



TULLAWON
HEALTH SERVICE
INCORPORATED

ANNUAL REPORT
2 0 1 4

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Welcome

Acknowledgement of Country

Tullawon Health Service Inc. would like to acknowledge all Yalata Anangu who are the Traditional Custodians of the Land. We would also like to pay respect to the Elders both past and present of the Pitjantjatjara Nation and extend the same respect to other Indigenous Australians who may read this.

Mission

The Tullawon Health Service Inc. Mission is to provide the highest standard of client care using a holistic approach toward diagnosis and management of illness. We are committed to promoting health, wellbeing and disease prevention to all clients. We do not discriminate in the provision of excellent care and aim to treat all clients with dignity and respect.

Vision

The Tullawon Health Service Inc. Vision is to provide and be recognised for providing Yalata Anangu with high quality, appropriate, efficient and effective primary health care and related services.

Aim

The Tullawon Health Service Inc. Aim is to provide quality health services to Anangu in Yalata and to keep family, community and culture strong.

History

The Anangu people of Yalata share significant health problems with the majority of Aboriginal communities in Australia. In the past Aboriginal people saw that mainstream health services were failing to meet their needs. This was because of barriers of culture and remoteness. To gain access to appropriate health services, Aboriginal people have been establishing independently incorporated and community controlled health services since the early 1970s. With these organisations in place communities elect their own Boards of Management to oversee the employment of staff and the planning, managing and delivery of primary health care services.

Yalata Maralinga Health Service Inc. (YMHS) was established in 1982 following community initiative and lobbying. The health service was not only concerned with looking after people living in Yalata but also the older people who had returned to their traditional lands to the north. Over the years some of the old people had returned and established the permanent community at Oak Valley, northwest of Maralinga.

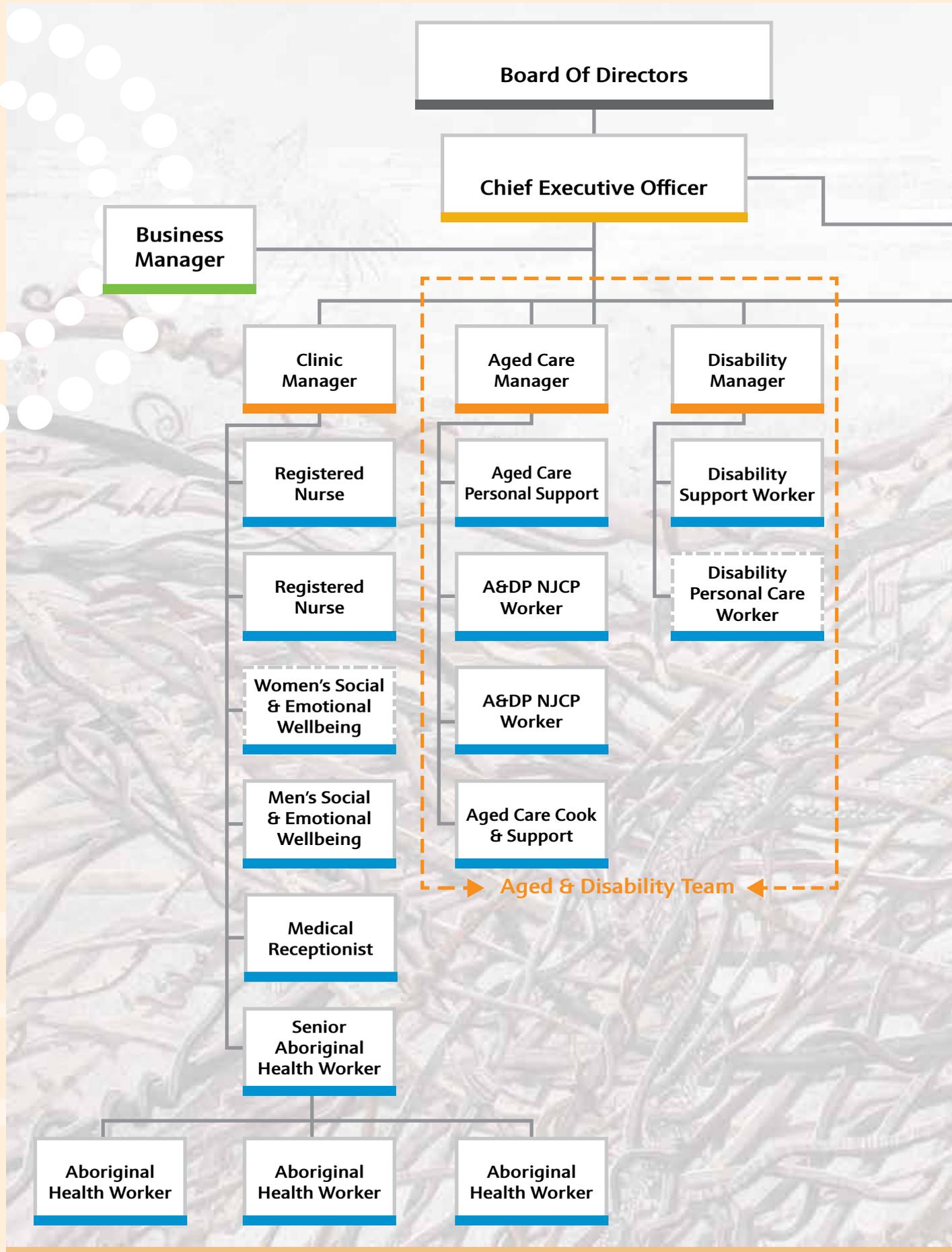
By the late 1990s Oak Valley was ready to establish its own health service called Oak Valley (Maralinga) Health Service (OV(M)). Many meetings took place at this time and it was agreed that OV(M) would be established under the following principles:

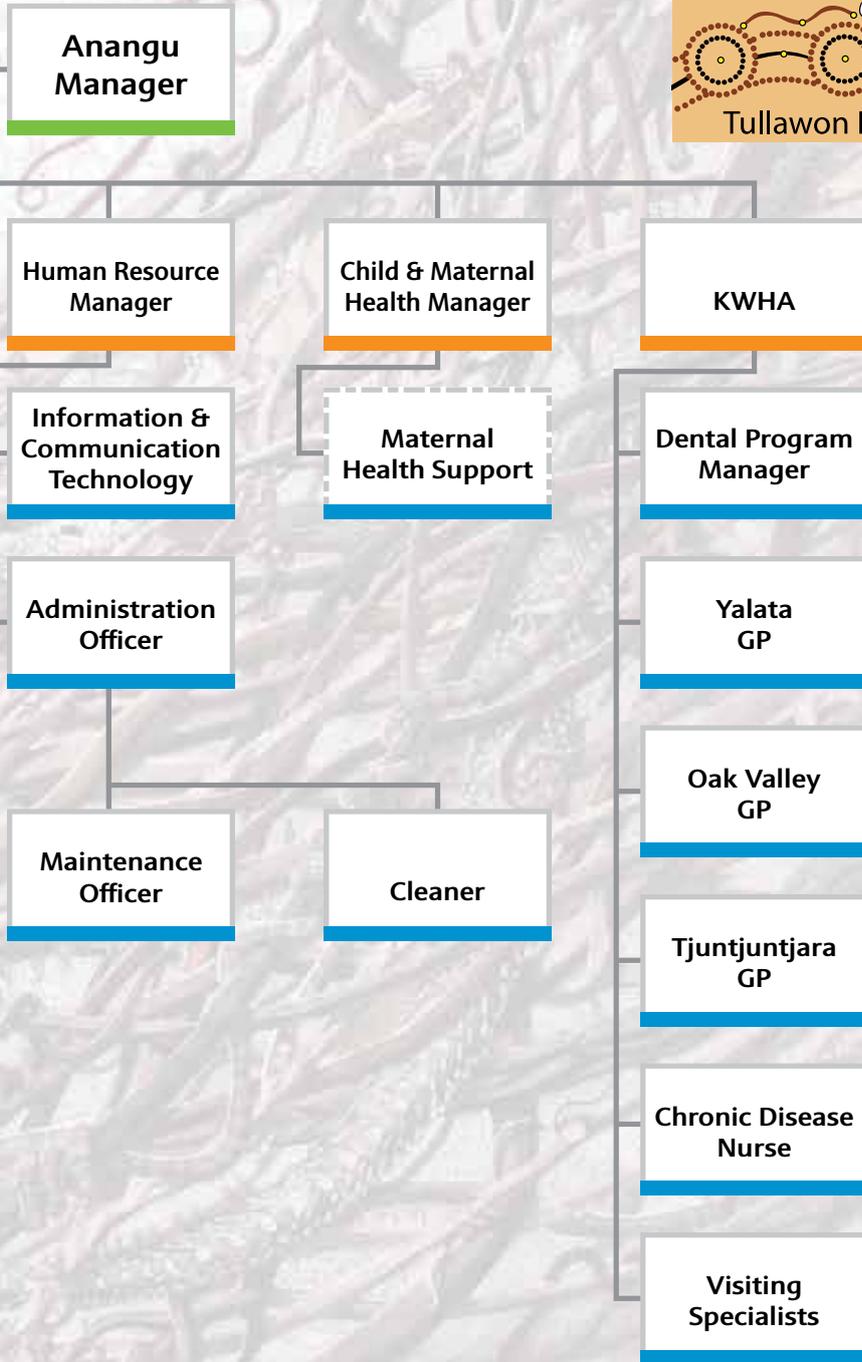
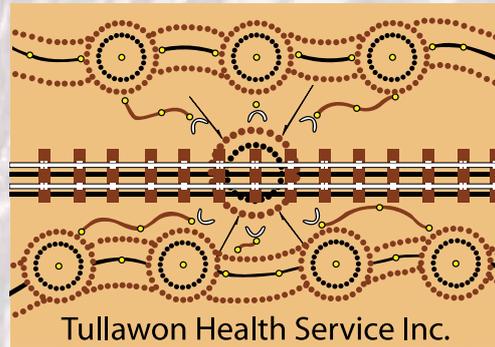
- ▶ The Anangu people of Yalata and Oak Valley are one people
- ▶ Both YMHS and OV(M) should make sure that there are cooperative and “seamless” arrangements for Anangu between the health services

The YMHS constitution was amended and adopted at a Special General Meeting on May 31st 2001 with the name of the organisation being changed to Tullawon Health Service Inc. (THS). However the importance of the two principles relating to services for the people of Yalata and Oak Valley is maintained in the current THS Constitution.

