

Aboriginal Sobriety Group Incorporated Annual Report 2010/11





Aboriginal Sobriety Group Inc. Annual Report 2010/11

The Year in Review	
Organisational Performance	
Substance Misuse Programs	
• Crisis Intervention	
- Mobile Assistance Patrol	
• Assessment, Referral & Counselling	
- Substance Misuse Team	
• Homelessness	
- Annie Koolmatrie & Cyril Lindsay Houses	
• Health & Fitness Centre	
• Cultural	
Rehabilitation	
- Lakalinjeri Tumbetin Waal	
Outreach Services	
• Northern & Western Metropolitan	
• Riverland	

S

Н

 \mathbf{z}

щ

Н

 \mathbf{z}

0

υ

FROM THE CHAIRPERSON



Gary R Paynter Chairperson

As the new Chairperson of the Aboriginal Sobriety Group Inc. (ASG), it gives me great pleasure to present the Annual Report for the 2010/11 financial year.

It was a year of change and a year of challenge for every department within the organisation. At the governance level, Polly Sumner-Dodd, stepped down as Chairperson to have a well earned rest after several years. Ms Sumner-Dodd remains a board member to assist the organisation into the future.

Other board members resigned for various reasons, primarily due to work commitments. The ASG Board now comprises mostly new members who are committed and well qualified. I thank them for the contribution and participation they bring to the governance level.

The Chief Executive Officer, Basil Sumner, is also preparing for retirement early in the new year. Mr Sumner has been a stable influence for ASG, having been with the organisation for over 40 years. His dedication is evident in the many successful outcomes that ASG has achieved. Following his retirement, Mr Sumner will contribute his knowledge and understanding through being a member of the board, and is determined that ASG will continue to move forward.

Next year will see a new Chief Executive Officer and Program Director which will no doubt result in changes to how things are done and adjustments made to accommodate those changes throughout the organisation. Change is often a difficult process and takes time.

There have been other management changes as well including new managers of programs which have brought a freshness of ideas and activities. Some staff have moved on for various reasons and new staff have commenced. Throughout all the changes, and some uncertainty and frustration, ASG has continued to succeed as the great organisation it is.

Executive management has held the organisation on solid foundations during a difficult year and our administration has kept ASG's finances under control, meeting all commitments within budgetary restraints. Thank you for your commitment.

An organisation is only as effective as the people who deliver the services to the community.

The greater credit, therefore, must go to the program staff of ASG who have been implementing the programs, connecting with the community and clients, and delivering the services. It is not an easy job; it is wrought with frustrations, disappointments, and doubts. However, it is also a job that brings joy, satisfaction and rewards when you achieve results through individuals who embrace positive change in their life as a result of your efforts and speaking into their lives.

Each member of ASG's workforce is appreciated for their efforts and your loyalty to the organisation is recognised. Thank you for your dedication.

It is always recognised that Aboriginal organisations need increased resources. The ASG Board and management are constantly seeking ways to increase the funding of existing programs, and to implement new innovative programs which will, in turn, increase the effectiveness of the organisation by better resourcing programs and staff to enhance the healing and development of our community.

The accreditation process is continuing steadily and ASG is meeting the demands of funding organisations with quality management systems and compliance. This is an important part of the process of change.

ASG could not operate effectively without funding and we express our appreciation for the continued support received from the Office for Aboriginal and Torres Strait Islander Health (Department of Health and Ageing), Supported



Accommodation Services Assistance Program (Health and Services), Aboriginal Hostels Limited, Adelaide City Council, the Department of Human Services, and other contributors.

Even though there has been and continues to be an improved understanding and acceptance of Aboriginal culture and society, with federal, state and local governments voicing their determination for equity and improved services across our country, we also realise that we must continue to push for more, and never give ground for what we believe is our right in our country. We continue to be a minority people living in an often hostile environment, and ASG is determined to stand on the front line and create a better environment for present and future generations.

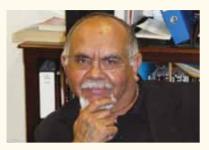
To continue to achieve the outcomes which founded ASG, a vision of our Elders, we must continue to move forward, standing as one together, supporting each other and work towards the common goal of healing our First Nations.

For ASG to continue to be the model for others to follow, a model of culturally nurtured unity and equality for all, we must at all times continue to support each other, program supporting program, person supporting person and whether we are a board member, a manager or at the coal face delivering the services, we must identify and resolve issues before they become problems to ensure that ASG is the place where it is good to come to work.

Let's go into the coming year with the determination to constantly improve as we move forward.

Gary R Paynter Chairperson

THE YEAR IN REVIEW



Basil Sumner Chief Executive Officer

The Aboriginal Sobriety Group (ASG) experienced significant change this year as it consolidated and prepared for a change of organisational leadership in early 2011/12 when I will formally retire after 40 years of service.

Our succession plan which was put into place 18 months ago with the creation of a Deputy Chief Executive Officer position will result in Donna Ngulbiltjik Robb assuming my position. Donna is highly respected and will lead the organisation forward into the new generation.

I would like to thank Polly Sumner-Dodd who retired this year as Chairperson. Polly's inspiration and commitment to Aboriginal community control and self-determination has been a guiding force and her contribution will always be influential to those now leading the way.

Incoming Chairperson Gary Paynter has provided a renewed direction for the Board and staff. The personal commitment by Board Members and staff to the purpose of ASG is the reason the organisation continues to have an impact on reducing substance misuse and deaths in custody amongst Aboriginal people in South Australia. As Chief Executive Officer, I thank the members of the Board and our staff for their continued dedication.

As an organisation and people, we continue to be forced into a position of justification. The recent media coverage on the Strategic Review of Indigenous Expenditure from the Commonwealth Government is disappointing. The report outlined waste on a scale hard to imagine from spending on programs that were aimed at benefiting Aboriginal people in the areas of health, education, employment and economic participation. Three years on from the National Apology, this report is shameful and my question is who has wasted this money and why does the government continue to avoid involving Aboriginal people in the process of decision making and promoting accountability for the outcomes of these resources. This report runs the risk of labelling all money spent in Aboriginal affairs as 'doomed to be wasted' and this is both disheartening and dishonest.

While the landscape of Aboriginal affairs may, at times, give the impression that little has changed and that the challenges and range of issues are too many and too hard to change, this view is defeatist. It does not recognise the advances that organisations like ASG have made day by day in improving health and wellbeing outcomes in the community.

