

TULLAWON
HEALTH SERVICE INC

ANNUAL REPORT
2016

Safe Eyes – Healthy Lives

SAFE EYES, HEALTHY LIVES



In 2012 the Queen's Diamond Jubilee Trust in the United Kingdom announced they would be starting a worldwide campaign to eliminate Trachoma. This would be the legacy of Queen Elizabeth II's sixty years of reign. Initially, this program was to be provided in third world countries around the globe, as Australia was considered to be Trachoma-free. The Australian contingency of the Queen's Jubilee Trust rallied for the Trust in the UK to recognise that Trachoma is still prevalent in Australia, though only in remote Communities.

Trachoma is a contagious bacterial infection, which if left untreated can lead to corneal scarring and eventually blindness. In remote Communities, this can be spread through overcrowding, poor hygiene and substandard environmental health conditions.

Once Australia gained this recognition, a trust was established to deal with two objectives; "Our mission is to enrich the lives of people from all backgrounds within the Commonwealth by working with partners towards eliminating avoidable blindness and empowering a new generation of young leaders" (UK Trust Website). The Australian Trachoma Alliance (ATA) was then formed as an over-arching body to oversee this programme in Australia. Representatives from NACCHO, the Queen's Diamond Jubilee Trust Australia, the Fred Hollows Foundation, Vision 2020 and the Indigenous Eye Health Unit make up the ATA Board and Sir General Michael Jeffery is the Chairperson.

Three programme trial sites were determined to provide Trachoma elimination strategies in the hope for our Nation to become Trachoma-free. The three pilot Communities were; Utju (Areyonga, NT), Kiwirrkurra (WA) and of course, Yalata. The strategies implemented by each of these Communities were to be determined, provided and owned by Community.

Following significant consultations with the Tullawon and YCI Boards and other Community representatives, a Commitment was signed by Yalata representatives and NACCHO on 26th October 2015. A Steering Committee was developed by representatives

from all Yalata organisations to oversee this project on Community. It was then named the "Safe Eyes, Healthy Lives" (SEHL) project. The Fred Hollows Foundation has provided 12 months funding for a SEHL officer sitting within Tullawon Health Service.

The intended outcome of this initiative is the elimination of Trachoma in Australia by 2020 through Aboriginal leadership and community engagement. To date Yalata has gone 18 months without any reported cases of Trachoma, which is the longest recorded time for our Community.

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Image: Signing of the 'Safe Eyes, Healthy Lives' Commitment by Yalata representatives

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 effect 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, north-west 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:

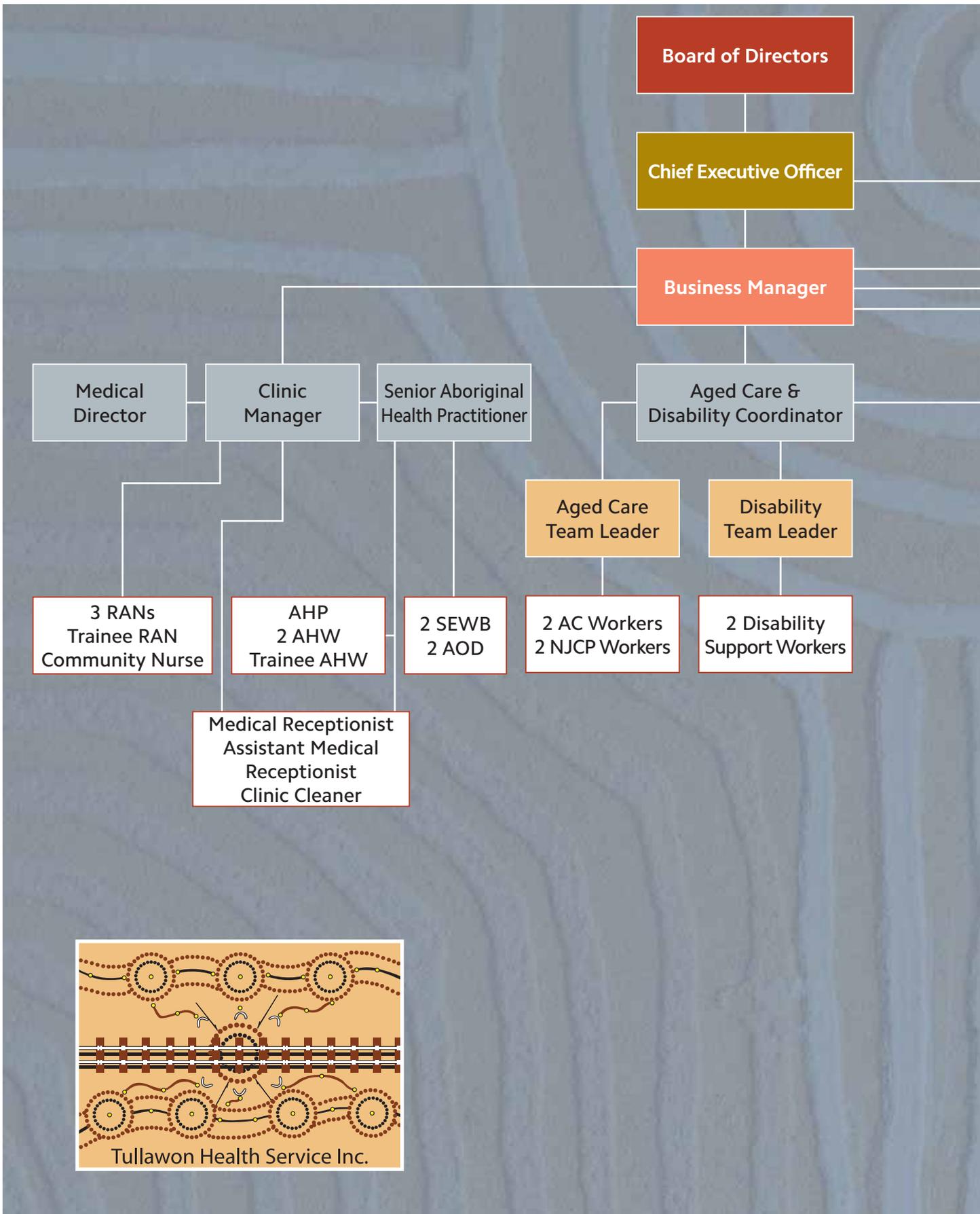
- The Anangu people of Yalata and Oak Valley are one people
- Both YHMS and OV(M) should make sure that there are cooperative and “seamless” arrangements, for Anangu, between the health services

