911
		67,639	72,613
(d)	Motor Vehicles		
	At Cost	208,723	205,422
	Less Accumulated Depreciation	93,189	72,673
		115,534	132,749
(e)	Motor Vehicles		
. /	At Valuation	28,100	- 1111
	Less Accumulated Depreciation	13	1111-
		28,087	111
-	Total Property Plant & Equipment	\$417,706	\$339,195

Note 3:	Creditors & Accruals		
	Sundry Creditors	24,312	15,610
	Accrued Expenses	15,600	19,013
11 1/1		\$39,912	\$34,623

2004

2002

### Aboriginal Sobriety Group Inc. Notes to the Financial Statements For the Year Ended 30 June 2004

	2004	2003
Unexpended Grants		
Quality Improvement Program	5,386	1.5.1.
Kainggii Yuntuwarrin Program	18,065	$\sim$
Support Accommodation Assistance Program	117,245	138,768
Family Violence Awareness Program	1,818	JULU LA -
IMEC Program	16,332	101.
Community Benefit SA		2,686
	\$158,846	\$141,454
Durvisions		
	1181	67.202
	At balance date the Association had not expended all of funds have been rolled over into the next financial year. funds are: Quality Improvement Program Kainggii Yuntuwarrin Program Support Accommodation Assistance Program Family Violence Awareness Program IMEC Program	Unexpended Grants   At balance date the Association had not expended all of its grant funds. These funds have been rolled over into the next financial year. Details of the program funds are:   Quality Improvement Program 5,386   Kainggii Yuntuwarrin Program 18,065   Support Accommodation Assistance Program 117,245   Family Violence Awareness Program 1,818   IMEC Program 16,332   Community Benefit SA \$158,846

	\$193,638	\$119,134
Provision for Long Service Leave	73,696	51,832
Provision for Annual Leave	119,942	67,302

#### Note 6: Contingent Liability

A contingent liability exists in relation to the potential repayment of surplus funds to funding bodies. It is the board's view that any surplus represents unexpended funds and will not be repayable to the funding bodies.

Aboriginal Sobriety Group Inc. Statement by Members of the Committee For the Year Ended 30 June 2004

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 28:

- Presents fairly the financial position of Aboriginal Sobriety Group of SA Inc. at 1 30 June 2004 and its performance for the year ended on that date in accordance with Australian Accounting Standards and mandatory professional reporting requirements.
- In accordance with section 35(5) of the Associations Incorporation Act 1985, the committee 2 hereby states that during the financial year ended 30 June 2004:
  - (a) (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 3 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:

**Board Member** 

**Board Member** 

Signed in Adelaide this

12 day of October 2004

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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 2004 as set out on pages to 22 to 29.

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 2004 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.

TA Basso - Partner Adelaide

Bucco Newman + 4

Basso Newman & Co Chartered Accountants





ADAC	Aboriginal Drug and Alcohol Council
ACC	Adelaide City Council
AFSS	Aboriginal Family Support Services
АНА	Aboriginal Housing Authority
AHCSA	Aboriginal Health Council of SA Inc.
АКН	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
МАР	Mobile Assistance Patrol
MAYT	Metropolitan Aboriginal Youth Team
MOU	Memorandum of Understanding
SAPol	South Australian Police

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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.

182-190 Wakefield Street, Adelaide SA 5000 Tel: 8223 4204 Fax: 8232 6685 Email: sobriety.asg@nunku.org.au