Today, THS has grown substantially, with many programs focussing on Primary Health Care, Aged Care, Disability Care, Women’s Health, Men’s Health, Child Health, Dental Health and more. THS is continuously trying to improve and use our not-for-profit funding in the most cost-effective manner. We have a fantastic team of professionals that live in Yalata and many visiting staff and specialists that provide services which ensure Yalata people receive the best health access they require.

Organisational Structure





Proposed new structure as of 1st July 2014

Board Report

The current Tullawon Health Service (THS) Board members were elected in November 2013. The THS Board comprises of 9 members elected from community namely Ivan Bryant, Russell Bryant, Doris Bryant, Mima Smart, Leanne Cox, Hilary Williams, Roy Day, Hedley Martin and Roderick Day.

The Board held their first meeting in February 2014 where elections for Chairperson and Vice Chairperson were held. Roderick Day was elected Chairperson, and Russell Bryant was elected Vice Chairperson.

The Board welcomed the new Chief Executive Officer (CEO) Joanne Badke who commenced late January 2014. The new CEO brings a range of skills to Tullawon Health Service which the Board believes will allow Tullawon Health Service to build in strength and services enabling us to provide quality services to the community well in to the future.

The Board has worked vigorously as a team to work through new governance policy and systems for THS to ensure the Board is operating under good governance principles.

It is the Board's role to provide strategic direction for THS and this is managed through the THS Strategic Plan. The Strategic Plan sets out the goals we hope to achieve over a set time frame and provides the direction for the CEO, APD and all staff.

The Board undertakes a governance role, not a management role; the management of the day to day operations is delegated to the CEO.

The Board has direct management responsibility for the CEO and the Anangu Program Director (APD); both positions are appointed by the Board through THS recruitment processes.

The APD position in the past has held key responsibilities to support and manage Anangu employees, provide support to the CEO with facilitating the link with the Board members and community, and to support the Chairperson with representation on behalf of THS. The position was originally a full time position that changed to a part time position in June 2013; although the position reduced in hours at this time the responsibilities were not reduced to reflect the part time position.

The Board have undertaken a complete review of the APD position which included reviewing, past duties and determination of what was still relevant, how the position was managed, whether the name of the position reflected the key responsibilities and remuneration conditions.

On completion of this review the Board members agreed this role is an important position at Tullawon Health Service. In order to achieve the most from this position and make it relevant to the current structure of THS the CEO would have direct operational management of the position; the Board would retain management of the recruitment and setting the position's responsibilities and remuneration.



Fabian Peel (APD) and Roderick Day (Chairperson)

The changes agreed to the position will commence from 1st January 2015, and are scheduled to be reviewed in October 2016. From January 1st the position will be as follows;

New Title: Anangu Manager

Status: Part Time 0.5EFT

- Key duties:**
- To communicate and support the Board members when representing Tullawon Health Service
 - To represent Tullawon Health Service at community meetings and events.
 - To encourage and increase community participation at Tullawon Health Service events and services, and
 - Participate on behalf of Tullawon Health Service at key stakeholder meetings as determined by the Board.

The APD position is currently occupied, the Board will be negotiating with the current employee regarding the changes to the position and implementation from the 1st of January 2015. Should the position become vacant the Board will undertake recruitment processes in line with THS recruitment policy and procedures and community will be notified.

In late June 2014 the THS Board attended 5 days governance training. During this training the THS Board had the opportunity to review the current THS Constitution (Model Rules), the Board established the THS Constitution dated 2001 required numerous changes to meet current governance standards and principles.

The THS Board decided that rather than making changes to the current THS Constitution, THS will be working towards a change of registration from a State Association to a Commonwealth Corporation over the next 12 months; this is a large body of work that will include a new constitution and regulations.

Finally the Board acknowledges the work undertaken by the CEO, Managers and all staff to ensure THS continues to provide much needed services to the community.

Chief Executive Officer's Report

Introduction

I was successfully appointed as the Chief Executive Officer (CEO) for Tullawon Health Service and commenced on the 28th January 2014. I am an Aboriginal (Palawa) woman and have worked in Aboriginal Health for more than 20 years.

My first 5 months has been challenging to say the least. I have reviewed Tullawon Health's policy, procedures, systems and structure to assist with my integration into the CEO role; I have identified a number of areas that require further development and implementation that will be addressed over the coming 12 months.

Tullawon Health Service is required to meet industry standards for all of our service areas and must participate in reviews undertaken by our funding bodies; this requires all staff and Directors to comply with Tullawon Health Service Policy and Procedures, systems and contractual agreements.

From the results of my review of Tullawon Health Service and in addition to our contractual obligations I have established the following additional objectives for us to achieve over the next 12 months:

1. To increase opportunity for professional development for all staff and directors through Individual Professional Development Plans



Joanne Badke

2. To develop the culture of continuous quality improvement and achieve whole of agency accreditation
3. The development and implementation of a comprehensive performance management and appraisal system for staff and directors
4. To address the culture of 'Lateral Violence' in the workplace through a restorative justice grievance system
5. To increase the opportunity for local Anangu people/Aboriginal people to gain employment with Tullawon Health Service; we will work towards maintaining a target ratio of 60% Anangu/Aboriginal staff and 40% Non-Anangu/Non-Aboriginal staff
6. To increase representation of Tullawon Health Service on a Local, Regional, and State level through participation at relevant forums, committee's and stakeholder events
7. To develop a model of care that encompasses self-determination and enables MBS claiming to provide valuable resources that can be utilised towards community health initiatives and activities.

Achievements

Governance

The Tullawon Health Service Board was newly elected in November 2013, the Board comprises of 9 members; 5 members have 3 year terms and 4 members have 2 year terms. This year the annual general meeting is a non-election year as no Board members are required to stand down.

The Board is responsible to set the direction of Tullawon Health Service. This is achieved through a Strategic Plan which is developed in consultation with the Board members, staff and key stakeholders. The current Strategic Plan expires at the end of 2014 and a new 5 year Strategic Plan will be developed in the first 6 months of 2015.

The Board meets monthly and have sustained a participation rate of approximately 75% attendance at meetings.

Quality Framework

A quality framework has been developed to ensure we are always looking to improve the services to community and develop best practice service models for all areas of Tullawon Health.

Tullawon Health Service has a number of current action plans, these action plans relate to quality reviews that have been undertaken prior to my commencement. Each action plan identifies the tasks required of Tullawon Health Service to meet particular standards and to comply with government funding contractual agreements

The following organisation wide policy and procedures have been developed for Tullawon Health Service in the past 4 months;

- ▶ THS – Feedback Policy and Procedures
- ▶ THS – Environmental Policy
- ▶ THS – Quality Framework and Risk Management System
- ▶ THS – Child Safe Policy
- ▶ THS – Legislative Compliance Guidelines
- ▶ THS – Conflict of Interest Policy and Declaration
- ▶ THS – Staff Induction
- ▶ THS – Delegation of Authority Matrix

From July 2014 a new internal structure will be implemented, following on from this new job specifications will be developed for all positions to support the quality framework.



New Ambulance

For a number of years Tullawon Health Service and the Yalata Community has been looking for an appropriate second hand Ambulance, we have been successful in fulfilling this dream. The New Ambulance brought a smile from many when we drove it on community for the first time.

I was personally amazed at the excitement displayed from community members to finally have an appropriate vehicle for emergency response.

The next step is to fit out the Ambulance and seek funding to support the building of a new shed to appropriately house the Ambulance.

Tullawon Health Service, SAPOL and SA Health are currently developing a memorandum of understanding to document how we will work together. This agreement will identify our responsibilities associated to attending to emergencies outside of the Yalata community, ensuring the community is the first priority.

This would not have been possible without the support from OATSIH who has supported this dream for quite a few years.



Challenges

Staff Housing

Staff Housing is an ongoing issue not only for Tullawon Health Service, but also an issue for Yalata Community Inc (YCI) and the Yalata School. Tullawon Health Service is very limited on who we can provide staff housing by numbers and criteria.

It is important to understand that Tullawon Health Service does not have the provision to provide staff housing for local community members employed by us.

Tullawon Health Service is supported by funding bodies to provide staff housing for identified positions which require specific expertise and qualifications such as Remote Area Nurses and require successful applicants to relocate to Yalata. Tullawon Health Service is not funded to provide staff housing to positions targeting local Anangu people such as the Aboriginal Health Worker positions.

All staff housing must be vacated as soon as the person is no longer employed by Tullawon Health Service, this model cannot provide sustainable housing to local community members.