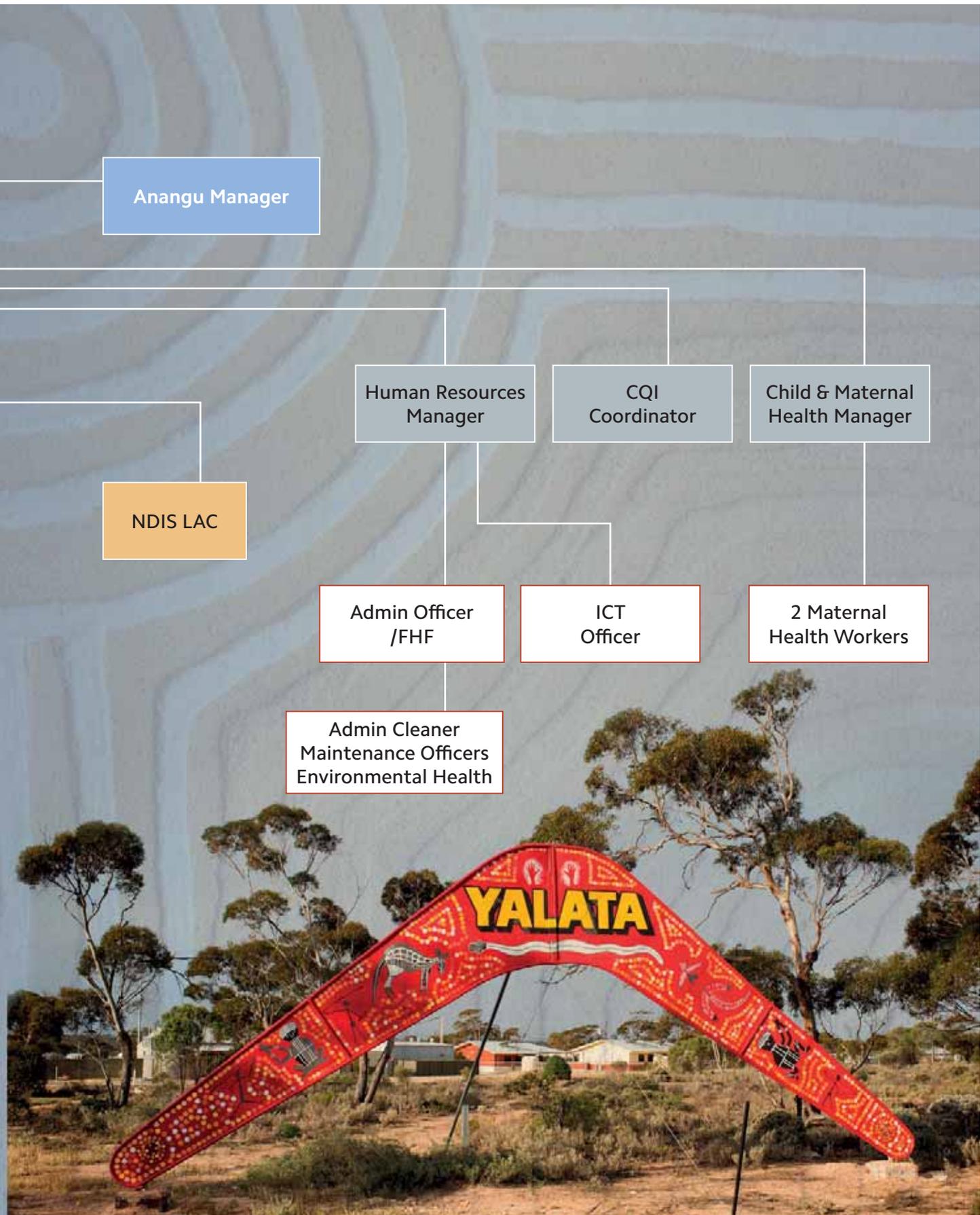
The YMHS constitution was amended and adopted at a Special General Meeting on May 31st 2001 with the name of the organisation being changed to Tullawon Health Service Inc. (THS). However the importance of the two principles relating to services for the people of Yalata and Oak Valley is maintained in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





CHAIRPERSON'S REPORT

The 2015-16 financial year has been another big year for Tullawon Health Service, with a lot of growth and program improvements. We started the financial year in a very positive way by holding a Board and Staff Planning Day. It was a great way for us all to come together and talk about why we are here and where we want to go as an organisation. We are hoping to have more of these in the future to bring everyone together and re-focus. It also helps us all understand the roles and responsibilities of each service area and the amount of work involved.

We have been very fortunate to work with many well renowned organisations this year, such as the Australian Army, NACCHO and the Fred Hollows Foundation.

Through the Safe Eyes, Healthy Lives Program, the Australian Army agreed to investigate whether they could assist Yalata with building some Club Rooms. It was identified that Yalata lacked clean running water infrastructure, so people who were sleeping rough couldn't access showers, sinks or toilets. Trachoma spreads through poor hygiene and overcrowding, especially during times such as sports carnivals or Business.

With access to a building such as Club Rooms, we can provide showers and toilets for general public use and have an appropriate space for sports teams too. After a lot of consultation with our Board and YCI's Board, it was agreed that the oval behind the school would be best. This is because the new oval has poor water access for plumbing.

Representatives from the Army visited several times to see if this was possible. Russell and I hosted these visits, showed them around Community and introduced them to members. They advised they were impressed with how much Tullawon and the Community had prepared for their visits and devised suitable plans. It made the process much easier, and the representatives were able to advocate on our behalf to seniors in the Army.

We were advised several months later that our Club Room application had been successful and a team will come out to commence construction in early 2017.

As part of the Chairperson role, I represent Tullawon on the AHCSA Board. This involves attending Board Meetings in Adelaide. This year we also started Company Directors training, which is being provided in several modules. This training has been very useful to better understand the roles and responsibilities of the Board and Chairperson role. Tullawon is looking at providing this training to our Board next financial year too.

The whole of Yalata was deeply saddened by the passing of Kumanara Bryant on 22nd August 2016. Our Board and organisation would like to share our condolences with Pastor Russell Bryant and his family. Kumanara was a fantastic Board member, always actively participating in meetings and Tullawon events. We all greatly enjoyed working with her and will miss her dearly.

We have had some changes in our Board this financial year. Ivan Bryant stepped down so he could accept the SEHL Environmental Health Officer position. Kristy Richards also stood down from the Board when she decided to move to Hermmansburg, NT. We would all like to thank them both for their contributions to the Tullawon Board and wish them all the best with their future endeavours.

I would like to thank Joanne Badke for all her work as our CEO, my fellow Board members and all the staff for their dedication and contributions this year.



Don't forget, there is still time for all Community Members to register for the Tullawon Christmas Tree Event. Hope to see you all on the 15th December! Palya, I hope everyone has a wonderful and safe Christmas and a Happy New Year.

Roderick Day
Chairperson

CHIEF EXECUTIVE OFFICER'S REPORT

Introduction

This annual reporting period 1st July 2015 to 30 June 2016 has seen many improvements, program enhancements and organisational developments for Tullawon Health Service as a whole.

During this time, we have also seen some major impacting changes for the community as a whole with the introduction of the 'cashless debit card pilot' commencing in March 2016 for a 12-month period, a new CEO for YCI in November 2015 and the reduction of broader community service programs.

With the implementation of the cashless debit card pilot, Tullawon Health Service received funding for 12 months from Department of Prime Minister and Cabinet (DPMC) to provide an Alcohol and other drugs (AOD) program. Funding was limited to 1 fulltime position, Tullawon Health negotiated splitting the role into 2-part time positions enabling a male and a female AOD worker to be employed. We are hoping to be able to advocate for the AOD program to continue to be funded at the completion of the pilot as an ongoing program.

Tullawon Health is required to meet industry standards for all of our service areas and must participate in reviews undertaken by our funding bodies and independent accreditations; this requires us to ensure the Tullawon Health Service Policy and Procedures are compliant with Industry Standards and that all staff and Directors fully comply with Tullawon Health Service Policy and Procedures, systems and contractual agreements.

In September 2015 we undertook our Aged Care Quality review, although a lot of work was undertaken from some staff and managers to ensure we successfully met all standards unfortunately we were unable to fully meet all of the standards; undertaking this process allowed us to identify a number of rectifiable issues such as a large number of staff absences impacting on the ability to meet all daily tasks and reporting, staff not being trained adequately to meet the duties expected of them and staff and Directors failing to follow up appropriate Identification to submit applications for DSCI and Police Checks.

In addition, it was identified that it is impossible to meet the standards that relates to the Food Safety Act that requires Tullawon Health Aged Care to complete an independent Food Safety Audit (usually undertaken by the Local Government Council) of which does not apply at Yalata. After review of the Aged and Disability services as a whole a new staff structure was implemented which has seen the employment of an Aged & Disability Service Co-ordinator.

Every 12 months we identify goals that we would like to achieve in addition to our contractual obligations these goals were identified in the last annual report and I have provided a report on our progress of some of these goals within this report.

Achievements

Individual areas will report on their achievements in line with our contractual obligations, over all Tullawon Health Service has adequately met the majority of contractual requirements and targets; however, we have a number of area's that require improvements, in particular we need to improve staff attendance and retention, equality of staff member's workloads, community health education, and engagement.

During this reporting period we have had some major achievements some of which are described below.