The positive aspect of this report is that it asks the important question that needs to be on the minds and lips of all people involved in Aboriginal programs which is - what has changed for Aboriginal people? Why else are we here but to make positive changes that address the many hardships and struggles that so many Aboriginal people still have to endure.

Organisations like ASG have been providing services to improve the health and wellbeing of Aboriginal people for many more years than the government's Closing the Gap programs. Often we have found the money ourselves to provide such services, however, our success is not taken into consideration in reviews such as that completed on the Commonwealth Government expenditure. In order to assess true progress, a review would need to go back over 40 years when Aboriginal community controlled organisations were first established, and I make particular note, with only a few dollars from sponsorship and the support of volunteers.

There are many good people within ASG who are there for the right reasons and many outside who are strong in their support. There will always be those who are negative or seek to 'tear down' any progress and try to bring the situation back to an era of hostility, conflict and dependence on handouts.



We have and will continue to find ways to improve the service offering of ASG via non-government funded means as the level of funding relative to need is still the largest gap that needs to be closed. It is hoped that the prosperity gained through the lands of Aboriginal people is shared with the First Peoples in a more equal manner.

Aboriginal people are a resilient people and we will continue to fight the injustice caused by those who do not understand nor care about our history and the impact of colonisation. Our hope is that one day, through education and support, that non-Indigenous and Aboriginal people alike can live in harmony with respect for the past and good intentions for the future.

In closing, I wish to thank ASG's funding organisations including the Office for Aboriginal and Torres Strait Islander Health (Department of Health and Ageing), the Supported Accommodation Services Assistance Program (Health and Services), Aboriginal Hostels Limited, Adelaide City Council and the Department of Human Services.

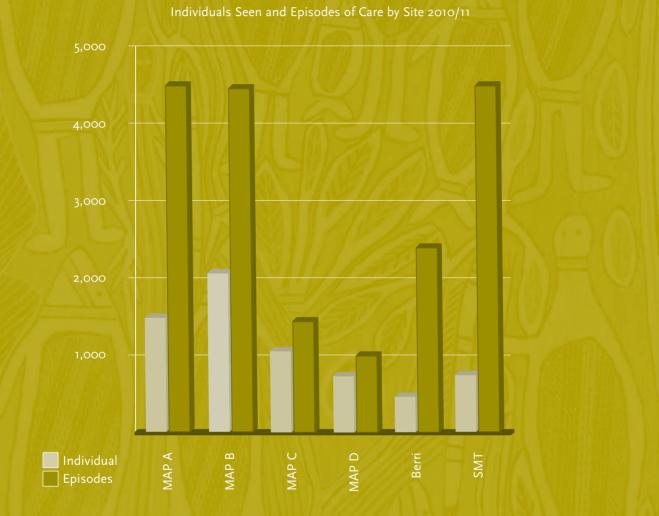
Basil Sumner Chief Executive Officer



Donna Ngulbiltjik Robb Deputy Chief Executive Officer

STATISTICAL OVERVIEW

During 2010/11, ASG saw 4,218 individuals and provided 27,046 episodes of care. The following graph shows the number of individuals seen and episodes of care by site.



SUBSTANCE MISUSE RECOVERY PATHWAY

ENTRY - Referral from other RIVERLAND * Bringing Them Home Counsellor * MAP services / agencies or self EXIT ASSESSMENT & REFERRAL Referral to other Drug Court Program services / agencies * Referral to 10-Day Program at Joslin or Warranilla * Health & Fitness Centre * Referral Annie Koolmatrie House Cyril Lindsay House **ABORIGINAL** Health & Fitness Centre * Referral Sobering-Up Centre * 10-Day Program - Joslin, Living * Housing ENTRY SOBRIETY EXIT **GROUP INC.** * Family Support / Meetings * Referral * Legalities * Referral to Rehabilitation Centre NORTHERN & WESTERN METROPOLITAN (APHCAP) **Independence Graduation** * Employment * Agency Representatives * Substance Misuse Programs * Support & Advocacy * Education

7

ORGANISATIONAL PERFORMANCE



Cherylee Cooper Program Director

The Aboriginal Sobriety Group (ASG) continued to provide culturally appropriate alcohol and drug rehabilitation programs this year which delivered outstanding results for clients, many of whom are now contributing to the community in a positive nature.

One of the main changes this year was refocusing of the Stabilisation Program to the Homelessness Program. The Council of Australian Governments (COAG) National Affordable Housing Agreement (NAHA) provided funding for the new program which includes Cyril Lindsay House (CLH) and Annie Koolmatrie House (AKH).

The major achievements for the program areas this year were:

- The Mobile Assistance Patrol (MAP) providing 13,178 instances of transport compared with 11,527 in the previous year, an increase of 1,651.
- Decrease in the number of children being brought into MAP service areas from 431 in 2009/10 to 343 in 2010/11.
- The Substance Misuse Team (SMT) providing 6,808 episodes of care this year compared with 5,390 last year, an increase of 1,418.
- Provision of 701 episodes of care to 151 homeless clients.
- The Health & Fitness Centre (H&FC) providing prevention programs to students of Cowandilla, Parafield Gardens High School, Scotch College, Nazareth College, Beafield Centre and Warriapendi Aboriginal High School.
- Third Sober Walk event being held on 23 June 2011 with over 100 people in attendance.

- Lakalinjeri Tumbetin Waal (LTW) providing 3,139 drug and alcohol rehabilitation services to 50 clients with the majority returning to independent living.
- Riverland ASG branch seeing 2,415 clients over the financial year.
- Funding being confirmed for Riverland ASG to run healthy living programs in 2011/12.

Program staff continued to build and maintain relationships with key agencies throughout the year to promote ASG's services and to build a referral network for client's ongoing support. Staff also attended various events to promote sobriety and ASG's services.

Improved Services Program

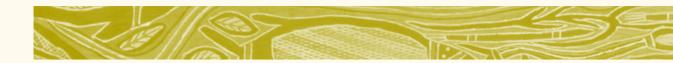
The Improved Services Program is funded by the Department of Health and Ageing (DoHA) to increase the capacity of ASG in providing clients with improved alcohol and drug treatment services by recognising and responding to co-occurring mental health issues (also known as co-morbidity or dual diagnosis).

This year, the program continued to develop enhanced policies and procedures, establish and strengthen relationships with the broader health sector and provide staff training in relation to issues of co-morbidity.

ASG worked with Quality Management Services (QMS) and Horizons to gather the information on policies and procedures and complete the essentials ready for accreditation as follows:

- Code of Conduct
- Disciplinary
- Leave
- Workplace Discrimination, Bullying and Harassment
- Occupational Health, Safety and Welfare

The process ensured ownership and awareness through regular meetings with ASG's Operations Management who form the Quality Action Group.