We acknowledge it is difficult for local community members who require housing, it is well known that there is a shortage of community housing available and this can have an impact on local Anangu people sustaining employment at Tullawon Health Service.

Tullawon Health is working with YCI to ensure together we work towards sustainable housing for local people and relocated staffing.

Strong Fathers, Strong Families

Unfortunately the Strong Fathers, Strong Families Program will no longer be funded from the 1st July 2014.

The Strong Fathers, Strong Families Program is one of many programs that have not been funded under the new tougher budget measures implemented by the Abbot government. This program will be a great loss to not only the Yalata community but all Aboriginal communities that were providing this program.

Tullawon Health Service will endeavour to provide services targeting fathers through other funded programs.

Funding Changes

For the 2014–2015 financial year there has been a number of changes, OATSIH (Office of Aboriginal & Torres Strait Islander Health) does not sit independently and has been amalgamated with DoHA (Department of Health & Aging) and will now form part of IRHD (Indigenous Rural Health Department).

150 Aboriginal funded programs have been transferred from various funding bodies to the Indigenous Advancement Strategy that will be administered through the Department of Prime Minister and Cabinet (DPMC).

All funding agreements will be for 1 year only, no 3 year agreements will be offered. It is unclear for all ACCH'S (Aboriginal Community Controlled Health Services) what the future holds.



Future developments

Whilst we cannot be certain what funding will be secure in the future we can assure members that we will work hard to develop and grow Tullawon Health Service to provide services to the Yalata community.

The following priorities have been identified for us to work towards over the next twelve months;

- ▶ Implementation of the new model of care for the Social Emotional Wellbeing program
- ▶ A new Aged Care & Disability Day Centre facility
- ▶ Improvement of Information Communications and Technology (ICT) infrastructure
- ▶ Providing a playground in the outside area of the Mum's & Bubs section which will contribute to cognitive and early childhood learning developments
- ▶ Develop a working model for the implementation of NDIS (National Disability Insurance Scheme) through Tullawon Health Service
- ▶ Attract funding to support a Drug & Alcohol counselling support position based at Tullawon Health Service
- ▶ Develop appropriate specialist visitor accommodation options

Closing Message

The past 5 months have not only been a challenge for me as CEO, all staff have had to adapt to the new style of management, implementation of new systems, and the ongoing changes. I would like to acknowledge this and to take this opportunity to thank staff for their support.

I would also like to acknowledge the ongoing support AHCSA and funding bodies has provided Tullawon Health Service over the past 5 months.

Although change can be hard, it takes time and dedication from all, it is important to focus on the future goals and achievements whilst not losing sight of the ultimate goal to provide quality services to the Yalata Community residents and to improve health outcomes for Anangu People from a holistic model of care.

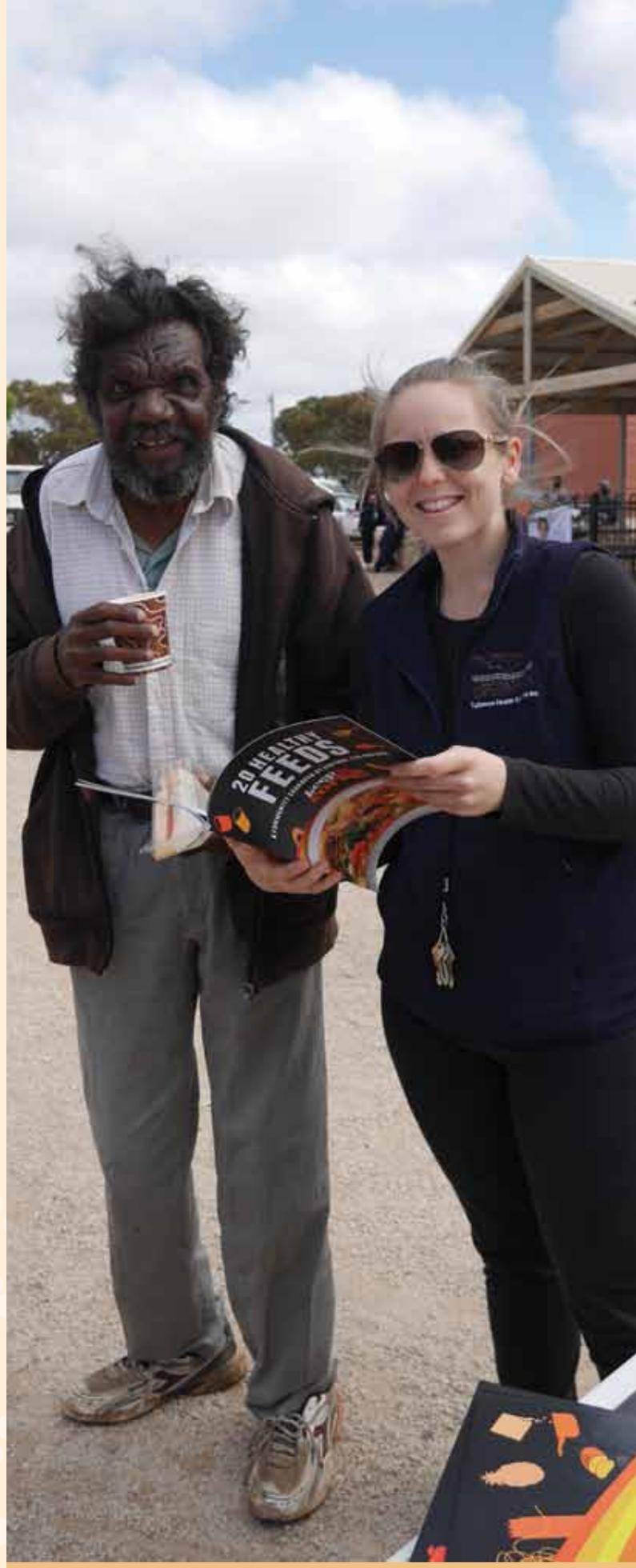
Joanne Badke
Chief Executive Officer

Administration Report

It has been a year of significant change and development for Tullawon, with our new Board Members, new CEO and various other new faces across our team. Considerable improvements can be seen across the organisation as processes are being streamlined and new systems are implemented. Further alterations are still necessary to get Tullawon to where we all hope, but this will come with time and team work.

The whole organisation worked together this year to ensure we have been meeting our financial targets and minimum KPIs, because of this great teamwork we have ended the year in a small surplus. Funding for the 13/14 Financial Year increased again, with more projects commencing. However we can already see that 14/15 will be a hard year with drastic budget cuts and the closure of some health programs. Nonetheless, Tullawon will still strive to provide the best care and services it can with the resources it has.

This year the Administration team has welcomed Daniel Finning, our new Human Resources Manager and Glen Jacobs, our new ICT Officer. Both have hit the ground running, conducting internal reviews and implementing positive changes. These are two areas Tullawon has greatly needed assistance and we look forward to working with them in the coming years. Daniel has 2 years previous experience in HR having worked with the Bendigo and District Aboriginal Cooperative. Glen has had vast experience in IT, working with Flag International, local computer stores and schools in the mid-north coast of NSW.



Desmond Tschuna and Sara Copeland



Satellite for remote access by health professionals



Glen Jacobs, Sarah Copeland, Kim Lovibond and Daniel Finning

This year the Administration Team has been working with AHCSA to install a new satellite for remote access for health professionals. It can be seen next to the Clinic and it will hopefully assist our GPs, RFDS and KWAH health professionals gain more efficient access to provide improved health care. We would like to thank Dan Kyr and Sarah Ahmed for all their assistance with the ROSIE-EH Project.

We are delighted to advise that Warren Paul (Maintenance Officer) has been granted an Arts Mentorship with Alphaville, which he will start later this year. His work has been displayed in previous Annual Reports (including this one) and exhibited in the Arts Centre in Ceduna for many years. Fortunately he will be continuing with Tullawon throughout this new journey and we will support him as much as we can.

Whilst it has been hard to say farewell to previous employees, we would like to formally welcome Joanne Badke and thank her for putting up with us so far. It is exciting to see the positive changes occurring and see where we are heading in the future.

ADMINISTRATION TEAM

Kim Lovibond
Business Manager

Daniel Finning
Human Resources Manager

Sara Copeland
Administration Officer/OH&S Coordinator

Glen Jacobs
Information & Communications
Technology Officer

Warren Paul
Maintenance Officer

Medical Director's Report

I'd like to introduce myself, Peter Lake, your new Tullawon Medical Director. I live and work as a doctor in Adelaide and have been visiting Yalata each month since March this year. I trained in Adelaide then went to Sydney, where I did further studies in public health and medical education and then taught community health to medical students.

Before Tullawon I've worked in quite a few places

- ▶ a remote part of Papua New Guinea as a medical superintendent
- ▶ with rural health in Alice Springs at Nunkuwarrin Yunti in Adelaide
- ▶ at Port Adelaide Community Health service
- ▶ with AHCSA in Adelaide as an AHW teacher and curriculum writer
- ▶ a researcher with the Deaths in Custody Royal Commission
- ▶ at Pangula Mannamurna as their visiting doctor
- ▶ a long serving member of AHCSA's Aboriginal health research ethics committee.



Dr Peter Lake

I am only new to Yalata and still have a lot to learn about the community. Tullawon has a dedicated team of health professionals, and an experienced, well trained CEO who have all made me feel welcome.