Safe Eyes, Healthy Lives Pilot

The Safe Eyes, Healthy Lives (SEHL) pilot has been supported by the Fred Hollows foundation for employment of Ivan Bryant as the part time SEHL Environmental Health Officer for 12 months, in addition we received the formal commitment from the Australian Defence Forces (Army) for the building of club rooms that will support access to public hygiene facilities for visitors and community members. The SEHL pilot has seen the placement of hand sanitisers around community for access to clean hands.



CHIEF EXECUTIVE OFFICER'S REPORT (CONTINUED)

Visitor Accommodation

Tullawon Health now has accommodation available for visiting health professionals, with the increase in staff and demand on staff housing we could not continue to provide accommodation for visitors through the current staff housing properties. We have developed a self-funded model to provide accommodation for visitors of Tullawon Health although it is limited. All accommodation income received contributes to the THS own funds that covers the Board sitting fees and approved Board member expenses.



We have 3 Donga style accommodation units that are fully equipped with ensuite, kitchenette, small lounge/dinning, TV and Queen bed. We can accommodate 3 – 6 people, 3 single people or 3 couples at one time. The accommodation is best suited to shorter term stay but can provide longer periods of stay if needed, the facilities provide fully enclosed yard with laundry facilities.

Visitors to Yalata are also welcome to book our accommodation if available but priority will always be provided to visiting health professionals. Future developments include an undercover outdoor sitting area, and undercover secure parking.

Mums and Bubs Playground

We received funding from Tingari Silverton (American based Philanthropy) in 2014 to provide an age appropriate outdoor play ground for the Tullawon Health Mums & Bubs centre. This project has been delayed by many factors during this time but we are pleased to announce the completion of this project.



We ordered the equipment through Imagination Play who provide age appropriate playground equipment and usually installation however given our remote location installation of the playground became the responsibility of the Tullawon Health maintenance team who were required meet child safety play equipment standards when constructing.

They have done a fantastic job not only completing the playground but also building an undercover area for parents, converted the old rain tank to a cubby house, installed age appropriate fencing and refreshed the inside of the centre with a fresh coat of paint. It has been a fantastic effort to achieve all that has been.

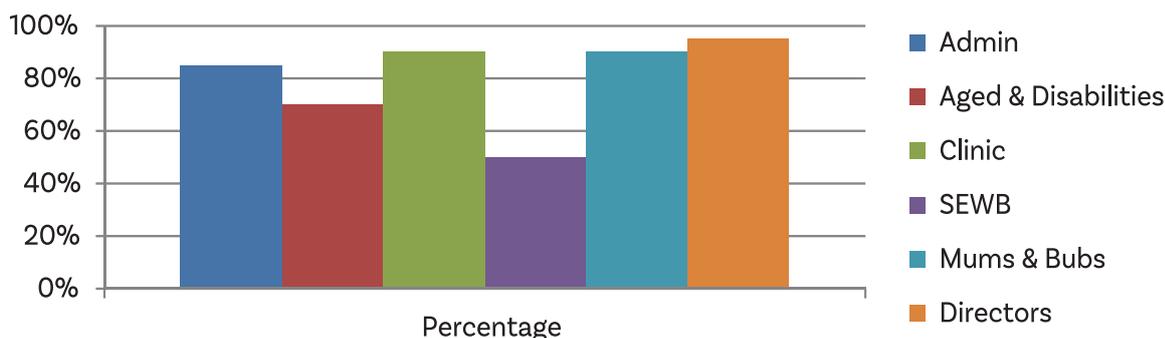
Goal Achievements

Last year as discussed we set our selves goals to strive to achieve in the following 12 months, these goals were in addition to the contractual obligations from our funding bodies. Some of our progress towards achieving these goals is as follows;

Goal - To increase opportunity for professional development for all staff and directors

Professional development opportunities have been provided for all eligible staff. The professional development activities provided by Tullawon Health range from formal education for individual position qualifications, participation at conferences and internal training sessions.

Graph 1 - Percentage of employee's and Board members who participated in professional development activities by area during July 2015 to June 2016.



Goal - To develop the culture of continuous quality improvement

In August 2015 Tullawon Health funded by the Indigenous Rural Health Department (IRHD) employed a Continuous Quality Improvement (CQI) Coordinator (Dan Kyr) for 12 months; we were advised late March 2016 that Dan Kyr was successful in obtaining other employment and would complete his time with Tullawon Health on the 30th June 2016. We thank Dan for his contribution to Tullawon Health CQI program.

The Tullawon Health CQI program has achieved the following key objectives;

- Employed a CQI coordinator
- Developed a 3 year CQI action plan
- Introduce CQI to all staff and Directors
- Workplace cultural change to adopt a CQI framework
- CQI activities implemented
- Community Feedback

We are moving into stage 2 of our CQI program and will employ a Primary Health Quality Assurance Coordinator and continue to work on the 3 year CQI action plan that was developed December 2015.

CHIEF EXECUTIVE OFFICER'S REPORT (CONTINUED)

Goal – To work with other service providers at Yalata to address the transportation issues through the development of a regular transportation service to and from Ceduna

Transport is an ongoing issue for community members who are required to attend Medical appointments, although opportunities through Far West Coast have been provided this has limitations and requires a robust application process.

Transportation to Ceduna for appointments or to catch the Plane/Bus to attend appointments in either Adelaide or Port Augusta is the major issue faced, we do not have a vehicle that community members can borrow to attend appointments, and we are also not funded to send clinical staff to transport community members to and from Ceduna on a regular basis.

We can provide transport support to eligible Aged & Disability clients through the Aged & Disability services however this needs to be in coordinated groups as we cannot have a staff member absent from delivery of services every day of the week.



To address these transport issues the Tullawon Health Board requested the CEO to investigate possible options for a self-funded transport service for the Yalata Community.

A sustainable model has been endorsed by the Tullawon Health Board and will include the following;

- Acquire funds through a Philanthropy to purchase an appropriate bus for transports services
- Develop a strict transport policy and procedure in-line with DCSI Client Transport Standards
- Develop a passenger ticket contribution fee model to contribute to the costs of the Transport Driver
- Provide a transport service to and from Ceduna 3 times per week with set pick up and drop off destinations
- Must be a pre booked service for passengers
- Passenger transport conditions to include strict rules regarding intoxication and substance misuse, hygiene standards, behavioural responsibilities, and priority transports.
- Transport Driver to comply with DCSI standards and meet all regulatory compliance associated
- Transport to be reliable and consistent, no loan or bus hire to other community events or groups.

We have been successful in obtaining an appropriate second-hand bus, we are currently developing the transport services systems, policy and procedures and cost model, the transport service will not be implemented until all system and procedures have been developed and an appropriate Transport Driver engaged. We are hoping to have this service up and running by mid to late November 2016.

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 all local Anangu community members employed by us, it is an expectation from funding bodies that local Anangu staff employed will already have housing although we acknowledge this is not always the case.

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 the Yalata School, YCI and SA Housing to ensure together we work towards sustainable housing for local people and relocated staffing.

Future developments

Whilst we cannot be certain that funding will be secure at the completion of our current contracts; 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 new models of care to address the gaps in health including the engagement of a local GP service
- A new Aged Care & Disability Day Centre facility
- Aged Care Residential Facility
- Disability Supported Accommodation
- Improvement of Information Communications and Technology (ICT) infrastructure
- Advocate for ongoing funding to support a Drug & Alcohol counselling support positions based at Tullawon Health Service

Closing Message

The past 2.5 years have not only been a challenge for me as CEO, all staff and Board Members have adapted to the new style of management, implementation of new systems, and the ongoing quality improvements. I would like to acknowledge this support and to take this opportunity to thank you all.

I would also like to acknowledge the ongoing support AHCSA and funding bodies has provided Tullawon Health Service over the past 12 months.

Although government changes and expectations can be hard, it takes time and dedication from all staff, 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

Employee Movements

The Administration team has had a few changes in this financial year (2015 - 2016). We had Sara Copeland, our Administrative Officer, unfortunately resign in pursuit of her nursing career and returning to her home in Mount Gambier with her family. Roxanne Harrison was employed fulltime to take over the responsibilities of the Administrative Officer. During the financial year Roxanne was then offered and accepted being part of the Fred Hollows Foundation, Safe Eyes Healthy Lives Program. This resulted in her split position responsibilities of 0.6 EFT Administration officer and 0.4 EFT Trachoma Project officer.