Research was undertaken to ensure the policies and procedures complied with current legislation and were understood by employees, and to identify tolerance levels and which positions they applied to specifically. New policies were identified for inclusion and others for exclusion.

A total of 29 training programs were accessed by 96 participants over 111.5 days. The training programs were provided by an external provider with:

- 8 competency based leading to qualification.
- 3 competency based not leading to qualification.
- 18 not competency based or leading to qualification.
- 11 directly beneficial to service for co-morbidity clients.

Some barriers included staff turnover, access to some training for Aboriginal employees only and participants not being available on the specified course dates. A training and development database and training calendar has now been developed.

During the year, ASG signed a Memorandum of Understanding (MoU) with Baptist Care (SA) to jointly deliver an Eastern Adelaide Aboriginal Specific Homelessness Service. ASG also has numerous informal and strong relationships with other services and agencies and a service directory is being compiled which will be available on ASG's website and intranet.

Members of ASG's Quality Action Group also undertook training in Quality Management Systems. Other activities undertaken include:

- Improvements required, gaps identified and recorded in a Quality Journal.
- Intranet established and operational.
- Standard Operating Procedures process brief delivered to Program Managers.
- New employee induction pack reviewed and upgraded.
- Continual work towards achieving accreditation.
- Continued to use Communicare for entering data.



Colin Weetra & Colin Betty



Mobile Assistance Patrol



Sober Walk 2011



Lakalinjeri Tumbetin Waal House

ORGANISATIONAL PERFORMANCE



Administration Team

Administration

The Administration team, comprising of a Finance Officer, Receptionist, Improved Services Coordinator, Executive Assistant, IT and Quality Improvement Coordinator, has continued to progress.

This year, IT services improved substantially. Telecommunication costs were reduced to half of the previous year by installing a new landline phone system in head office and reducing the number of mobile phone accounts from 53 to 29. New low cost mobile phone contracts were also signed.

Several new computers were installed in the MAP office to allow the SMT to move in permanently. New photocopiers were installed at both the head office and MAP reducing copier costs by a third as the new units use less toner. LTW was also upgraded with two new computers and a better quality network connection to increase reliability.

Over the past 12 months, the Administration team has also concentrated on improving service delivery through increased knowledge gained from training programs and workshops. All staff attended steering committee meetings to assist with networking in the community. ASG continued to meet regularly with key agencies on issues of homelessness, dry zone, social and emotional wellbeing, substance misuse, policing and legal issues. We remain involved in several committees and groups including:

- Illicit Drug Diversion Initiative Reference
 Group
- Aboriginal Prisoners and Offenders Support Service Board of Management
- · Prevention of Aboriginal Deaths in Custody
- Dry Zone Steering Committee
- Magistrates Court Diversion Program service
 providers meeting
- Aboriginal Police Liaison Committee
- Nunkuwarrin Yunti's Course Advisory Group
- Aboriginal Health Council of SA Inc.
- Riverland Reference Group
- National Aboriginal Community Controlled Health Organisation
- Nunga Court Operations Group



Aboriginal Sobriety Group 'Sober Walk' 2011



ASG's third annual Sober Walk 'Walking for clear minds, strong families' was held on 23 June 2011.

The walk aimed to promote sobriety in the Aboriginal community and to encourage people who are affected by drugs and alcohol to seek the help they need. The day also aimed to increase awareness of the harmful impact that drug use and alcohol has on families, individuals and the community.

Sober Walk 2011 began at Victoria Square and continued through the city to Elder Park where speakers, stalls, resources and a free BBQ awaited participants.







SUBSTANCE MISUSE PROGRAMS



Mobile Assistance Patrol Team

CRISIS INTERVENTION

MOBILE ASSISTANCE PATROL

The Mobile Assistance Patrol (MAP) continues to deliver a prompt crisis intervention service. Transport is provided to Aboriginal people and the wider community who are in a crisis situation and need assistance. These interventions aim to reduce incarceration in addition to collaborative work with the South Australian Police (SAPOL) and other agencies.

Service Delivery

MAP delivered 13,178 instances of transport in 2010/11 compared with 11,527 in the previous year.

The increase of 1,651 can be attributed to:

- A larger number of referrals from SAPOL to prevent clients from being incarcerated.
- Increased number of traditional Aboriginal people coming to the city from communities outside the Adelaide metropolitan area.
- MAP patrolling out of city areas more often.

Of the total instances of transport 343 were children which is a large decrease on the previous year's number of 431. The decrease was due to MAP staff requesting parents not to bring children to service areas as safety cannot be guaranteed. Throughout the year, MAP worked closely with around 50 agencies and hospitals in the city and Adelaide metropolitan area as well as ASG hostels and programs to assist clients with transport, counselling and food parcels.

Referrals were received from SAPOL, City Watch House, Sobering Up Unit, Byron Place, West Care, Hutt Street Clinic, hospitals, Adelaide Day Care Centre and self-referrals.

MAP operates two shifts Monday to Friday with A Shift from 8.00am to 4.00pm and B Shift from 4.00pm to 12 midnight. On the weekend, MAP operates 24 hours with A, B and C Shifts and a second van operates the D Shift from 8.00pm to 4.00am. These hours have increased the speed of response to calls from SAPOL and other government departments with the average response time being less than 40 minutes.

Education & Networking

MAP staff undertook clinical supervision and first aid training this year in addition to four staff studying Cert IV Primary Health: Drugs and Alcohol.

Meetings were held regularly with SAPOL, youth services and other agencies to discuss issues and service changes to ensure the MAP service was delivered in the most effective and efficient manner.



MAP also participated in various Aboriginal community events to promote sobriety and abstinence from drugs and alcohol including NAIDOC Week, Drug Action Week and the Sober Walk 2011.

Assessment, Referral & Counselling

SUBSTANCE MISUSE TEAM

The Substance Misuse Team (SMT) provides prevention, rehabilitation and stabilisation services to members of the Aboriginal community who have substance misuse issues. The services are holistic and include social and emotional wellbeing services aligned with intensive casework and community support.

Service Delivery



Substance Misuse Team

This year a total of 6,808 episodes of care were provided compared with 5,390 last year. The increase was due to additional promotion of the service through community forums and interagency meetings with government and community organisations. There was also an increase in referrals from outlying communities for substance misuse and support services including rehabilitation.