One thing that has surprised me is the large number of Yalata people with serious illnesses such as diabetes and heart disease. This is a big challenge for all of us, both Tullawon staff and the Yalata community. Preventing these problems in the first place and treating those who are already sick will only be successful if we can all work together.

In my opinion, there has to be a health partnership between Tullawon and the community – through individual patients and through the Health Committee.

I am looking forward to meeting Tullawon's Health Committee to hear about their opinions and priorities.

**Dr Peter Lake
Medical Director**



Andrew Stafford



Adrienne Peel and patient

Clinic Manager's Report

The burden of disease and the gap in positive health outcomes between remote indigenous and other Australian populations is well documented. In Yalata the clinic team independently and collaboratively with other health professionals and related services, is tasked with providing primary health care to address these issues daily. This comprehensive task includes; identifying, alleviating and treating, education and prevention in acute health conditions, chronic disease and wellness for all ages.

The Clinic team comprises Aboriginal Health Workers (AHW), trainee AHW, receptionist and remote area Registered Nurses. The Senior and two AHW's are trained to certificate IV level and all staff have a range of skills to contribute. We also welcomed our new Medical Director, Dr Peter Lake and our new CEO, Joanne Badke to Tullawon in 2014. This team, with the help of many partnering organisations, dedicate their time to ensure the Clinic meets the primary health need of Yalata.

Partnerships

Royal Flying Doctors Service

The Royal Flying Doctors Service (RFDS) continue their long history of providing primary health care to Yalata with three clinic visits a month, twenty four hour phone emergency consult and aero medical evacuations. Ante natal, post natal care, infant, child health and immunisations are crucial and integral to primary health care.

We are indebted to the RFDS midwife Cheryl Boles for her commitment with clients both in Yalata and follow up when transferred to other areas. RFDS also provides mental health nurse practitioner Nigel Hine, Paediatrician visits and the planes for Allied Health visits. The clinic staff acknowledge the invaluable support of RFDS Doctors Alistair Miller, Steve Ballard, Betsy Williams, Andy Killcross, all pilots and flight nurses.

Kakarrara Wilurrara Health Alliance

The Kakarrara Wilurrara Health Alliance (KWAHA) continues to demonstrate their long term commitment to the Anangu people of Yalata, Oak Valley and Tjuntjuntjara. With the KWAHA, Tullawon's Medical Director, Dr Peter Lake visits Yalata for two days each month. Dr Lake provides off-site support several times a week also. The KWAHA Medical Director, Dr Jill Benson actively seeks to overcome the sometimes insurmountable challenges remote communities face in accessing areas of health care and specialist services. Respiratory, liver, renal, diabetic and other health care providers come to Yalata on the KWAHA plane throughout the year. KWAHA have also actively assisted with encouraging health service feedback on what services are required such as; Kidney bus visits, the May meeting of community health service stakeholders and NDIS assessments of nought to five year olds. They are also assisting us to seek additional funding for physiotherapist Bonnie Cheyne for client consultations and exercise programs.



Annie Campbell

Aboriginal Health Council of South Australia

The Aboriginal Health Council of South Australia (AHCSA) provides primary health care support and visits throughout the year. Their programs including Ear Health training, coordinating and assisting with the Eye Team, ophthalmology and optometry visits, community trachoma education and screening, community sexual health screening, chronic disease education support, public health network teleconferences and Communicare support and training. AHCSA also provides other education services and resources including campaigns covering tobacco, alcohol use and infectious diseases. I am pleased to report for Yalata the 2013 – 2014 year showed an increase in number of clients screened in two of these programs and a decreased incidence of infection. The Clinic team greatly appreciate the contributions made by Desley Culpin.

The coordination of client care with local health and related services is vitally important.

We acknowledge the co-operation and support of all including; Ceduna Koonibba Aboriginal Health, Ceduna hospital, Patient Pathways Officer, Step Down Unit, DASSA Day Care Centre including Outreach clinic and transport. Furthermore we wish to thank John Buckskin and Medicare Local for medical equipment and travel and accommodation assistance for clients with urgent medical appointments unable to access PATS. And the Iluka Mine medics for their fourth consecutive Sports Carnival attendance.

Reflecting on the 2013 – 2014 year I noted significant challenges and obstacles for the clinic team's provision of client care. These including the loss of some related health services for part of the year shown in decreased activity. Fortunately with the commitment of dedicated staff and stakeholders we already see a turn around and increase in activity and services.

Future Plans for 2014 – 2015

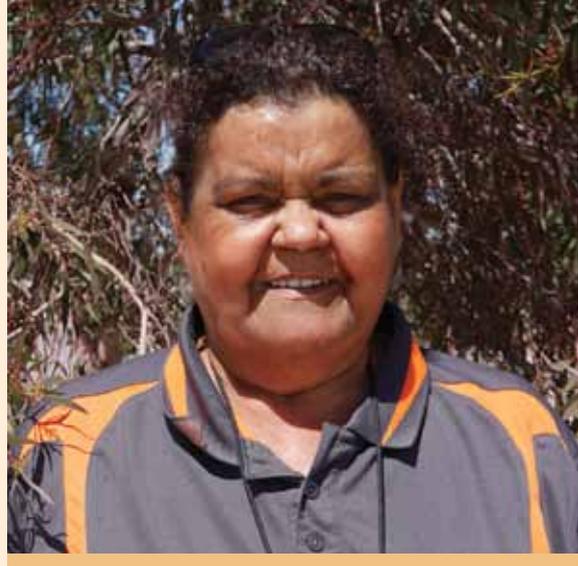
- ▶ Building on the strengths of our current programs.
- ▶ Continuing the progress on CQI
- ▶ Renewing AGPAL Accreditation
- ▶ Expanding the role of Aboriginal Health Workers in delivery of care to clients.
- ▶ Improvement of client data management base
- ▶ The new Rosie satellite will progress electronic communication and enable teleconferencing for client care and staff education

We gratefully appreciate the staff in all THS programs for their support.

Annie Campbell
Clinic Manager



Lauren Peel



Karen Smith

Senior Aboriginal Health Worker's Report

I have worked in the Clinic for many years, and have seen many changes. I've seen the health service go by 3 different names; Yalata Health, Yalata Maralinga Health and Tullawon Health Service. It has seen many nurses and health workers come and go.

I am the supervisor for all of the Aboriginal Health Workers in the Clinic and work with the Clinic Manager, Annie Campbell. I organise the on-call roster and sign off on time sheets and leave forms for all AHWs. In October, Annie and I went to Darwin for the Crana Conference. I also went to the OMOZ Conference in Melbourne with Adrienne. This was the first ear conference and we learnt about medications and solutions. We got to use nice, fancy equipment like the Audiometer and Tympanometer machines. A common theme I've noticed that comes from these conferences is the topic of over-crowding in Aboriginal Communities and how this affects the health of community members.

My role includes:

- ▶ Working with the RFDS Midwife. Eg. Weighing, immunising, antenatals, toddler kits
- ▶ Basic Clinical work; picking up patients, making appointments
- ▶ Working and getting involved with the Trachoma mob and other Allied Health visitors
- ▶ Helping with health promotion
- ▶ Advising clients about medications, healthy living and diets
- ▶ Sporting events

Early this year we got involved with AHCSA to create an anti-smoking campaign called Puyu Blaster. On the 24th September 2014 they did their launch and got the all the Community ambassadors to sign their posters. It was a hugely successful event. We have also spent several months preparing for the Sport Carnival that is happening in Adelaide. For some time now we have also been working with Desley Culpin who works with the Trachoma Team, promoting Clean Faces and Strong Eyes. She was kind enough to donate water bottles and oranges for the netball team when we were doing some check-ups on kids in Oak Valley. Overall it has been a good year for the health workers. We have all overcome challenges, but look forward to next year.

Lauren Peel
Senior Aboriginal Health Worker

Ceduna Pharmacy Report

My name is Tahlia and I have been working as a pharmacist in Ceduna with Ken McCarthy for 2.5 years. Part of my role is to work with the staff in the Tullawon Health Clinic to help with providing medicines. I visit Yalata 4 times a year and do education with the Nurses and Health Workers.

In the future I would like to have the opportunity to do medication reviews with clients. This means that I would sit down with the client and a health worker and go through their medications. I can answer any questions they might have, check how things are going and ask questions like:

- ▶ Are the medicines working as well as they can?
- ▶ Is the person having any problems from side effects?
- ▶ What can we do to make things better?

I am also aiming to work with the clinic staff to provide some community education to school children regarding antibiotics and with the whole community about the importance of taking your medicines with you when you travel. In the meantime you will see me working at both of the pharmacy locations if you visit Ceduna.

Social, Emotional Wellbeing Program

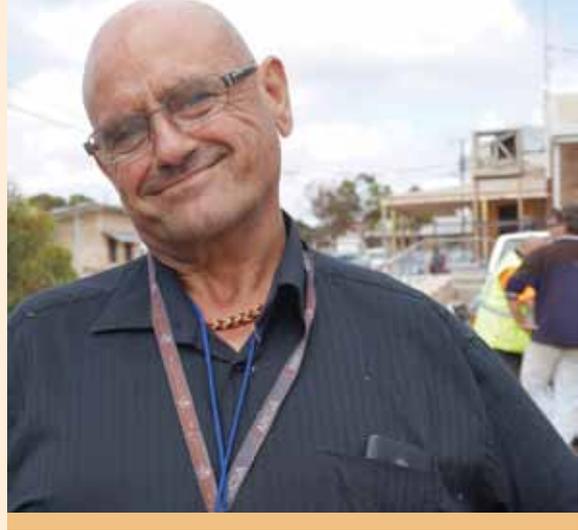
Social, Emotional Wellbeing Services (SEWB) have been offered through the Clinic and within other programs such as SFSF and C&MH for the past several years. This year we are trying something different by offering SEWB services through the use of a male and female SEWB worker. Tullawon is hoping that this new arrangement will be more culturally appropriate and see higher participation rates in the program. The SEWB Program provides counselling, link-up services, referrals to services for substance abuse or domestic violence, Sorry Camp support, assistance with family issues and more.