Adevia Damara (Oki), was employed to cover the 0.4 EFT remaining of the Administration Officer role so we had reception manned. Roxanne planned for maternity leave, which is scheduled to begin in August 2016. We all at Tullawon would like to wish Roxanne all the best with her pregnancy, and Sara too.

Whilst Roxanne is on maternity leave, Kristy Forrest took up the opportunity to fill in for her and has been employed with us for a month now. Kristy is currently undergoing handover from Roxanne and learning the processes that she will need to take on once Roxanne goes on maternity leave.

Dan Kyr is a new addition to our team. Dan was employed in a new project position of Continuous Quality Improvement, Accreditation and Data Coordinator. This position focusses on implementing and improving our quality improvement processes in line with accreditation. With the new reporting standards of Primary Health Care, Dan's role focussed on this area to ensure we are meet all the performance requirements. Dan unfortunately resigned nearing the end of this financial year in pursuit of an Information Technology Industry job.

The Admin team would like to welcome those new employees and thank those that have left for their contributions and wish them success in their future endeavours.

Information Technology infrastructure (IT)

The Admin team also had a lot of changes in the in the IT area. We migrated our email server over to Microsoft Exchange. This was to resolve issues we were experiencing which resulted in our employees having downtime in emails. The Microsoft Exchange system was successful in resolving the issues we were having and also adding extra features such as shared calendars, ultimately improving the efficiencies of email and calendar use.

Our onsite servers have also been changed. We have upgraded our terminal server to improve performance and speed of employees accessing their data entry programs and email.

Accommodation/Staff Housing

Tullawon has come leaps and bounds in terms of accommodation. Tullawon's maintenance team restored house 236, which was left in a state that was not suitable for living and had been vacant for a few years. Our maintenance crew worked together and renovated the house to bring it back to suitable living space for one of staff members. This house was allocated to our trainee remote area nurse position.

As mention in the previous annual report, we purchased three portable dongas. The dongas arrived in late November 2015. These have been installed with plumbing and electricity and were also brought back up to Australian housing standards. They now function as visitor accommodation, which has freed up our old visitor accommodation, house 247, which has since been allocated to a remote area nursing position.

As part of the Child and Maternal Health Expansion, Tullawon was funded to purchase another three portable dongas. Two of the three dongas were transported and installed at Oak Valley to support the mothers and babies program extending services to this Community. The remaining donga has been transported and is currently undergoing installation in Yalata. This accommodation has been allocated to the Primary Health Quality Assurance Coordinator position, which is new role expected to kick off in the next financial year.

Image: Kim Lovibond, Sir General Michael Jeffrey, Joanne Badke and Jacqueline Constanza (Fred Hollows Foundation) at Australian Trachoma Alliance Meeting

Maintenance

Apart from the usual duties and accommodation/housing works, the maintenance team have put together and setup standing working stations in the clinic area to eliminate desks and allow more computers. This was due to the increase of clinical staff and constrained office space.

The Admin Reception security door was also renovated to a door which was more secure and suitable for the Admin team. This also supported the sign in system.

Another big change was the installation of keypad coded doors. This was to add extra security to the offices and ensure that information is only accessible to appropriate staff members.

The Maintenance Team also constructed the new playground area behind the Mums and Bubs Centre. The space had been cleared, the playground erected and the old rainwater tank has been transformed into a cubby house for children to play in.

Process and System changes

The Admin team has introduced an improved sign in system for all external agency representatives. Tullawon visitors are all expected to sign in before entering the Admin or Clinic buildings. This system is to ensure that we are aware of when we have visitors and if they have been approved to visit Tullawon programs. This is not a process that clients or patients of the service are expected to do.

Tullawon Health Service has taken on an interest in tackling smoking. We wanted a way to support their staff in reducing smoking or quitting. In May, Tullawon developed an incentive for non-smokers of an additional 1% superannuation contribution.

Uniforms have also undergone a change. A new colour scheme was voted in by staff, which resulted in changing from a blue to a grey and black colour scheme. Uniforms were changed to more temperature friendly designs due to the extreme weather conditions that can occur in Yalata.

Other Achievements

We have purchased a new yellow ambulance to be the AHW on-call vehicle.

The Admin team provided support and assistance to the aged care team in completing their quality review accreditation.

Training

The Admin team has undergone training in First Aid, Manual Handling and provided an in-service training event, which was held in Ceduna in September 2015.

Future planning

- The office is to be rearranged and additional furniture to be purchased.
- Tullawon has planned to upgrade staff housing fences, which are currently not appropriate for stopping fence jumpers and to increase the security and safety of our staff. Security cameras will also be installed around our buildings and staff houses to help us reduce damage to properties and decrease the likelihood of break ins.
- Plans to improve the Clinic waiting area are underway and include providing more appropriate seating for the area.
 - Communicare has released an upgrade that is no longer compatible with our Communicare server, we have planned to migrate Communicare to our Argus Server.
 - We are planning to hold a Tullawon NAIDOC Family day in 2017, details and information about this event will be released once we get closer to NAIDOC week.
 - We have also started planning a Tullawon Christmas Tree Event in December 2016. This is an opportunity to give back to Community and celebrate Christmas together. Registrations for this event have opened, please see the Clinic for further details.



Daniel Finning
HR Manager

(Pictured)

Kim Lovibond
Business Manager

CLINIC MANAGER'S REPORT

Introduction

The Tullawon Health Service (THS) Clinic provides Primary Health Care and after-hours emergency care for the Yalata Community and surrounding areas. A team comprised of Registered Nurses, Health Workers and Administrative staff work closely together to enable the implementation of these services with the assistance of the Royal Flying Doctor Service, Kakarrara Wilurra Health Alliance and Country Health SA.

Profile

To provide community health services and after-hours emergency care for Yalata Community.

The Team

Clinic Manager	David Gordon
Remote Area Nurse	Mary Van Der Berg
Remote Area Nurse	Rianna Mundy
Remote Area Nurse	Alex Joukovski
Community Health Nurse	Leah Loughton
Senior Aboriginal Health Practitioner	Lauren Peel
Aboriginal Health Practitioner	Karen Smith
Aboriginal Health Worker	Adrienne Peel
Social Emotional Well Being Worker	Harriet Coleman
Social Emotional Well Being Worker/S&WB AOD	Aaron Edwards
Safety & Wellbeing - AOD Support Worker	Rosie Bilney
Tackling Indigenous Smoking Officer	Walter Champion
Medical Receptionist	Constance Wright
Assistant Medical Receptionist	Crystal Windlass
Cleaner	Kiarni Coleman



Images: Clinic Team at Staff Planning Day

Challenges

Tullawon Health Service has a complex role dealing with many issues that affect Aboriginal health. The following are the most common issues that are dealt with:

- Cardiovascular diseases, which are a group of diseases affecting the heart and circulatory system. This includes heart attack, stroke and high blood pressure. The behaviours which make it more likely that a person will suffer from cardiovascular disease include smoking, high blood cholesterol, poor diet, inactivity and having diabetes.
- Diabetes, are a group of disorders in which the body does not convert glucose into energy. This leads to high blood sugar levels in the blood which can cause serious health problems such as heart disease, stroke, kidney failure, eye disease and limb amputations. There are several types of diabetes. Type 1, Type 2 and gestational diabetes. Type 2 is the most common form of diabetes that Aboriginal people suffer from. They tend to develop it earlier and die from it at a younger age. It is common that diabetes is not diagnosed until after complications have developed.
- Kidney disease which results in the kidneys not performing their usual function of removing waste and extra water and keeping the blood clean and chemically balanced.
- Injuries from falls, assault, sporting injuries, motor vehicle accidents etc.
- Respiratory disease which can affect any part of the body which involves breathing. Common types of respiratory disease include colds, influenza, asthma and pneumonia. Risk factors include infections, Smoking, poor environmental conditions and other diseases like diabetes, cardiovascular disease and renal disease.
- Eye Health which is important for everyday life. Most eye problems are preventable and treatable. The most common problems are refractive error (focusing), cataract (clouding of the eyes lens), diabetic retinopathy (damage to the small blood vessels in the back of the eye caused by diabetes which can lead to blindness) and infectious diseases like trachoma. Factors that affect eye health are getting older, smoking, injuries, exposure to ultra violet light from the sun and not eating healthy food.
- Ear Health which is important for hearing, learning and balance. There are a number of ear diseases but the most common is otitis media. Otitis media is when the middle ear is infected by either bacteria or a virus. Risk factors for ear disease are overcrowded homes, exposure to smoking, living in poor conditions and poor hygiene.