The Department of Community Services (DCS) acknowledged the impact of SMT services in providing effective pathways to prevention of substance misuse with their clients and increased referrals to ASG as a result.

In January 2011, the Department for Families and Communities (DFC) funded an Eastern Adelaide Aboriginal Specific Homelessness Service which is being delivered by Baptist Care in partnership with ASG via an MoU.

In order to provide effective holistic care for clients and the community, the SMT worked in collaboration with other organisations and clients on an individual and community basis. Meetings were held with individuals and family or community members to ensure correct assessment and intervention processes. Outreach counselling and support was provided if a client was case managed by another agency and high levels of support and interagency advocacy was provided if a client required intensive case management service delivery.

Many clients presented with complex legal, financial, family and emotional issues which impacted their day to day health and wellbeing. To assist these clients, the SMT provided comprehensive assessment and support services to ensure effective intervention and community engagement.

This year, 717 clients were referred from:

- Department for Correctional Services
- Courts and Legal services
- Aboriginal Legal Rights Movement
- Families SA
- Relationships Australia
- Nunkuwarrin Yunti of SA Inc.
- Drug and Alcohol Services South Australia
- Mobile Assistance Patrol
- Centacare
- Byron Place Community Centre
- Hutt Street Clinic
- Magdalene Centre
- Parks Community Centre
- Aboriginal Maternal and Infant Care
- Baptist Care
- Uniting Care Wesley
- Noarlunga Health Services
- Street to Home Service
- Ladders
- Salvation Army
- St Vincent De Paul
- Vincentian Centre
- Queen Elizabeth Hospital
- GP Plus Woodville
- Royal Adelaide Hospital
- Women's and Children's Hospital

SUBSTANCE MISUSE PROGRAMS

- Aboriginal Prisoners and Offenders Support Services
- Crisis Care
- Teen Challenge
- Western Homelessness
- Eastern Homelessness
- Northern Domestic Violence Service
- Western Domestic Violence Service
- Gateway Services
- Drug Court
- Northern Treatment Intervention Services
- Northern Restitution Services
- Self referrals
- Family referrals

Clients were referred for the following reasons:

- Drug and alcohol counselling program
- Drug and alcohol rehabilitation program
- Accommodation
- Maternal support
- Advocacy
- Family support and intervention education
- Housing
- Wellbeing
- Transport
- Court support
- Child and family health
- Emergency relief
- Support and guidance
- Assessment and referral
- Case management
- Crisis services
- Crisis intervention
- Loss and grief
- Domestic violence

Whilst most clients' needs were accommodated within ASG services, many were referred to other organisations for further assistance. This year, 48% were referred for:

- Detox
- Accommodation
- Health and medical support
- Mental health support
- Housing
- Maternal support
- Legal support
- Family support
- Financial support
- Mentoring
- Child care
- Income support
- Crisis care
- Funeral assistance

Some clients had established links with prior organisations which the SMT encouraged them to maintain. To ensure these clients were provided with a holistic and culturally appropriate service that was relevant to their individual needs, the SMT liaised with the case manager and advocated on behalf of clients.

As some services can only be accessed by external referral such as the Stronger Families Safer Children via Families SA, the SMT liaised with the referral organisations to advocate for culturally appropriate intervention and protection services for clients.

The agencies to which the SMT referred clients this year were:

- Nunkuwarrin Yunti of SA Inc.
- Cyril Lindsay House
- Annie Koolmatrie House
- Lakalinjeri Tumbetin Waal
- Health and Fitness Centre
- Drug and Alcohol Services South Australia



- Byron Place Community Centre
- Hutt Street Centre
- Magdalene Centre
- U Care Gawler
- Playford Community Fund
- Cultural Healers
- St Vinnie's
- Salvation Army
- Dental SA
- Crisis Care
- Waranilla Detox
- Joslin Detox
- Medical Services
- Aboriginal Legal Rights Movement
- Legal Aid
- Katherine House
- Nunga Miminar
- Nindee Hostel
- Housing SA
- Centrelink
- Employment Agencies
- SA Link-Up
- GP Plus
- Royal Adelaide Hospital
- Women's and Children's Hospital
- Queen Elizabeth Hospital
- Lyell McEwin Hospital
- ACIS Mental Health
- Child and Adolescent Area Mental Health Services
- Relationships Australia
- Disability SA
- Families SA

In order to deliver a more effective service in the future, the SMT require:

 More staff for the Eastern Adelaide Aboriginal Specific Homelessness Service.

- Emergency relief funding for SMT crisis care response including phone cards, bus tickets, taxi charges, and food and clothing vouchers.
- Funding to provide amenities for interagency meetings, Elders visits from other agencies, and support services.
- Funding to purchase art and craft supplies for the Maternal Infant Care Program.

Assisting clients to progress to independent living continues to be an issue with limited housing available through Housing SA and an increase in homeless clients.

Education & Networking

During the year, the SMT undertook various training courses to improve service delivery including the Diploma of Narrative Therapy, Diploma of Management, h2H training, Cert IV Aboriginal Primary Health Care, Mental Health Training for Workers in Aboriginal and Torres Strait Islander Communities and Moral Reconation Therapy.

Training was also undertaken in relation to client file management and a formal structure was implemented with training needs identified and monthly review dates.

Meetings were held with DFC regarding h2H funding, Baptist Care regarding h2H delivery and the Aboriginal Primary Health Care Access Program and the Office for Aboriginal and Torres Strait Islander Health regarding funding.

The SMT also met with the Aboriginal Prisoners and Offenders Support Services (APOSS) and Drug and Alcohol Services South Australia (DASSA) on a quarterly basis to discuss shared client support and interagency cases.

Various internal meetings were convened to discuss planning, casework development, support and operational changes. The SMT also participated in Talking Circles on a quarterly basis with LTW and other agencies for cultural support and held a Women's Wellbeing Group on a weekly basis for clients.

Throughout the year, the SMT promoted sobriety at various events including the Sober Walk 2011, Mental Health Week, PADIC and NAIDOC.

SUBSTANCE MISUSE PROGRAMS



Annie Koolmatrie House & Cyril Lindsay House

Homelessness

Annie Koolmatrie & Cyril Lindsay Houses

A change in funding arrangements this year resulted in Cyril Lindsay House (CLH) and Annie Koolmatrie House (AKH) refocusing service provision from stabilisation to homelessness. The DFC funded the Eastern Adelaide Aboriginal Specific Homelessness Service which incorporated both CLH and AKH.

Service Delivery

A total of 151 clients were assisted this year and 701 episodes of care provided.