Benny Reynolds is our male worker and we are currently seeking a female from the Community to fill this vacant position. Since this program restructure Benny has been organising activities and working closely with partnering organisations to ensure the Community can access the services they need. A camp has already been organised to advise members of the services available in this program and to do some health promotional activities. Benny has been working closely with DASA (Jimmy Perry and colleagues) and Nunkuwarrin Yunti (Warren Miller), Family Domestic Violence (Kym Dodd) and AHCSA (David Scrimgeour).

Warren has been helping bring members home to the country. As we are re-establishing this program in its new form, Benny has been gaining advice from a range of referral services to see how we can work together better. It is important if all stakeholders can work together and refer to other agencies in Adelaide, Ceduna, Port Augusta and anywhere else that is required. Both workers will be undertaking BTH Training to assist them in their roles and will have a mentor to debrief and discuss with.

There is a new rehabilitation centre for Aboriginals opening up in Port Augusta, so the SEWB Team wishes to get in touch and see what services are available and if there is anything they can do to work together. It is particularly important to have support services for people transitioning back into Community after gaining rehabilitation services. This is why Tullawon is applying for funds to gain a Drug and Alcohol Worker that is based in Yalata.

For further information on these services, speak to Benny Reynolds and Tullawon will update Community further as this program progresses.



Benny Reynolds

Strong Fathers, Strong Families

We have had another great year with the Strong Fathers, Strong Families Program (SFSF). We have had numerous camps, Men's Health Nights, Arts & Crafts Days and other activities. Our largest camp had approximately 40 people attend and we focussed on providing a lot of drug and alcohol education.

Walter Champion has assisted a lot in this program this year, which has been wonderful, especially as another male Aboriginal Health Worker. We have also had a lot of support from Andrew Stafford, Dave Gordon and Dr Peter Lake. We have discussed and assisted with a lot of personal issues affecting men's health and have provided a range of support and health promotion. The great thing about this program is being able to work alongside the Clinic with young men and grandfathers. SFSF has been a good platform for the men to come see and get to know the staff and the new Doctor and nurses.

It is with a heavy heart that we announce the 13/14 financial year is the last year the Strong Fathers, Strong Families Program will run. The Community feels that the closure of this program is a great loss, because everyone was looking forward to the activities and services this year. The beauty of this program is how it always involved all levels of family.

The program was working very well in Yalata and more people were starting to become more involved and then there was no more funding. We must always keep things going, because people lose interest when programs are being consistently cut.

Everyone is very disheartened that the program has ceased, but I will be providing services as the SEWB Worker from now on, so please come and see me there.

Benny Reynolds
SFSF Program Manager

Yalata Football Team



Child and Maternal Health Program

We have been running Our Yalata Mothers and Babies Centre (MBC) for 3 years and it is still going strong.

- ▶ We provide a culturally appropriate place where we run educational activities with antenatal and postnatal mothers of infants from 0–3 years old.
- ▶ We also include fathers or male carers on a regular basis in programs around infant attachment, physical, and emotional health of the family.
- ▶ Our aim is to address Failure to Thrive; we are very strong at improving the health and nutrition of our babies as well as the mothers.
- ▶ Women and their children go through education, cooking classes, and share meals.
- ▶ Our future goal is to further develop our relationships with the Yalata crèche and school programs, with the intention of the Mother and Baby Centre providing more early health interventions for children entering pre-school.
- ▶ We have extended our capacity to improve access for antenatal and postnatal women to gain maternal health services and external services. We work with a lot of agencies such as, Save the Children, Family SA, Centre-care, Housing SA and many more.



Jaleen Miller

The Mothers and Babies Centre now runs from 9.00am to 5.00pm Monday to Friday.

As a member of the Anangu Yalata Community, I understand the background of all the mothers and their families that attend the centre. I try to go that extra mile to make sure they are comfortable in all areas. For example, I will attend the doctor with them, or go to Family Care Meetings - however I can help.

Culturally Appropriate Activities

- ▶ One of our mothers was involved in the non-smoking campaign, Puyu Blasters. She had a huge poster made up along with 3 other non-smoking Community members, to help raise awareness about quitting smoking. We are also in the process of doing a DVD in English and in language with people from the Community to appear in the movie.
- ▶ There is a focus on providing culturally appropriate information, such as ensuring health promotional materials are in Pitjantjatjara for the people in the community to better understand and feel more comfortable.
- ▶ We focus on the emotional and physical wellbeing of the mothers, with informal discussions on topics such as hygiene, alcohol, domestic violence, safety of sex, as well as caring for their families.

Health and Nutrition



- ▶ We do Cooking Lessons promoting healthy food choices
- ▶ Once a week the recipe is a traditional Aboriginal dish so that the children experience traditional foods.
- ▶ Mothers are taking the skills and recipes they have learnt in the centre and cooking these meals at home for their families.
- ▶ A focus is placed on using food that is readily available from the community store so that mothers can easily access all ingredients. I teach the mothers with really basic ingredients that make easy to cook meals.

Health & Hygiene

- ▶ I educate mothers on creams that are best and most hygienic for their children's skin. This is a must and that this is done in the culturally right way.

Liaison with Clinic

- ▶ We liaise with Clinic very closely to maintain our client contact and for the safety of our babies.
- ▶ One of the Aboriginal Health Workers visits the centre every morning, and a nurse visits whenever requested.
- ▶ For mothers who are reluctant to visit the clinic, I take them to the clinic, or arrange for a nurse to visit the Centre instead.
- ▶ When a baby has just come out of hospital, they are carefully monitored by both myself and Clinic staff.
- ▶ The children are taken over to the Clinic with myself and their guardian for regular checkups. This is to ensure their health is regularly being checked up on and failure-to-thrive children can be identified.

Partnerships

- ▶ The Centre works closely with the Department for Communities and Social Inclusion (DCSI), Aboriginal Family Support Services (AFSS), Ceduna Hospital, Save the Children, Families SA and Shine SA. All of these agencies visit the community on a regular basis and many have designated days to come and share their services and knowledge. This ensures families are having ongoing associations with these external agencies.
- ▶ We have secured our money for an Outdoor playground: A design has been created for the Centre outside play area.
- ▶ We also have Healthy Way wanting to help us do our own veggie garden which we are working on.

Camps

Hermannsburg, Port Lincoln, Port Augusta, Iron Knob and Whyalla, Indulkana, Amata also Ayers Rock. We are also going to Brisbane for a World Conference.

Future directions and challenges

- ▶ Our own Veggie garden
- ▶ Our own Exercise area
- ▶ Create our own book and DVD about healthy bubs and mums

Jaleen Miller
Child & Maternal Health Program Manager



Allan Hughes, Jamilah Lovibond, Marilyn Jebydah, Patricia Miller, Dora Queama and Barbara York

Aged Care Report

At the Day Centre

Firstly I would like to thank the hard working staff in the Day Centre and say a very well done to James Baker, Jamilah Lovibond, Allan Hughes, Benjamin Koko and Dora Queama. The past twelve months has seen a lot of change in the Day centre, from a change in management to a range of new policies and procedures. This has been a challenging but positive transition forward allowing us to not only pass one of our accreditations but exceed their expectations.

We have seen the implementation of focus groups which were well received and attended by almost all clients. The first of these was held to look at the day centre meals menu and the second was to set a calendar of activities that the clients would like to do. Alongside this the new feedback system has been a great way for all clients to have their say and be heard. The continued quality improvement committee made up of all the managers across Tullawon Health will ensure all client voices, thoughts and needs are being met in the best possible way long into the future.

All the Day Centre Staff enjoy seeing our clients Happy and Smiling on a daily basis and go above and beyond to see this happen, often doing well over and above what we are funded for; offering support on weekends and after hours.

Although the Day Centre is a small facility (in size) we have managed to meet the continued needs of all our clients on average 25 to 30 clients a day, in a centre that promotes a safe and friendly environment for all. Over the next twelve months we are looking to apply for funding to see the Day Centre either undergo renovation or have a new facility built to accommodate our growing service.

Some of the areas we cover are; Personal Care (showering, shaving, haircuts and general pampering); nutritious meals for Breakfast, Lunch and Dinner; Transport for those that require it; Shopping Trips; Men's and Women's activities suited to the clients requests; Daily Advocacy with a range of external services and businesses; monitoring general health and daily medication management; and Translation services for doctors, nurses or anyone needing this service. The Day Centre is open Monday to Friday for our clients to just pop in and grab a coffee, sit, relax and watch T.V., have a snooze or engage in a yarn with other clients or our friendly Staff.