Image: Educational tool used during diabetes week

CLINIC MANAGER'S REPORT (CONTINUED)

Partnerships

Royal Flying Doctor Service (RFDS)

The RFDS provides a 24hr a day 7 days a week emergency consulting service and aero medical evacuation when required. They also assist in the primary health care at Yalata visiting 3 times a month.

There has been some organisational and staff changes within the RFDS this year but they have continued to provide an excellent service. Unfortunately, the funding for a mental health nurse has been ceased and at this stage we have not been able to provide a solution to fill the gap in this service.

Kakarrara Wilurrara Health Alliance (KWAH)

This year has seen several doctors assisting us in our community Health role.

I would like to welcome Dr Michael Nugent as our Medical Director. Michael is from Clare and has a long history of working in Aboriginal health. Michael has settled into the role quickly and hopefully he will enjoy the role for many years.

I would like to congratulate our physiotherapist Bonnie Cheyne on the birth of her second child. Bonnie will continue to visit Yalata on a monthly basis.

Rural Health Outreach

Rural health outreach has assisted this year by facilitating visits from Psychiatrist Dr Ken Fielke, Paediatrician Dr Nigel Stewart, and Ophthalmologist Dr Stewart Lake.

Country Health SA

Country health SA has provided a podiatrist, dietician, diabetes educator and speech pathologist. This service was previously provided from Whyalla but is now provided from Ceduna. This is good for our community as staff from Ceduna have in a lot of cases already have a relationship with community members.

This year has been a busy with community events such as the football carnival and health promotions such as Kidney week, Trachoma screening, Sexual health and Diabetes week.

Clinical Staff

Lauren Peel and Karen Smith were successful in becoming aboriginal health practitioners.

Education

Staff have been busy the past year updating their skills. In addition to the training which is conducted on Thursday afternoons in which a wide variety of topics are covered such as Advanced life support, Medications, interpretation of pathology and use of specialised equipment. Staff have also completed external training:

- Remote Emergency Care - Adrienne Peel, Mary Van Den Berg, Mandy Smallacombe, Alex Joukovski, Rianna Mundy and Leah Laughton.
- Maternity Emergency Care - David Gordon, Rianna Mundy
- Advanced Life Support - Mary Van Den Berg, Rianna Mundy, Mandy Smallacombe, Alex Joukovski and Leah Laughton.
- Immunisation certificate - Mary Van Den Berg, David Gordon and Alex Joukovski

David Gordon
Clinic Manager

SENIOR ABORIGINAL HEALTH PRACTITIONER'S REPORT

This year my role has changed from Senior Aboriginal Health Worker (AHW) to Senior Aboriginal Health Practitioner, where I work alongside David Gordon, the Clinic Manager, in a more of a team leader capacity. I supervise all the AHW's and the SEWB & AOD Team.

We have had many great programs commence this year, such as the addition of the Alcohol and Other Drugs component of the Social, Emotional, Wellbeing Program and the commencement of the Tackling Indigenous Smoking Program. All AHW's are rostered on-call for out of hours emergencies and receive training for this responsibility. We are the first point of call and if required, we will contact the on-call nurse for assistance. Every Thursday afternoon when the Clinic is shut, Dave provides in-service training to assist us with preparing for emergencies.

We work closely with the RFDS and all other visiting allied health and health specialists providing a service. Some may request to see particular clients, so we assist following them up and doing observations beforehand. The Ear Screening Program has been going well. We have had a few kids have operations on their ears and most have healed. Some are still receiving treatment, but will be followed up later this year by Dr Patricia MacFarlane.



The Clinic Team has been working towards developing an Annual Events Calendar, where we hold a health promotion day each month to raise awareness on issues and concerns related to our community. This has started well, with a Kidney Health and Diabetes Day, with a full week dedicated to screens for these health issues. It is great to see everything happening and I do believe all went well.

Our team also hosted a couple of Women's Health Nights, which were very successful. We have a lot of women participating in these evenings and it is a great opportunity to check in on all areas of their health. The Well Women's Screening Program provides assistance with these nights. Once the Blue House is back up and running, the male workers will

organise similar events for Men's Health. We are working on coordinating a Women's camping trip to Port Lincoln, with ladies from Yalata, Oak Valley and Tjuntjuntjara. Hopefully this will occur in early November. Then the Male AHWs can organise a Men's Camp sometime early next year.

I am Tullawon's representative for the Aboriginal Health Worker Primary Forum member and Walter Champion is my Proxy. We both went to the AHCSA Forum this year, to gain updates on our area. I also attended the grand opening of AHCSA's new building, which was also a great event.

Congratulations to Walter Champion for completing his Certificate 3 in Aboriginal Torres Strait Islander Primary Health Care and to Karen Smith for also becoming an Aboriginal Health Practitioner. Walter will be commencing his Certificate 4 in ATSI Primary Health Care early next year and we will also be sending a few trainee health workers to complete their Certificate 3 through AHCSA in Adelaide.

Congratulations to the Health Team for promoting and delivering such wonderful and successful events this year and well done to all patients that participated. We look forward to providing more promotion and awareness to our community in the coming year.

Lauren Peel
Senior Aboriginal Health Practitioner

Image: Rianna Mundy, Rosie Bilney and Lauren Peel at a staff meeting

SOCIAL EMOTIONAL WELLBEING REPORT



We have had a lot of changes in the Social Emotional Wellbeing Program this year. Since the implementation of the Cashless Debit Card trial, we gained an Alcohol and Other Drugs component to this program. When this commenced in early 2016, Rosie Bilney joined the team. Benjamin Reynolds was the Social Emotional Wellbeing, Male Worker, for most of the year, but has since moved to NSW. Aaron Edwards replaced him and also does part time AOD work. My role is the Social Emotional Wellbeing, Female Worker. Our team is situated in the Clinic building, near the waiting area.

With the help of Uncle Benny, and other Tullawon staff, I was introduced around the Community as the Social Emotional Wellbeing Female Worker. I had to take baby steps to gain the trust of the women of Yalata. I did this by slowly introducing myself and participating in activities held at the Women's Centre that Melissa Windlass was managing.

Throughout this last year, we had three Cultural Women's trips, to bring women back to Country and do cultural activities together. One trip in particular stood out, as there was only supposed to be 12 women participating, but in the end we had 26 women! Sandy, Audra, Melissa, and I organised the trip. It was a great day, with Elders, Community ladies and participants from the Aged and Disability program too. We got to collect and prepare bush medicine, and also hunt for wombat on our way home.

Our team have been providing a range of culturally appropriate services to the community of Yalata. We assist clients with general support, advocacy, assistance in gaining other services to improve to their physical, emotional and social wellbeing and more. We promote living a healthy lifestyle and provide education about substance abuse. This can be done by showing client's a flip chart and explaining the effects of alcohol, by watching educational videos, or just yarning about one's health.

After Uncle Benny left, I picked up some of the support services provided to Men as well, especially until Aaron came on board. I always try to make sure everything is culturally appropriate. As people in the Community saw me around more, they became familiar with me and as we have an open door policy, men and women were coming in for just a yarn or to gain help with paperwork.