Referrals were received from:

- Street to Home
- Noarlunga Hospital
- Nunga Miminar
- Umooma
- Kalparrin
- Western ASIS
- Uniting Care Wesley
- Housing SA
- Salvation Army
- MEEA
- Drug and Alcohol Services South Australia
- Nunkuwarrin Yunti
- Crisis Care
- Aboriginal Legal Rights Movement

- Royal Adelaide Hospital
- Victim Support
- Families SA
- Workskil
- Aboriginal Prisoners and Offenders Support
 Service
- Lyell McEwen Hospital
- Adelaide Day Centre
- · Women's and Children's Hospital
- Yatala Prison
- Mobilong Prison
- Lakalinjeri Tumbetin Waal
- HART
- Third party referral
- Self referred

The services that ASG are unable to provide were sought externally including legal, health, accommodation (if unable to house internally), financial assistance and financial counselling. Clients were referred to:

- Drug and Alcohol Services South Australia
- Nunkuwarrin Yunti
- Gladys Elphick
- Luprina
- Nindee
- Housing SA



- Aboriginal Prisoners and Offenders Support
 Service
- Families SA
- Aboriginal Legal Rights Movement
- Adelaide Day Centre
- Magdalene Centre
- St Vinnie's
- Legal Aid
- Katherine House
- Crisis Care
- Families SA
- Vincentian Centre
- Common Ground
- Trace a Place
- Archway
- Uniting care Wesley
- Aboriginal Family Support Services
- Centacare
- Lutheran Community Housing
- Unity Housing
- Women's Housing

The issues encountered with delivery of the new homelessness service this year were:

- Inability to provide clients with essential items for accommodation including towels, sheets, pillows etc.
- Lack of security and limited storage in Caseworkers office.
- Lengthy delays in obtaining approval for client items including food and furniture.

It is hoped that these issues can be dealt with in the new year to provide a more effective service for homelessness clients.

Over the year, 11 clients were on a waiting list for short-term accommodation at AKH and were referred to other accommodation.

Education & Networking

During the year, Caseworkers and a Residential Support Worker attended h2H training and all homelessness workers attended Child Safety Training. Relationships were formed and maintained with Housing SA, Common Ground, Western Generic Homelessness, APOSS, Families SA and Street to Home to increase program awareness and ensure efficient referral pathways.

Meetings were held with Ladder St Vincent, the h2H implementation and steering groups and Continuous Improvement Network to share information about new initiatives and increase knowledge.

Health & Fitness Centre



Health & Fitness Centre

The Health and Fitness Centre (H&FC) is a valuable component of the rehabilitation pathway, providing scheduled group fitness sessions and tailored individual fitness programs for clients. The H&FC also provides important prevention programs for at-risk youth.

Service Delivery

This year, a number of high schools utilised the H&FC including Cowandilla, Parafield Gardens High School, Scotch College, Nazareth College, Beafield Centre and Warriapendi Aboriginal High School. Students and teachers took part in training activities.

In addition to training, counselling services were provided to students of the Parafield Gardens High School. Teachers at Nazareth College stated that the weekly training activities had a positive impact on student's health and fitness and they will continue with the program into the next year.

Mentoring was also provided for students of Beafield Centre and Warriapendi Aboriginal High School.

In addition to schools, a number of agencies utilised the H&FC regularly due to the increase in criminal and drug issues within communities and ASG's understanding of these issues and links with different agencies.

17

SUBSTANCE MISUSE PROGRAMS





Education & Networking

The H&FC maintains working relationships with Boxing SA, TAFE, the Australian Institute of Fitness, local social and welfare groups, schools, ASG programs, prisons and external agencies.

Cultural

The Cultural Program provides clients with the important link between the land and substance-free lifestyles.

Service Delivery

This year, the Cultural Advisor promoted an alcohol and drug free lifestyle through a number of activities including:

- Smoking Ceremonies for communities around the state.
- Talking Circles in community centres and prisons.
- Sober Walk 2011.
- Indian Sundance in November 2010.
- Youth and men's groups.
- Presentations to the wider community.

Education & Networking

The third Sober Walk was held on 23 June 2011 in association with Drug Awareness Week. Over 100 people attended the march from Victoria Square to Elder Park to promote sobriety. On reaching Elder Park participants enjoyed speakers, stalls, resources and a free BBQ.

Sober Walk 2011 aimed to:

- Promote sobriety in the Aboriginal community and to encourage people who are affected by drugs and alcohol to seek the help they need.
- Increase awareness of the harmful impact that drug use and alcohol is having on families, individuals and the community.

REHABILITATION

LAKALINJERI TUMBETIN WAAL

Lakalinjeri Tumbetin Waal (LTW) is a drug and alcohol rehabilitation program that provides holistic support to clients using a cultural, social and emotional wellbeing framework.

Service Delivery

This year 50 clients received 3,139 episodes of care. Support focused on assisting clients to identify, manage and reduce or eliminate the effects of co-morbidity and/or dual diagnosis.

LTW also aimed to:

 Work effectively and collaboratively with metropolitan and regional services to improve client outcomes and maintain continuity of care.





Lakalinjeri Tumbetin Waal Team

- Provide support and education to service providers involved in client care plans including consultancy and advocacy with regard to culturally appropriate service delivery.
- Enable and support the development of strong cultural identities and to improve client self-esteem.
- Provide client education and support relative to drug and alcohol free lifestyles, mental health wellbeing, healthy lifestyles, independent living skills and educational/ vocational pathways.

Referrals were received via the SMT which provide a comprehensive assessment to identify the level of detoxification, current mental health, co-morbidity, motivation for change and suitability. Self-referred people were referred to the SMT for assessment prior to being approved for intake.

On exiting the program, all clients were given the opportunity for referral to the SMT for outreach support and any other support that may be required. The majority of clients return home to family and, therefore, referral to Housing SA or housing support services is only about 30%. For clients who are returning home to rural/remote regions direct referral is provided by LTW to health related services. All other referrals for health services are undertaken by the SMT.

This year minimal on-site programs were available due to limited funding and resources. Programs that assist with skill development leading to educational/vocational opportunities and those aimed at improving health outcomes are required. LTW would like to run two weekly on-site programs, have resources for art/craft, and funding to operate cultural camps in regional and remote areas to enable two-way learning for clients and staff.

LTW also require increased staff including two day workers and an active relief worker. Upskilling of staff in case management, co-morbidity and dual diagnosis is also required.