Aunty Margaret May, Jamilah Lovibond and Aunty Mabel Queama

Objectives

- ▶ To deliver a range of Culturally appropriate services to meet the changing Aged Care and HACC needs of the Yalata Community and surrounding areas
- ▶ Ensuring these services are delivered close to home and aim to improve access to culturally appropriate Aged Care and HACC Services for Yalata community members requiring services outside Yalata
- ▶ Facilitate a safe place free from abuse, harassment and bullying, where Aged and HACC clients can comfortably gather together to rest, relax, eat and partake in activities such as Indigenous art work, singing or simply watching television
- ▶ To provide meals and assist with medication in a controlled environment and tend to or monitor the client's health needs and provide treatment where required. We also do what we call a medication run in the morning and afternoon for clients that may not come in, as well as meal delivery with the evening medication run to all clients. As we are only open Monday to Friday the Health Workers do the delivery of Medication on the weekend and on Public Holidays.
- ▶ Tend to client's daily Personal Care needs. Clean clothing is provided daily as the workers wash clothing, blankets, towels etc.

- ▶ Create, maintain and regularly update individualised care plans for each client, which values and nurtures each individual's needs, beliefs, cultural backgrounds, customs and interests.

Luke Badke Acting Aged Care Program Manager

[This report was prepared by Luke Badke on behalf of James Baker, the Aged Care Program Manager, as James was on leave at the time of the report requirements. James will be returning on the 5th January 2015]



James Baker - Aged Care Program Manager

Disability Program

This year we have had some highs and lows with the Disability Units with clients moving back in with their families during the winter months. As the weather warms up again, they are slowly moving back to their Units. Two of the units have been allocated to Aged Care clients to keep the Disability Clients feeling safe and secure which is working very well. As some of the clients move in and out of their units, we base most of our work from the Day Centre.

Marilyn Jebydah and I are still working with the clients at the Disability Units to ensure independent living is ongoing. We now have several cooks at the Aged and Disability Day Centre who do wonderful healthy meals for our clients. The Aged and Disability clients come in for breakfast and lunch, then we deliver evening meals to their homes, with their medications.

The Aged and Disability workers have taken clients out on day trips for Artifacts Wood, Bush Medicine gathering and bark for ash to go with their tobacco. The ladies went on a Woman's Camp to Iron Knob this year and the men went on a Men's Camp to the Head of the Bight. Both were very successful camps and all of the clients who attended had a great time. Because of this success, there will be more Camps planned, as well as another Woman's Trip and Men's Trip by the end of the year.

We have a new Disability Worker who is working with the Disability clients at Aged Care. His name is Allan Hughes. Allan is a great asset to the Centre and a great help with the clients. Allan, Benjamin and I went to Adelaide for a week to do our Dementia training. It was a big week for us and though it was very tiring, we really enjoyed it and learnt a lot.

This year we also had the Renal Bus bring home patients who are on dialysis to visit family and friends. We catered for these clients with healthy meals, took them out on day trips to collect bush tucker and sit in the bush and enjoy the day. The Renal Bus is a great way to ensure clients who cannot live in Yalata still get to visit their Country and reconnect with family.

It has been another fantastic year from the Disability team.

Patricia (Pattie) Miller
Disability Program Manager



Colin Endean and Roxanne Gallegos

Dental Health Report

This year SA Dental Service (SADS) have increased their funding to support more dental services in Yalata and Oak Valley. Since this change, which was approved and processed about half way through the financial year, Dr Colin Endean and Roxanne Gallegos have been increasing their visits to ensure the best possible access to community members.

At the start of this financial year, the Dental Team gained a new Dental Clinic for Tjuntjuntjara, which has significantly improved the way services are delivered in the Community. All three Communities now have their own dedicated, functional dental service facilities, which is fantastic news. This program was supported by DoHA's pilot program, which funded new equipment and the facility. We are still trying to gain funds to increase the number of Dental visits to Tjuntjuntjara as this program has since ceased. Nonetheless trips to Tjuntjuntjara are still co-ordinated through the KWHA Program.

"Closing the Gap" of poor oral health and unmet dental needs of the populations in these communities will require more resources to provide more clinical hours of service provision to catch up on unmet need as the analysis of data from the oral health needs assessment and treatment planning demonstrates. Further funding is also required to assist in a more administrative capacity, to ensure that all reporting requirements can be completed and host health organisations can continue supporting these projects.

The Dental Program has an objective to screen under five year olds and implement early intervention and prevention strategies to treat Early Childhood Caries (ECC) as well as establishing a comprehensive School Dental Program providing annual oral examination, dental treatment as required and preventive fissure sealants on molar teeth for all children. This is developing well as interactions with the schools in the three Communities continue to increase. These early intervention and prevention strategies only become feasible with a co-ordinated program of regular visits and a targeted approach to collaborate with existing children's services and integrate primary dental care in a broader community health and development framework. The School Dental Program in Yalata is now well established with a successful ongoing assessment and prevention program.

Some of the planned visits for 2014 have had to be cancelled due to Colin's health, but we wish him all the best in his recovery and look forward to his and Roxanne's 2015 trips. The SADS Program has ensured that dental services in Yalata and Oak Valley are extended, improving access to regular and routine dental services. We wish to thank everyone for their support in the continual development of this Dental Program.

**Dr Colin Endean and Roxanne Gallegos
Dental Team**



Mima Smart and Dr Jill Benson

Kakarrara Wilurrara Health Alliance

Ngapartji Ngapartji.

Without a vision our people will perish.

The Kakarrara Wilurrara Health Alliance are all one mob connected by family and country.

The KWAH communities and health professionals are working together to build community resilience and ensure better health services for our people.

This means community control of strong local health services delivering continuity of care across our own country.

It is an enormous privilege to be the Medical Director of the Kakarrara Wilurrara Health Alliance (KWAH) and to have the opportunity to spend time with the generous and resilient community members in Yalata, Oak Valley and Tjuntjuntjara in their beautiful country.

Since July 2010 we have gone from strength to strength with the collaboration of the ground staff, our fly-in/fly-out team and the stakeholders who have supported us. We have been flying nine health professionals to the three communities each month for four years now.

Our aim in particular is to assist with the chronic disease and public health issues in the communities as these are the main reasons that people are unwell and are dying so much younger than they should. Changes are slow, and our focus in the last year has been on problems like eye care, dental care, physiotherapy, women's health, mothers and babies, kidney disease, ear health, hepatitis, children with disabilities, alcohol, diabetes and heart disease.

We continue to do our best to listen to the needs of the people themselves and had a very successful meeting in Ceduna in May with community members, ground staff, fly-in/fly-out staff and stakeholders, all grappling with how we can improve the health of the people in Yalata, Oak Valley and Tjuntjuntjara. As well as clinical work we need to address funding, IT issues, accreditation, nutrition, Information management and getting people back to community.

In order to continue and consolidate the ability of the KWAH to listen to the needs of the communities we are setting up a KWAH Board with the CEOs and representatives from each community. We are hoping to work together to look at matters such as funding, sharing of records, locum nurses, training and the possibility of incorporation.

Of course we can do nothing without the wonderful nurses, Aboriginal Health Workers and admin staff at Tullawon and thank them for the way they welcome and collaborate with us. I look forward to another year working with Dr Peter Lake and the other KWAH health professionals who deliver care and support as part of the KWAH team to Tullawon Health Service.

With my very best wishes,

Dr Jill Benson
KWAH Medical Director



Brittany Battista, Hayley Raven, Pauline Wheatley and Trevor Basso

Basso Newman

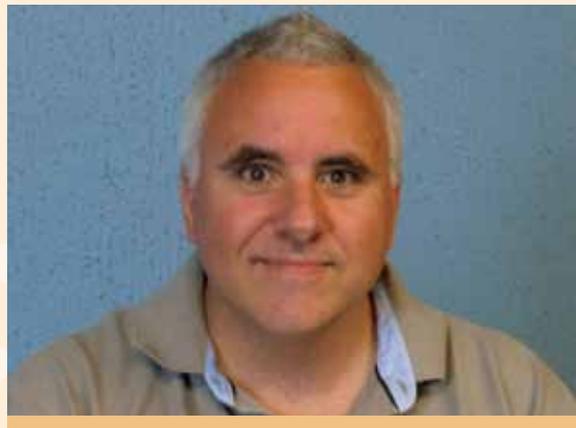
Basso Newman Chartered Accountants have been working with THS since 2004. The Administration Team works closely with Hayley Raven, Pauline Wheatley, Brittany Battista and Trevor Basso. This team looks after all of the THS' finances and accounting; from paying invoices to bookkeeping and preparing the necessary documentation for our annual audit. The Finance Committee meets with the Basso Newman Team each month for finance meetings to keep on top of how THS is travelling against our budgets throughout the year.

Tullawon Health Service Inc. would like to thank the Basso Newman Team for all of their hard work, dedication and support. Their assistance ensures THS runs efficiently and we are all grateful for their help.

Neutex

Phil Craig from Neutex is Tullawon's offsite IT consultant. He has been with us for 4 years now providing 24/7 remote support and site visits as required. Phil has had substantial experience in Aboriginal Health, working with organisations such as Nganampa Health Council for 14 years. He provides remote support via Team Viewer and phone and aims to visit Yalata at least twice a year.

He will now be working closely with Glen Jacobs, our onsite ICT Officer to help Tullawon improve its IT Systems. Tullawon has limited IT support options and our staff require access to our system 24 hours a day especially as we deal with highly confidential patient information. Despite our IT challenges, Phil has helped Tullawon significantly reduce our IT support costs, which has made important contributions to increasing the cost-effectiveness of how Tullawon spends its funds.



Phil Craig

The services he provides include: supplying and maintaining our server, network administration, user setups and prompt 24 hour offsite support. This year Phil has also assisted us set up our new ROSIE-EH Satellite. We are very grateful for Phil's consistent support and are very thankful for all of his contributions.