*Images: (Above) Community Members after recent ENT (ear) surgery in Ceduna
(Right) Community members catching some sun*



In March 2016 Aaron Edwards and Rosie Bilney joined the SEWB team as the SEWB/AOD (Alcohol & Other Drugs) Support Workers. It was slow in the beginning whilst establishing the new AOD roles. These roles are a part of the Safety and Wellbeing Program, however both sections are connected and linked with working in SEWB field.

The SEWB/AOD team have developed a Culturally Appropriate Client Pathway Plan (CACPP). This will allow all our referral's from external services to enter into our developed CACPP, identifying serious and non-threatening illnesses. Once entered into the CACPP we can then match their needs with our tailored service delivery, having better outcomes for our people. Exposure to our CACPP will allow four levels of screening; observation, screening, assessment and apply appropriate methods. Clients often possess other chronic illnesses that have potentially gone under the radar, we aim to alleviate this issues with continuity of our service delivery, mandatory reviews and having management systems supporting our service delivery. We also aim to undertake an Aboriginal Health Check with each of our clients so we can gain a better overall picture of their health.

Over the last 12 months we have created strong relationships with key stakeholders within Yalata and surrounding regions. We attend a range of meetings in Ceduna to advocate on behalf of our clients for more streamlined services and access. Our team members have participated in a lot of training to improve their skills and knowledge, such as Mental Health First Aid and attending various conferences to keep up to date.

On a day to day basis, community issues may arise and will shape the way we deliver services, i.e. Sorry Business, Diabetes Week, Kidney Week, health checks and other. As SEWB and AOD employees we would like the community to understand the following;

- We are 'team workers' for Tullawon and Community
- We respect and value cultural ways and work towards delivering culturally appropriate programs
- We want to educate the Community on the harmful effects that alcohol and other drugs have on individual, families and communities; and
- We want to build Community understanding that there is no shame in talking to somebody, "yarning" about your feelings if your sad, angry or stressed. Come in and have a yarn and we will do our best.

The AOD positions are only funded for 12 months at this stage, however we hope this will be extended to a more permanent program after all the hard work put in to develop it. We feel these services are very beneficial to the Community. Come drop in and see us anytime!

Harriet Coleman
SEWB Worker

CHILD & MATERNAL HEALTH REPORT



Firstly, I would like to acknowledge our past and present family members that have passed on this year. It has been a very sad time for our Community.

This year has been another very busy year. We were successful in gaining expansion funds to provide Child and Maternal Health services to Oak Valley as well as Yalata. With these funds we were able to increase the hours of Carlene Ginger and bring on Melvina Smart part-time too. They are both great assets to the Centre and work very hard for their Community. Together, we work with many stakeholders, such as Saving the Children and the CaHFS team.

The expansion funding allowed Tullawon to purchase two visitor accommodation transportables for Oak Valley. This will increase their visitor accommodation availability in the Community and if vacant, will give us somewhere to stay when we visit. Oak Valley has hired a female health worker, who will be the main point of contact for Child and Maternal Health services in their Community. We are working with Dr Rishi Agrawal (Paediatrician) to help us provide more paediatric services in Yalata. He will hopefully visit several times next year, as we develop this program. Tullawon has also been working with Country Health SA and Koonibba Health Service in Ceduna, to help bring more antenatal services to Yalata, so pregnant mums can access more services within the Community. The hope is to be able to have more women give birth in Ceduna, rather than needing to travel all the way to Port Augusta. The long term goal would be to have women traditionally birth back on Country. We are also working towards building up women to stay on Community longer, before needing to travel before giving birth.

We have had another increase of mums and babies in the Centre, which means we have been running many programs throughout the year. We have 27 children that visit the Centre with their mums. Health promotion, health eating, arts and post-natal education are some of the activities that we provide. We support the families in all of their needs and always try to go above and beyond to help them feel comfortable, safe and enjoy being in the Centre. Through this safe place, we can help ensure mothers and their children gain the health care they need.

The Mums and Bubs Centre also participates in the monthly health promotional day. We like to encourage the children and families to attend and learn about particular health issues. It is also a great time for us to weigh the children, check their height, their eyes and overall health. These days have been a huge success and we look forward to more next financial year.

Image: Mums washing their bubs in the Mums & Bubs Centre (photo courtesy of Adam Ferguson)



A huge success this year was the completion of the new Playground and outdoor area in the Mums and Bubs Centre. This was generously funded by the Tingari-Silverton Foundation in the United States. We would like to formally thank the Tingari-Silverton Foundation for their support, the children love the new play area. The maintenance team spent a lot of hard work putting it all together and ensuring it is safe for our kids to use. They also re-painted the entire Centre, giving it a fresh and more colourful feel.

Over the years we have developed a great relationship with the Kimba second-hand shop. They always donate clothes for our babies in the Centre. In appreciation of this, the ladies in the Mums and Bubs Centre did a painting for their store. We will formally give this to them next financial year.

Throughout the year Melvina, Carlene and I have attended several conferences to keep up to date on Child and Maternal Health issues. We also have done a few presentations in Adelaide, Queensland and Melbourne. Next financial year we hope to send Melvina and Carlene to attend more training to build up more skills and knowledge.

Thank you to everyone that has supported us again this year. We look forward to many more exciting experiences and meeting more mothers and babies in 16/17.

Jaleen (Eileen) Miller
Child & Maternal Health Manager

AGED CARE & DISABILITY SERVICES REPORT

Funding

Aged Care and Disability services has several streams of funding to help deliver services to the Yalata Community.

Aged Care Flexible Services, Disability SA, CHSP, National Jobs Creation Package (NJCP) and DCSI Home and Community Care (HACC) funds the delivery of services provided in the Day Centre and some services provided on the weekends. NJCP provides funding for two of our part-time community staff to work 18 hours a week in Day Centre. This funding is provided on the basis we meet a minimum of 18 hours per staff employed per week or we may see this funding reduced or withdrawn, decreasing staff positions on the ground.

Day Centre

The Aged Care and Disability Day Centre delivers services 8.30am to 5.00pm on weekdays to 16 Aged care clients and 12 Disability clients plus their carers.

The Day Centre provides a safe haven for our Community Elders to come in and relax, watch television or socialise with each other. They can be supported to access other services such as Trustees, Centrelink, Centrecare, specialist services and the Clinic. Our Clients are also supported with transport to services and appointments located outside of Yalata.

Each client has access to a Daily Menu, which provides information on the service of meals for breakfast, morning tea, lunch, afternoon tea and dinner (MOW). All meals are carefully prepared in the Day Centre kitchen by our cook, Lionel, with assistance from our Community staff and direction from visiting dietitians.

Client activities are facilitated throughout the year. The range of activities can include the celebration of one's birthday, Cultural activities such as making of artefacts or collecting bush tucker. Staff assist clients with taking daily medication with their meals and the on-call Aboriginal Health Workers provide medication support over the weekends. Clients are able to access supports for personal care, washing clothes or any personal items and linen as required and transport fortnightly into Ceduna for shopping.

Tuesday each week is allocated for the Community Nurse, Leah, to come in and assist our Clients with their health and wellbeing. She does follow up services, such as general observations, assisting in a doctor's appointments, reviewing medication or assisting in family meetings to plan supports for client with urgent medical procedures or in-hospital stays.



Images: (Top-Bottom) Jonathan Sinclair, Robert Faulkner, Rita Bryant, Desmond Tschuna



Aged Care Services

Aged Care services are made up of four staff, plus the Aged Care Team Leader. Their roles are to assist our clients with support services on a daily basis. This can consist of anything from daily meals to medication assistance and hygiene support (if the client is seeking assistance in this area), advocacy supports and transport services.

Staff are on a Centre schedule to keep the Day Centre running smoothly. Each have daily tasks they must complete to meet the required accreditation standards. It is important our services are provided this way, to meet our agreement performance indicators and to continue gaining services for our Community.

We have seen quality improvements made in all areas of services to clients. The development of a fortnightly set menu plan for clients is one example, with a variety of meats and meals served to clients maintaining healthy meals within the five food groups. Our Elder's have a preference of Kangaroo meat in their diet.