Education & Networking

The LTW team maintained various relationships this year to support clients including:

- Kalparrin cultural, social, and emotional wellbeing support.
- Woolshed drug and alcohol support and two-way learning.
- Murray Mallee Health Service health care services.
- Noarlunga Men's Group cultural support and two-way learning.

LTW also actively engaged in the following:

- Spirited Men's Group at Camp Coorong on a weekly basis to strengthen cultural identity, improve self-esteem and develop leadership and mentoring skills through positive role modelling.
- AA meetings on a weekly basis to provide support, maintenance and mentoring within a group environment.
- Indian Sundance in November 2010 to strengthen cultural identity, improve selfesteem and enable knowledge sharing between two Indigenous cultures.
- Sober Walk 2011 to raise awareness and portray positive role modelling and community leadership.

19

OUTREACH SERVICES



Women Program at the Riverland Office 2011

Northern & Western Metropolitan

The Northern & Western Metropolitan Substance Misuse Team continued to operate from the Brady Street Clinic at Elizabeth Downs. The service covers the northern and western metropolitan areas and is funded by the Aboriginal Primary Health Care Access Program (APHCAP) which provides two Caseworkers/Counsellors.

Service Delivery

The services delivered by the program this year included:

- Individual counselling
- Support
- Advocacy
- Mediation
- Case Management
- Alcohol and other drug education and awareness

This year, the team was involved in developing the Maternal and Child Health Care Program which is in now in operation.

Education & Networking

The team maintains strong working relationships with Nunkuwarrin Yunti, DASSA, Marni Waendi, Families SA, Elizabeth Community Corrections, SAPOL, Gawler Health Service, Northern Domestic Violence Service, Playford City Council, Relationships Australia, Northern Metropolitan Mental Health Service, Aboriginal Legal Rights Movement, Port Adelaide Community Corrections, Muna Paiendi Community Health Centre and Crisis Care.

Members of the team undertook various training and development courses throughout the year to ensure a continued high quality of service delivery. They also received clinical supervision on a regular basis.

RIVERLAND

The Riverland ASG branch provides care and support to Aboriginal people who wish to lead an alcohol and drug free lifestyle through programs and culturally appropriate support.

Service Delivery

This year, the Bringing Them Home program provided services to 300 clients, the SMT to 210 clients and MAP to 1,905 clients.

Incoming referrals were received from Centrelink, Flinders University Rural Clinical School, ac.care and ASG programs. Clients were referred to DASSA for assistance with drug and alcohol services.

The Natural Resource Management commenced funding the Kuchijti Miminies Group in January 2011 and this is now an ongoing program.



Funding has also been confirmed from DFC to run a Healthy Living Program from September to December 2011 and from the Department of Prime Minister and Cabinet for a Riverland Aboriginal Active Healthy Living Program from September 2011-12.

Education & Networking

Riverland ASG continued to maintain relationships with the following organisations to support clients:

- Berri/Barmera Council
- Life Without Barriers
- Royal Divisions of General Practice
- HEARING
- Flinders University
- TAFE
- Mission Australia
- MADEC
- ac.care
- Riverland Regional Health Services
- Centrelink
- Relationships Australia
- Drug and Alcohol Services SA
- YMCA
- Indigenous Consumer Assistance Network
- School and Beyond
- Department of Education and Children's Services
- SA Police
- Aboriginal Family Support Services

To promote sobriety and the services provided by Riverland ASG, staff participated in NAIDOC Week, Mental Health Week, Sober Walk 2011 and National Apology Day and gave presentations to Life Without Barriers, TAFE and primary schools.

Congratulations to staff member, Thomas Wilson who was named Elder of the Year at the NAIDOC Week Awards.



Naidoc Week 2011 at Riverland



Naidoc Week 2011 at Riverland



Naidoc Week 2011 at Riverland



Berri Office Staff



Aboriginal Sobriety Group Inc. Financial Report 2010/2011

Income and Expenditure Statement	24
STATEMENT OF CHANGES IN EQUITY	26
Assets and Liabilities Statement	27
Statement of Cash Flows	28
Notes to the Financial Statements	29
Statement by Members of the Committee	34
Independent Auditors' Report	35

Aboriginal Sobriety Group of SA Inc. Income and Expenditure Statement For the Year Ended 30 June 2011

	Note	2011	2010
Recurrent Income			
Operational Grants	121/102/	3,321,586	3,499,125
Interest Received		7,509	5,431
Rent Received		61,848	58,744
Workcover Claims		52,597	-
Sundry Income		39,034	54,503
Total Recurrent Income	11/4	3,482,574	3,617,804
Recurrent Expenditure		- Ad	71765
	1200	25 876	25 6 45
Administration & Data Processing Charges		35,876	35,645
Advertising, Sponsorship & Promotions		30,616	16,798
Audit & Accounting Fees		24,685	24,750
Bank & Centrepay Fees Cleaning & Rubbish Removal		907	756
-		10,670	20,059
Clinical Supervision Expenses		28,633	13,358
Computer Costs		26,153	48,786
Consultancy Fees		67,757	42,498
Donations		988	678
EAP Expenses		170	165
Electricity & Gas		20,769	28,238
Fines		559	
Food & Catering		43,843	25,170
Fringe Benefits Tax		32,477	22,759
Gymnasium Expenses		10,557	18,200
Insurance		72,606	63,954
Legal Costs		21,420	3,154
Minor Equipment & Consumables		23,367	32,250
Motor Vehicle Expenses		220,650	226,598
Nursery Fitout			3,796
Office & Sundry Expenses		2,514	1,102
Postage & Courier		3,222	1,990
Printing, Stationery & Office Requisites		38,784	37,065
Program Expenses:			
- Camp for Expectant Fathers		0.27.31.6	10,540
- Client Programs		8,525	15,812
- Health Promotions		1,364	47,695
- Housing Packages		9,262	1.9.1
- Male Health Consultant			21,000
- NAIDOC BBQ			674

Aboriginal Sobriety Group of SA Inc. Income and Expenditure Statement For the Year Ended 30 June 2011