TULLAWON HEALTH SERVICE INC
FINANCIAL REPORT
FOR THE YEAR ENDED 30 JUNE 2014

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TULLAWON HEALTH SERVICE INC
INCOME AND EXPENDITURE STATEMENT
FOR THE YEAR ENDED 30 JUNE 2014

	Note	2014	2013
RECURRENT INCOME			
Operational Grants		4,212,110	3,644,737
Interest Received		22,589	18,100
Medicare - General		7,123	9,003
Medicare - Dental		8,343	4,832
THS Sundry Income		21,793	8,488
TOTAL RECURRENT INCOME		4,271,958	3,685,160
RECURRENT EXPENDITURE			
Accounting & Financial Management Fees		134,485	142,660
Aged Care Expenses		22,556	7,533
Aged Care Disability Units Expenses		2,779	-
Aged Care - Disabs Units Minor Furn & Equip		-	6,186
Alliance Expenses - Dental		3,896	57,995
Alliance Expenses - Dental Equipment (Minor)		-	20,214
Alliance Expenses - TJ Dental Room		-	45,455
Alliance Expenses - Medical Director		129,316	102,441
Alliance Expenses - RDWA		218,240	398,504
Alliance Expenses - RHW		84,128	-
Alliance Expenses - Annual Meeting		22,030	-
Audit Fees		8,818	9,372
Bank Charges		1,436	1,758
C&MH Program Supplies		9,476	13,477
Cleaning & Rubbish Removal		430	2,685
Clinic Expenses		45,072	52,081
Communicare Support Costs		9,750	9,472
Dental Expenses - SADS		100,688	48,053
Donations		91	2,101
Education & Training		10,229	16,452
Essential Services		44,479	34,434
Food		38,708	35,560
Freight		2,289	4,731
Health Promotions		512	200
Healing Foundation Expenses		4,285	-
Home Office Expenses		2,775	-
HR Expenses		13,722	-
Insurance		80,273	63,417
Interest on M/V Loans		-	439
IT Equipment		3,584	1,331

The accompanying notes form part of these financial statements

TULLAWON HEALTH SERVICE INC

INCOME AND EXPENDITURE STATEMENT

FOR THE YEAR ENDED 30 JUNE 2014

	Note	2014	2013
RECURRENT EXPENDITURE (Contd)			
IT Support Costs		10,786	11,348
Meeting Costs		290	1,805
Minor Sporting Equipment		4,539	-
Motor Vehicle Expenses		62,764	88,288
Motor Vehicle Leases		60,782	85,385
NDIS Expenses		78,588	-
Office Supplies/ Sundry Expenses		35,515	20,062
PATS Advances		-	2,035
Payroll - ADP Fees		6,487	6,185
Payroll - Maxxia Fees		4,640	4,434
Postage		828	442
Provisions for:			
- Annual Leave		1,037	16,379
- Computers & IT Equip		8,846	-
- Long Service Leave		(36,498)	8,614
- Vehicle Replacement		(14,836)	10,339
Repairs & Maint. / Minor Furn & Equip.			
- Admin		5,992	16,206
- Clinic		15,160	17,016
- Staff Housing		21,537	21,128
Recovery of Surplus Funding		383,324	-
ROSIE-EH Project Expenses		8,250	-
Salaries, Wages & Allowances		1,943,775	1,814,625
SEWB Operational		12,828	-
SFSF Operational		9,561	3,367
Sitting Fees		14,401	7,195
Staff Recruitment		10,841	9,859
Subscriptions & Library Costs		5,296	3,276
Sundry Owned Funds Expenses		9,558	-
Superannuation Contributions		155,189	154,806
Telephone/Fax/Internet		49,232	39,002
Travel & Accommodation		137,218	146,128
Uniforms		3,737	82
Workcover		112,358	106,428
WWSP Expenses		800	-
Youth Grant Expenses		-	3,841
TOTAL RECURRENT EXPENDITURE		4,116,871	3,674,824

The accompanying notes form part of these financial statements

TULLAWON HEALTH SERVICE INC
INCOME AND EXPENDITURE STATEMENT
FOR THE YEAR ENDED 30 JUNE 2014

	Note	2014	2013
OPERATING RECURRENT SURPLUS (DEFICIT) BEFORE UNFUNDED CHARGES		155,086	10,336
Less Unfunded Charges			
(Profit)/Loss on Sale of Assets		(1,521)	27,285
Depreciation		<u>107,125</u>	<u>93,986</u>
OPERATING SURPLUS (DEFICIT)		49,482	(110,935)
Add Non Recurrent Income			
Capital Grants Received		<u>146,291</u>	<u>169,943</u>
NET SURPLUS (DEFICIT)		<u><u>195,773</u></u>	<u><u>59,008</u></u>

The accompanying notes form part of these financial statements

TULLAWON HEALTH SERVICE INC
STATEMENT OF CHANGES IN EQUITY
FOR THE YEAR ENDED 30 JUNE 2014

	Members' Funds
Opening Balance, 1 July 2012	3,720,947
Net Surplus (Deficit) attributable to members	59,008
	<hr/>
Closing Balance, 30 June 2013	3,779,955
Net Surplus (Deficit) attributable to members	195,773
	<hr/>
Closing Balance, 30 June 2014	<u><u>\$ 3,975,728</u></u>

TULLAWON HEALTH SERVICE INC

ASSETS AND LIABILITIES STATEMENT

AS AT 30 JUNE 2014

	Note	2014	2013
CURRENT ASSETS			
Cash at Bank	2	774,705	890,876
Cash on Hand		500	500
Accounts Receivable & Other Debtors		97,163	78,866
Prepayments		65,087	44,507
GST Receivable		44,297	34,669
TOTAL CURRENT ASSETS		<u>981,752</u>	<u>1,049,417</u>
NON CURRENT ASSETS			
Property, Plant & Equipment	3	4,573,469	4,431,850
Less Accumulated Depreciation	3	441,241	340,309
TOTAL NON CURRENT ASSETS		<u>4,132,228</u>	<u>4,091,541</u>
TOTAL ASSETS		<u>5,113,980</u>	<u>5,140,958</u>
CURRENT LIABILITIES			
Accounts Payable & Other Payables	4	371,843	240,179
GST Payable		-	12,131
Payroll Liabilities	5	39,731	44,110
Provisions - Employee	6	119,966	155,428
Provisions - Other	7	104,643	115,686
Grants In Advance		-	65,771
Unexpended Grants	8	365,531	581,160
TOTAL CURRENT LIABILITIES		<u>1,001,713</u>	<u>1,214,464</u>
NON CURRENT LIABILITIES			
Provisions - Other	7	136,538	146,538
TOTAL NON CURRENT LIABILITIES		<u>136,538</u>	<u>146,538</u>
TOTAL LIABILITIES		<u>1,138,252</u>	<u>1,361,003</u>
NET ASSETS		<u>\$ 3,975,728</u>	<u>\$ 3,779,955</u>
MEMBERS' FUNDS		<u>\$ 3,975,728</u>	<u>\$ 3,779,955</u>

The accompanying notes form part of these financial statements

TULLAWON HEALTH SERVICE INC

STATEMENT OF CASH FLOWS

FOR THE YEAR ENDED 30 JUNE 2014

	Note	2014	2013
CASH FLOWS FROM OPERATING ACTIVITIES			
Cash Receipts		4,329,202	4,255,709
Payments to Suppliers and Employees		(4,321,670)	(3,863,975)
Interest Received		22,589	18,100
Borrowing Costs Paid		-	(439)
Net Cash provided by (used in) Operating Activities	10	<u>30,121</u>	<u>409,395</u>
CASH FLOWS FROM INVESTING ACTIVITIES			
Payments for Property, Plant & Equipment		(195,974)	(175,454)
Proceeds from Disposal of Property Plant & Equipment		49,682	99,517
Net Cash provided by (used in) Investing Activities		<u>(146,292)</u>	<u>(75,937)</u>
CASH FLOWS FROM FINANCING ACTIVITIES			
Borrowings		-	(100,417)
Net Cash provided by (used in) Financing Activities		<u>-</u>	<u>(100,417)</u>
Net Increase in Cash Held		(116,171)	233,041
Cash at the Beginning of the Financial Year		891,376	1,064,415
Cash at the End of the Financial Year	10	<u><u>775,205</u></u>	<u><u>1,297,456</u></u>

The accompanying notes form part of these financial statements

TULLAWON HEALTH SERVICE INC
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2014

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

These financial statements are special purpose financial statements 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 statements have been prepared on an accruals basis and is based on historic costs and do 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 these financial statements.

- (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**
Leasehold Land & Buildings are brought to account at cost or at independent valuation. As the land, upon which the buildings disclosed in these accounts are established, does not belong to Tullawon Health Service Inc, these buildings have been described as leasehold assets and the realisable values may be substantially less than the book values. Property, Plant & Equipment with a cost more than \$1,000 (GST exclusive) are depreciated over their estimated useful lives of the assets to the association commencing from the asset is held ready for use. Assets that cost less than \$1,000 (GST exclusive) will be immediately written off and expensed in the income and expenditure statement. Profit and losses on disposal of property, plant & equipment are taken into account in determining the surplus for the year.
- (c) 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.
- (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 five 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.

TULLAWON HEALTH SERVICE INC
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2014

NOTE 1 CONT:

(e) Going Concern

The accounts of Tullawon Health Service 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 Tullawon Health Service Inc will generate sufficient cash flow to be able to pay its debts as and when they fall due.