	Note 2011	2010
Recurrent Expenditure (cont'd)	1092DV	1918
Program Expenses (cont'd):		
- Service Development	BULLE LEADING	30,040
- School Holiday Program	3,734	31411
- Sundry	382	
- The Shed	All Alla	909
- Western APHCAP		40,000
Provisions for:		
- Annual Leave	(12,139)	29,439
- Computer & IT Replacement		(10,000)
- Long Service Leave	(11,596)	5,903
- Sick Leave	46,066	
- Retirement and Retention	133,126	
- Vehicle Replacement	(39,042)	(72,802)
Rates & Taxes	36,901	39,491
Rent	42,766	81,131
Repairs & Maintenance	34,975	44,823
Salaries & Wages	2,474,067	2,130,538
Security	516	2,558
Staff Expenses		4,103
Subscriptions & Licence Fees	3,315	1,422
Superannuation Contributions	239,310	238,586
Telephone	57,003	93,680
Training	26,081	41,160
Travel Allowances & Fares	4,911	12,861
Workcover	77,471	92,948
Workshop & Training Equipment		6,640
Total Recurrent Expenditure	3,854,221	3,576,912
Operating Recurrent Surplus (Deficit)		
Before Unfunded Charges	(371,647)	40,892
Less Unfunded Charges		
Depreciation & Amortisation	102,533	120,821
(Profit) Loss on Sale of Non Current Assets	(16,051)	(5,550)
Operating Surplus (Deficit)	(458,129)	(74,379)
Add Non Recurrent Income	11// 17 //SN 1390	
Capital Grants Received		78,922
Net Surplus (Deficit)	\$(458,129)	\$4,543

Aboriginal Sobriety Group of SA Inc. Statement of Changes in Equity For the Year Ended 30 June 2011

	Note	Retained Earnings
Opening Balance, 1 July 2009	11121201	1,557,388
Net Surplus (Deficit) attributable to members		4,543
Closing Balance, 30 June 2010	1 Alan	1,561,931
Net Surplus (Deficit) attributable to members		(45 <mark>8,129)</mark>
Closing Balance, 30 June 2011	17=172611A	\$1,103,802

Aboriginal Sobriety Group of SA Inc. Assets and Liabilities Statement As at 30 June 2011

	Note	2011	2010
Current Assets			
Cash at Bank	7	180,893	459,674
Cash on Hand		204	289
Sundry Debtors & Prepayments		93,791	313,011
		274,888	772,974
Non Current Assets			
Property, Plant & Equipment at cost	2	2,211,999	2,305,758
Less Accumulated Depreciation		703,044	681,083
Carrier VIII Charles		1,508,955	1,624,675
Total Assets		1,783,843	2,397,649
Current Liabilities			
Creditors & Accrued Expenses	3	140,222	205,197
Unexpended Grants	6	44,949	252,066
Employee Provisions	4	494,870	339,413
Other Provisions	5	211-14	39,042
Total Liabilities		680,041	835,718
Net Assets		\$1,103,802	\$1,561,931
Members Funds			
Retained Earnings		1,103,802	1,561,931
Total Members Funds		\$ 1,103,802	\$1,561,931
Contingent Liability	8		

Aboriginal Sobriety Group of SA Inc. Statement of Cash Flows For the Year Ended 30 June 2011

	Note	2011	2010
Cash Flows from Operating Activities	190		
Cash Receipts from Operations		3,637,081	3,549,552
Payments to Suppliers and Employees		(3,952,695)	(4,090,271)
Interest Received		7,509	5,431
Net Cash provided by (used in) Operating Activities	12	(308,105)	(535,288)
Cash Flows from Investing Activities	1/2	24	AWA
Payments for Property, Plant & Equipment		(44,017)	(214,373)
Proceeds from Disposal of Property Plant & Equipment		73,256	76,363
Net Cash provided by (used in) Investing Activities		29,239	(138,010)
Cash Flows from Financing Activities	\cap		
Net Cash provided by (used in) Financing Activities		1122-	
Net Increase in Cash Held		(278,866)	(673,298)
Cash at the Beginning of the Financial Year		459,963	1,133,261
Cash at the End of the Financial Year	7	181,097	459,963

ABORIGINAL SOBRIETY GROUP OF SA INC. Notes to the Financial Statements For the Year Ended 30 June 2011

Note 1: Summary 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 on an accruals basis and is based on historic cost and does not take into account changing money values or, except where specifically stated, current valuation of non-current assets.

The following significant 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. As it is difficult to separate the value of buildings from the freehold land the committee does not consider it necessary or material to depreciate

The depreciable amount of all other property, plant and equipment is depreciated over the 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 and equipment are taken into account in determining the surplus for the year.

(c) Impairment of Assets

At the end of each reporting period the association reviews the carrying values of its tangible and intangible assets to determine whether there is any indication that those assets have been impaired.

If such an indication exists the recoverable amount of the asset, being the higher of the asset's fair value less costs to sell and value in use, is compared to the asset's carrying value.

Any excess of the asset's carrying value over its recoverable amount is recognised in the income and expenditure statement.

(d) 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.

Note 1: Summary of Significant Accounting Policies (Cont'd)

(e) 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.

(f) Revenue & Other Income

Revenue is measured at the fair value of the consideration received or receivable after taking into account any trade discounts and volume rebates allowed.

Interest revenue is recognised using the effective interest rate method, which for floating rate financial assets is the rate inherent in the instrument.

Grant income is recognised when the entity obtains control over the funds, which is generally when the grant is acquitted.

(g) 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.

		2011	2010
Note 2:	Property, Plant & Equipment		1110
(a)	Freehold Land & Buildings (at cost)		
	3 Wilson Street, Berri	1,244,342	1,244,342
	Less Accumulated Depreciation	51,194	24,986
	Y WWW/ / a W III//	1,193,148	1,219,356
(b)	Leasehold Improvements		
	At Cost	171,902	171,902
	Less Accumulated Amortisation	35,877	30,877
		136,025	141,025
(c)	Plant and Equipment		
	At Cost	549,307	528,160
	Less Accumulated Depreciation	490,211	467,528
	LANDA MICHAN	59,096	60,632
(d)	Motor Vehicles		
	At Cost / Valuation	246,448	361,354
	Less Accumulated Depreciation	125,762	157,691
		120,686	203,663
	Total Property Plant & Equipment	\$1,508,955	\$1,624,675

		2011	2010
Note 3:	Creditors & Accrued Expenses	0	12
	Sundry Creditors	117,222	174,624
	Accrued Expenses	23,000	30,573
		\$140.000	\$205,197
		\$140,222	\$205,197
Note 4:	Employee Provisions	\$140,222	\$205,197
Note 4:	Employee Provisions Provision for Annual Leave	246,663	258,802
Note 4:		1ar	
Note 4:	Provision for Annual Leave	246,663	258,802
Note 4:	Provision for Annual Leave Provision for Long Service Leave	246,663 69,015	258,802

Note 5: Other Provisions

The Association sets aside program monies to provide for replacement of assets. The amounts provided are based on a strategy of regular replacement and the provision ensures that funds are available to replace those assets when needed. That strategy is revised annually and program monies will only be set aside when programs have surplus funds. The provisions as at balance date are:

		\$39,042
Provision for Vehicle Replacement	011111	39,042

2011

2010

Note 6: Unexpended Grants

At balance date the Association had not expended all of its grant funds. These unexpended funds have been carried forward into the next financial year. Details of the program unexpended grants are:

	\$44,949	\$252,066
Wilson Street Berri Capital Program		3,658
The Shed One Off Grant	111111111	<mark>8,63</mark> 6
Substance Abuse Riverland Program	370	1,918
South Terrace Capital Works Program	17,211	17,211
Para Worklinks Program		304
OATSIH One Off Grants	6,445	108,336
No Pulgi Program		3
Improved Services Program		72,480
Healthy for Life Program	$\leq (3)^{-1}$	3,734
Healthy for Life One Off Grants	PLIA US	5
Eastern Aboriginal Homelessness Program	4,663	1.1.11
Dept of Homelessness		8,330
Community Benefits SA	16,260	5,119
Building Program	1 STAV	265
Bringing Them Home	18120	21,642
APHCAP Northern Program	118/A	425

Note 7: Cash Flow Information

(a)	Reconciliation of Operating Surplus to Net Cash Provided by Operating Activities			
	Net Surplus (Deficit) for the year	(458,129)	4,543	
	Non Cash Flows in Operating Surplus (Deficit):			
	(Profit) Loss on disposal of Non- Current Assets	(16,051)	(5,550)	
	Depreciation	102,533	120,821	
	Changes in Assets and Liabilities:			
	(Increase)/ Decrease in Debtors & Prepayments	219,220	(70,929)	
	Increase/ (Decrease) in Payables	(64,975)	(190,070)	
	Increase/ (Decrease) in Provisions	116,415	(47,459)	
	Increase/ (Decrease) in Other Liabilities	(207,118)	(346,644)	
	Net Cash provided by (used in) Operating Activities	\$(308,105)	\$(535,287)	

		2011	2010
Note 7:	Cash Flow Information (cont'd)		1019
(b)	Reconciliation of Cash		
	Cash at the end of the financial period as shown in the statement of cash flows is reconciled to the Balance Sheet as follows:		
	Cash at Bank	\$180,893	\$459,674
	Cash on Hand	\$204	289
	Cash at Bank	\$181,097	\$459,963

Note 8: 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 of SA Inc. Statement by Members of the Committee For the Year Ended 30 June 2011

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 financial report being the balance sheet, income statement, income and expenditure statement, statement of cash flows, statement of changes in equity and notes to the financial statements:

- Presents a true and fair view of the financial position of Aboriginal Sobriety Group of SA Inc. as at 30 June 2011 and its performance for the year ended on that date.
- 2 In accordance with section 35(5) of the Associations Incorporation Act 1985, the committee hereby states that during the financial year ended 30th June 2011:
 - (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.
- 3 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:

Board Member

Allan

Board Member

Signed in Adelaide this 31st day of October 2011

Independent Auditor's Report to the Members of

Aboriginal Sobriety Group of SA Inc.

We have audited the accompanying financial report, being a special purpose financial report, of Aboriginal Sobriety Group of SA Inc (the association), which comprises the assets and liabilities statement as at 30 June 2011, the income and expenditure statement for the year then ended, statement of cash flows, statement of changes in equity, notes comprising a summary of significant accounting policies and other explanatory information, and the statement by members of the committee.

Committee's Responsibility for the Financial Report

The committee of the association is responsible for the preparation of the financial report and has determined that the basis of preparation described in Note 1 is appropriate to meet the needs of the members. The committee's responsibility also includes such internal control as the committee determines is necessary to enable the preparation of a financial report that is free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. Those standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the association's preparation of the financial report that gives a true and fair view, in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the association's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the committee, as well as evaluating the overall presentation of the financial report.

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

Qualification

As is common for organisations of this type, it is not practicable for Aboriginal Sobriety Group of SA Inc to maintain an effective system of internal control over cash receipts from activity generated income, rents received and other non-grant income until their initial entry in the accounting records. Accordingly, our audit in relation to these activities was limited to the amounts recorded in the accounting records.

Auditor's Opinion

In our opinion, except for the effects of such adjustments, if any, as might have been determined to be necessary had the limitations in the qualification paragraph not existed, the financial report presents fairly, in all material respects, the financial position of Aboriginal Sobriety Group of SA Inc as of 30 June 2011 and its financial performance for the year then ended in accordance with the accounting policies described in Note 1 to the financial statements and the Associations Incorporation Act 1985.

Basis of Accounting and Restriction on Distribution

Without modifying our opinion we draw attention to Note 1 to the financial report, which describes the basis of accounting. The financial report has been prepared to assist Aboriginal Sobriety Group of SA Inc to meet the requirements of the Associations Incorporation Act 1985. As a result, the financial report may not be suitable for another purpose.

Trevor Basso - Partner Basso Newman & Co Chartered Accountants Adelaide Dated this 31st day of October 2011



Abbreviations

AKHAnnie Koolmatrie HouseAPHCAPAboriginal Primary Health Care Access ProgramAPOSSAboriginal Prisoners and Offenders Support ServiceASGAboriginal Sobriety Group Inc.BTHBringing Them Home	ce
APOSSAboriginal Prisoners and Offenders Support ServicASGAboriginal Sobriety Group Inc.BTHBringing Them Home	ce
ASG Aboriginal Sobriety Group Inc. BTH Bringing Them Home	ce
BTH Bringing Them Home	
CLH Cyril Lindsay House	
COAG Council of Australian Governments	
DASSA Drug and Alcohol Services South Australia	
H&FC Health and Fitness Centre	
IT Information Technology	
LTW Lakalinjeri Tumbetin Waal	
MAP Mobile Assistance Patrol	
NACCHO National Aboriginal Community Controlled Health Organisation	I
NAIDOC National Aboriginal Islander Day Observance Con	nmittee
QIC Quality Improvement Council	
RRG Riverland Reference Group	
SAPOL South Australian Police	
SMT Substance Misuse Team	

Copyright: This work is copyright and may not be reproduced either in whole or part without the prior written approval of the Aboriginal Sobriety Group Inc. unless for the purposes of the Aboriginal Sobriety Group Inc. Produced by Dreamtime Public Relations, o8 8463 1904, www.dreamtimepr.com



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