	2014	2013
NOTE 2: CASH AT BANK		
Westpac - Operational Acc	148,743	194,637
Westpac - Provisions Acc	529,336	437,159
Westpac - Special Purpose Acc	39,685	203,533
Westpac - Aged Care Funds in Trust	56,942	55,547
	774,705	890,876
 NOTE 3: PROPERTY, PLANT & EQUIPMENT		
(a) Leasehold Land & Buildings		
At cost	3,628,449	3,628,449
	3,628,449	3,628,449
 (b) Plant and Equipment		
At Independent valuation (13/12/04)	85,490	85,490
Less Accumulated Depreciation	85,490	76,941
	-	8,549
 (c) Plant and Equipment		
At Cost	422,137	383,984
Less Accumulated Depreciation	149,299	87,073
	272,838	296,911
 (d) Motor Vehicles (at cost/ valuation)		
At cost/valuation (13/12/04)	437,393	333,927
Less Accumulated Depreciation	206,453	176,296
	230,940	157,631
Total Property Plant & Equipment	\$ 4,132,228	\$ 4,091,541

TULLAWON HEALTH SERVICE INC
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2014

	2014	2013
NOTE 4: ACCOUNTS PAYABLE & OTHER PAYABLES		
Trade Creditors	273,722	174,978
Sundry Creditors	-	1,181
Accrued Expenses	39,729	9,000
Aged Care Funds in Trust	58,391	55,020
	<u>\$ 371,843</u>	<u>\$ 240,179</u>
NOTE 5: PAYROLL LIABILITIES		
PAYG Clearing Account	25,933	34,219
Superannuation Clearing Account	13,648	9,891
Payroll Clearing Account	150	-
	<u>\$ 39,731</u>	<u>\$ 44,110</u>
NOTE 6: PROVISIONS - EMPLOYEES		
Provision for Annual Leave	100,060	99,024
Provision for Long Service Leave	19,906	56,404
	<u>\$ 119,966</u>	<u>\$ 155,428</u>
NOTE 7: PROVISIONS - OTHER : CURRENT		
<p>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:</p>		
Provision for Vehicle Replacement	73,494	78,330
Provision for Comp IT & Equip	7,376	8,030
Provision for SADS Dental Equipment	3,938	3,938
Provision for Staff Housing	19,834	25,388
	<u>\$ 104,643</u>	<u>\$ 115,686</u>
PROVISIONS - OTHER : NON-CURRENT		
Provision for Vehicle Replacement	136,538	146,538
	<u>\$ 136,538</u>	<u>\$ 146,538</u>

TULLAWON HEALTH SERVICE INC

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2014

	2014	2013
NOTE 8: UNEXPENDED GRANTS		
<p>At balance date the Association had not expended all of its grant funds. These unexpended funds have been carried over into the next financial year. Details of the program unexpended funds are :</p>		
Aged Care Flexible Services - Recurrent Funding	18,211	73,705
Aged Care Kitchen Equipment Upgrade - One Off Funding	3,872	3,872
Aged Care Kitchen Capital Works - One Off Funding	5,295	5,295
Aged Care HACC - (DCSI) Recurrent Funding	1,942	8,033
Aged Care HACC - (DoHA) Recurrent Funding	9,361	8,964
Aged Care NJCP - Recurrent Funding	7,525	11,064
Aged Care Disabs - Recurrent Funding	36,911	17,722
Aged Care Disabs Units - Recurrent Funding	45,945	26,882
Aged Care Disabs Units - One Off Funding	13,814	13,814
BTH/ Link Up Enhancement - One Off Funding	-	31,681
Capital Works Program	-	6,829
Child & Maternal Health - Recurrent Funding	22,332	71,320
Closing the Gap In Chronic Diseases - KWA	24,624	57,170
Closing the Gap - Health Mothers Grant	461	-
DoHA KWA Dental - Set Up Costs	48	48
DoHA KWA Dental - Recurrent Funding	2,101	5,997
eHealth - One Off Funding	-	13,554
National Disability Insurance Scheme	23,956	-
Primary Health Care	25,711	103,146
RDWA KWA - Recurrent Funding	8,130	-
SA Dental Service - Recurrent Funding	3,351	1,900
Strong Fathers Strong Families - Recurrent Funding	22,955	20,633
Social & Emotional Wellbeing - Recurrent Funding	38,560	98,373
Tingari-Silverton Foundation Playground Grant	49,266	-
Youth Grant	1,159	1,159
	<u>\$ 365,531</u>	<u>\$ 581,160</u>

TULLAWON HEALTH SERVICE INC
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2014

	2014	2013
NOTE 9: CASH FLOW INFORMATION		
(a) Reconciliation of Operating Surplus to Net Cash Provided by Operating Activities		
Operating Surplus (Deficit) for the year	195,773	59,008
Profit/Loss on disposal of Property, Plant & Equipment	(1,521)	27,285
Depreciation	107,125	93,986
(Increase)/Decrease in Prepayments	(20,580)	(16,828)
(Increase)/Decrease in Sundry Debtors	(18,297)	159,639
(Increase)/Decrease in GST Payable	(21,759)	11,951
(Increase)/Decrease in other operating assets	-	-
Increase/(Decrease) in Payables	127,285	(87,430)
Increase/(Decrease) in Provisions	(46,505)	34,657
Increase/(Decrease) in Other Liabilities	(291,400)	127,127
Net Cash provided by (used in) Operating Activities	\$ 30,121	\$ 409,395
(b) Reconciliation of Cash		
Cash at the end of the financial period as shown in the statement of cash flows is reconciled to the Assets and Liabilities Statement as follows:		
Cash at Bank	774,705	890,876
Cash on Hand	500	500
	\$ 775,205	\$ 891,376

NOTE 10: 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.

Joanne Badke
Chief Executive Officer
Tullawon Health Service Inc.
PMB 45
Ceduna SA 5690

PARTNERS

James W Perry CA
Michael D Gray CA
Brendon Slates CA

Independent Auditor's Report
to the Members of Tullawon Health Service Inc

Report on the Financial Report

We have audited the accompanying financial report, being a special purpose financial report, of Tullawon Health Service Inc., which comprises the statement of financial position as at 30 June 2014, the statement of comprehensive income for the year then ended, a summary of significant accounting policies and other explanatory notes and the declaration by the members of the committee.

The Responsibility of the Members of the Committee for the Financial Report

The governing committee is responsible for the preparation and fair presentation of the financial report and have determined that the accounting policies described in Note 1 to the financial statements which form part of the financial report are consistent with the financial reporting requirements of the Associations Incorporation Act (SA)1985 and are appropriate to meet the needs of the members.

The responsibilities of the members of the committee also include establishing and maintaining internal control relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

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. These Auditing Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance about 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 controls relevant to the entity's preparation and fair presentation of the financial report 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 entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the members of the committee, as well as evaluating the overall presentation of the financial report.

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Facsimile: 08 8231 5035
Email: grayperrydfk@dfkadel.com
Website: www.dfkadel.com



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

Independence

In conducting our audit, we have complied with the independence requirements of Australian professional pronouncements.

Auditor's Opinion

In our opinion, the financial report of Tullawon Health Service Inc. presents fairly, in all material respects the financial position of Tullawon Health Service Inc. as at 30 June 2014 and of its financial performance for the year then ended in accordance with the financial reporting requirements of the Associations Incorporation Act (SA) 1985.

Basis of Accounting and Distribution of Use

Without modifying our opinion, we draw attention to Note 1 of the financial report which provides the basis for accounting. The financial report is prepared to assist Tullawon Health Service Inc., to comply with the financial reporting provisions of the Associations Incorporation Act (SA) 1985 referred to above. As a result, the financial report may not be suitable for another purpose.



Name of Auditor: Brendon Skates
Name of Audit Firm: DFK Gray Perry

Date: Monday 27th of October 2014

Thank You

Thank you to all of the staff who contributed to our annual report by way of articles, photos, production & distribution.

Funding Bodies

Tullawon Health Service Inc. would formally like to thank of all its funding bodies for all their support. We would not be able to do what we do without your help.



Australian Government
Department of Social Services



Australian Government
Department of Health and Ageing

National
disabilityinsurance
Agency



home and community care

A JOINT COMMONWEALTH AND STATE/TERRITORY PROGRAM
PROVIDING FUNDING AND ASSISTANCE FOR AUSTRALIANS IN NEED



Government of South Australia
SA Health



Royal Flying Doctor Service
The furthest corner. The finest care.



HealingFoundation
Strong Spirit • Strong Culture • Strong People

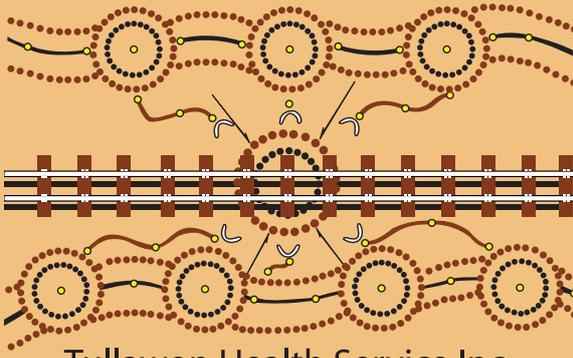
Rural Health West



Government of South Australia
Department for Communities
and Social Inclusion



tingari-silverton
foundation



Tullawon Health Service Inc.

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