The Kitchen has seen improvements in the systems they are using to prepare meals, develop meal plans, stock/stores, ordering systems and monitoring records. This area has to be efficient in preparation times and service of meals while maintaining food regulation standards.

As a part of their roles Staff are also required to complete intake assessments for new clients, develop and review care plans at least every six months for ongoing client services with case management supports.

This area has seen a significant climb in Community clients seeking supports. In early 2016 we were providing 6 regular Aged care clients on a daily basis and this has climbed to 16 regular Aged Care clients on a daily basis receiving a range of services.



Images: Community helping celebrate Desmond Tschuna and Emily Koko's Birthdays in the Aged Care & Disability Day Centre

AGED CARE & DISABILITY SERVICES REPORT (CONTINUED)

Disability Services

Disability services are made up of 1 staff member plus the Team leader, who assist our community clients with daily support services. The Disability team provides a varied service to the Day Centre. This area provides the normal support services through client and case management of Disability clients, with advocacy as a key support when dealing with Government departments and Trustee services.

The Team also provides in-home services to clients housed at the Disability units. Clients will receive assistance in cleaning their unit, washing linen, maintenance, repair checks, courtyard upkeep and weekend meal packs. Staff are also required to complete Care plans that support the service needs for individual clients.

This area has seen a significant increase in Community clients seeking supports also. At the start of 2016 we were providing services to 5 regular Disability clients on a daily basis and this has climbed to 12 regular Disability clients on a daily basis receiving a range of services.

Quality Improvement/ Data

In October 2015 Aged and Disability services underwent a Quality Review to assess if we are complying to the standards required in delivering services to community. Tullawon Health has developed an action plan for this area to implement and work towards to assist in this area. Aged Care & Disability Services will be undergoing a follow up review in October 2016.

Professional Development

Aged Care and Disability Services have given opportunity to a number of staff to access training to enhance the work they are doing on the ground. THS has supported training in: Aged Care Cert 3, Food Handlers, Cultural Awareness, First Aid, Better Oral Health in Residential Care, Assist Clients with Medication, and Manual Handling training. We have also supported staff to attend a number of forums through Aged care and Disability networks to further enhance their knowledge and skills in this area.

Looking ahead

Aged Care and Disability services have been monitoring quality of services and have put steps in place to hopefully upgrade the Day Centre for clients and staff safety and wellbeing. The year ahead we plan to have more cultural activities and events, provide resources for our clients to have craft and game days to build their social activities.

In the background we will be implementing new systems to move the area into maintaining Accreditation standards and preparing for the rollout of NDIS. This will be a completely new way of delivering services to clients, as they will have the option to manage their own package and buy in our services. This will see drastic changes that will be under taken by the Management team in Aged and Disability services and Tullawon Health Management over the next two years.

Georgina Riseley
Aged & Disability Coordinator

James Baker
Aged Care Team Leader

Cassandra Binell
Disability Team Leader

NATIONAL DISABILITY INSURANCE SCHEME REPORT

The South Australian Government has signed a bilateral agreement, which means we can officially announce the National Disability Insurance Scheme (NDIS) is here to stay. There are plans in place to extend the age groups of eligible clients. In January 2017 the NDIS will roll out to eligible clients up to the age of 17 and in June 2017 we are expecting increased services to those up to 64 years of age.

The National Disability Insurance Agency (NDIA) is one of Tullawon's funding bodies, that funds THS to provide Yalata with a Local Area Coordinator. I have been in this position for 20 months now. The NDIS is a scheme with the aim of improving disability service access and increasing choice to the consumer or their family. With this significant change will come a lot of education and dissemination of information at the Community level, so everyone knows what they can access and how.

So far we have been working with children aged 0 to 14 years old. The numbers of identified children requiring support has increased substantially in the last year. Some require assistance with developmental delays, physical disabilities or support in social situations. I hope that more people feel comfortable to access these services if they believe their child require some additional support.

Country Health SA is a 'Service Provider' and has been servicing Yalata with a small multidisciplinary team. The new team is comprised of a Physiotherapist (Meredith Stewart), Speech Pathologist (Judy Gould), Occupational Therapist (Trevor Ritchie) and Team Leader, Occupational Therapist (Wendy Thiele). Trevor is originally from Koonibba and has been a fantastic role model for these children. It has been positive to see Country Health visit monthly this year, as the visits were less frequent last year. They are based in either Adelaide or Port Augusta and fly by charter plane into Yalata. We hope in the coming years we will be able to offer other services to our client's too.

One of the setbacks this year, has been finding suitable space to provide services in Yalata. The Community house we were utilising has since been allocated as staff housing by YCI. Thankfully, we have gained permission to use the TAFE Training Room in the Hub, to work with our participants. Services are generally provided in groups and when it is appropriate, each participant is seen by each therapist to work through goals in their NDIS plans. We have found this the most positive way to deliver services.

As the NDIS model is based on individual needs and goals, each client journey is different. We try to be mindful of how sensitive different needs can be in Yalata. I try to help families and their children to see early childhood delays or impairments as areas for improvement, not disabilities. The participants that we have seen so far, are happy to be included in activities as individuals or in a group. They not only learn skills they need, but we also share, eat and play together. It boosts their confidence to have these group interactions. These positive outcomes improve their social and emotional development too.

In the future I hope that more families access the support NDIS can provide, so those that need it, can gain support services. Tullawon Health Service is also investigating how to become a service provide ourselves, in order to increase opportunities for other services to be made available to NDIS Clients. Please feel free to visit me in Tullawon Admin to find out more information.

Jamilah Lovibond
NDIS Local Area Coordinator



Images: (Top) Children and their families participating in NDIS activities

(Bottom) Dominic Edwards enjoying one of the educational games



Image: Jamilah Lovibond

DENTAL PROGRAM REPORT

Thanks again to the Anangu of Yalata and Oak Valley for making us welcome and facilitating the provision oral health care. This year we can report my milestone of 12 years of providing dental services at Yalata and 6 years since commencing dental service provision in Oak Valley and Tjuntjuntjara.

We've achieved 49 Clinical Days of Dental Service provision over the year, over 11 community visits to Yalata and Oak Valley and plan for 11 community visits again next year.

1 Dental Team Visits Achieved July 2015 - June 2016

This is the third year of the Medicare Child Dental Benefits Scheme (CDBS) which partially funds the Dental Programme to provide School & Preschool dental services, however this will be closing at the end of 2016.

The SA Dental Service provides most of the funding for the Dental Team visits each year.

2 Dental Activity (Dental Services & Procedures)

Notes on Dental Services & Procedures¹, Diagnostic Services², Preventive Services³, Restorative Services⁴, Oral Surgery Services⁵

Dental Services	Yalata					Oak Valley					Total Y & OV
	2010 July - June	2011	2012	2014	2015	2010	2011	2012	2014	2015	2015 2016
Financial Years	-	-	-	-	-	-	-	-	-	-	-
Total Attendance	120	160	150	152	196	31	32	19	57	63	259
Dental Exam ²	110	128	112	126	191	12	30	17	52	61	252
OHI ³	83	117	94	97	169	23	26	15	45	57	226
Scale & Clean ³	15	20	33	50	59	1	5	5	16	13	72
Fluoride Varnish ³	102	221	184	149	466	40	44	8	144	228	694
AgF Fluoride ^{3,4}	10	10	44	*	*	0	5	0	*	*	*
Fissure Sealant ³	99	59	95	107	194	51	13	7	22	49	243
Tooth Fillings ⁴	67	53	97	72	137	13	16	11	28	29	166
Tooth Extraction ⁵	49	42	43	64	71	12	4	6	16	3	74
Dental Xrays ²	19	83	132	199	227	0	0	0	0	0	227

1 The general descriptions of dental clinical items in this table represent a summary & collation of the treatment item numbers as defined by the ADA Australian Schedule of Dental Services as follows:

"Dental Exam" includes the item numbers 011-014 for oral examination

"OHI" or Oral Hygiene Instruction is item number 141

"Scale & Clean" includes the item numbers 114 & 115

"Fluoride Varnish" represents the item number 123 for the application of Duraphat concentrated NaF varnish

"AgF Fluoride" represents the item number 123 for the application of concentrated AgF & SnF 2 per tooth

"Fissure Sealant" represents the item number 161

"Tooth Fillings" includes the Restorative item numbers 511-535 for direct dental restorations

"Tooth Extraction" includes the Oral Surgery item numbers 311-324 for tooth & surgical extractions

"Dental Xrays" represents the item number 022

2 Diagnostic Services including oral & radiological examination & interpretation

3 Preventive Services including OHI, concentrated fluoride application, scale & clean & fissure sealants

4 Restorative Services or "Fillings" including direct restorations & adhesive restorations

5 Oral Surgery Services for the extraction of unrestorable or periodontally involved teeth

3 Oral Health for Anangu in Yalata & Oak Valley

The ongoing “Hub & Spoke” model developed over these six years establishing dental clinical facilities in Yalata and Tjuntjuntjara (in WA) as regional “Hubs” and outreach to Oak Valley as “Spoke” is working well. The regular circuit of the three Communities as “drive in” for 3-4 week trips 4-5 times per year, with two day FIFO on the KWAH Charter Plane three times a year results in 15-16 weeks of dental services to these remote areas.

Much still remains to be done to improve oral health for both children and adults in these communities, however, regular dental service visits have enabled many people to access ongoing dental care.

There is great enthusiasm to continue to develop and enhance the THS and KWAH Dental Program and ensure continuity, improvements and “Closing the Gap” in oral health for the Anangu (Aboriginal people) of the region.

Dr Colin Endean, BDS

BASSO NEWMAN REPORT

Basso Newman Chartered Accountants

Basso Newman Chartered Accountants have been working with Tullawon Health Service since 2004. The team (mainly Hayley Raven and Trevor Basso) look after all of Tullawon’s Finances and Accounting; from paying accounts to bookkeeping and preparing the necessary documentation for our annual audit. The finance committee meets with the Basso Newman team on a regular basis for finance meetings to keep on top of how THS is traveling against our budgets throughout the year.



Image: Team photo at Staff Planning Day

KAKARRARA WILURRARA Health Alliance Report

The Kakarrara Wilurrara Health Alliance is now in its 6th year of coming to Tullawon and Dr Jill Benson has been coming to Yalata for 11 years! It's been very exciting to watch the changes that have happened over this time.

This year we have continued to fly once a month with a team from Adelaide and the plane then goes on to Oak Valley and Tjuntjuntjara for the two days. The current Medical Director for Tullawon is Dr Michael Nugent, who as well as coming on the flight, liaises with the Clinic and looks at results for the rest of the month. We have been very grateful to Dr Peter Lake and Dr Chris Hunt for their services to Tullawon over the last year. Dr Antony Veale has also continued to come on a regular basis as the respiratory physician.

As well as the regular doctors Dr Helen Roxburgh has been to Tullawon as the women's health doctor on several occasions. The diabetes nurse, Jane Giles has come out regularly and has been educating the staff, the patients and the doctors about diabetes. She and Helen have run a women's evening on diabetes. Bonnie Cheyne has continued to provide much needed physiotherapy services to the community.

We have also had GP Registrars from GPEx, the South Australian GP Training organisation coming to Yalata with Dr Nick Williams. As well as providing more medical services this has been an important part of the training in Aboriginal health for these young doctors and the feedback from both the community and the doctors themselves has been very positive.

It was pleasing to see the children's playground is close to completion. This has been a more peripheral part of the KWAH but along with the NDIS and the Mothers and Babies Centre has had input and funding from the KWAH as the health of children is seen as a priority.

Over the next year we are hoping to bring out a cardiologist, a liver specialist, an ultrasonographer, a second diabetes nurse to do more visits and a dental educator as requested by the community. We are pleased to see that the renal dialysis bus is coming out regularly now. We have been liaising with a group of medical students from the University of Adelaide who will be running a kidney festival with the next dialysis bus visit.

In July we had a meeting at Maralinga of the three KWAH communities and it was decided to formalise the structure of the organisation. The Clinical Network group will consist of the CEOs of the three health services and representatives from the Boards. They will meet quarterly to discuss issues such as funding, domestic violence and training as well as other collaborative activities.

All of the health professionals who fly-in-fly-out as well as the ground staff meet quarterly by teleconference and at the Aboriginal Health Council of South Australia in Adelaide as the Clinical Governance group. We share ideas, talk about issues such as Communicare, medication lists, sharing resources, clinical problems, new health professionals who are needed etc.

All of the KWAH health professionals enjoy our trips and we look forward to working with the communities and the ground staff over the next year to do our best to improve the health and well-being of the Yalata community.

Thank you,

Dr Jill Benson AM
Medical Director
Kakarrara Wilurrara Health Alliance



Images L-R: Dr Jill Benson, Dr Michael Nugent

TULLAWON HEALTH SERVICE INC

YEAR ENDED 30 JUNE 2016



FINANCIAL REPORT

TULLAWON HEALTH SERVICE INC
FINANCIAL REPORT
YEAR ENDED 30 JUNE 2016

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GRAY PERRY - DFK

Chartered Accountants

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

PARTNERS

James W Pery CA
Michael D Gray CA
Brendon Skates 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 general purpose financial report, of Tullawon Health Service Inc., which comprises the statement of financial position as at 30 June 2016, 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.

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

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FINANCIAL REPORT

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 2016 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: Friday 29th of September 2016

FINANCIAL REPORT

TULLAWON HEALTH SERVICE INCORPORATED

STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2016

	Note	2016 \$	2015 \$
CURRENT ASSETS			
Cash and Cash Equivalents	3	653,451	767,584
Accounts Receivable and Other Debtors	4	388,512	63,087
Other Current Assets	5	42,595	116,506
TOTAL CURRENT ASSETS		<u>1,084,558</u>	<u>947,177</u>
NON-CURRENT ASSETS			
Property, Plant and equipment	6	4,550,852	4,424,919
TOTAL NON-CURRENT ASSETS		<u>4,550,852</u>	<u>4,424,919</u>
TOTAL ASSETS		<u>5,635,410</u>	<u>5,372,096</u>
CURRENT LIABILITIES			
Accounts Payable and Other Payables	7	766,138	863,113
Employee Benefits	8	219,394	148,953
TOTAL CURRENT LIABILITIES		<u>985,532</u>	<u>1,012,066</u>
NON-CURRENT LIABILITIES			
Employee Provisions	8	27,549	28,538
TOTAL NON-CURRENT LIABILITIES		<u>27,549</u>	<u>28,538</u>
TOTAL LIABILITIES		<u>1,013,081</u>	<u>1,040,604</u>
NET ASSETS		<u>4,622,329</u>	<u>4,331,492</u>
EQUITY			
Retained Surplus		4,407,741	4,240,680
Asset Revaluation Reserve		214,588	90,812
TOTAL EQUITY		<u>4,622,329</u>	<u>4,331,492</u>

FINANCIAL REPORT

TULLAWON HEALTH SERVICE INCORPORATED

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2016

	Note	2016 \$	2015 \$
CASH FLOW FROM OPERATING ACTIVITIES			
Cash receipts in the course of operations		4,836,648	4,015,429
Cash payments in the course of operations		(4,642,156)	(3,628,713)
Finance Costs		-	-
Interest received		10,757	17,705
Net cash provided by/(used in) operating activities		205,249	404,421
CASH FLOW FROM INVESTING ACTIVITIES			
Payments for plant and equipment		(418,346)	77,727
Receipts from disposal of plant and equipment		98,962	(489,768)
Net cash used in investing activities		(319,384)	(412,041)
CASH FLOWS FROM FINANCING ACTIVITIES			
Repayment of Borrowings		-	-
Net cash provided by/(used in) financing activities		-	-
NET INCREASE/(DECREASE) IN CASH HELD		(114,134)	(7,620)
Cash at the beginning of the financial year		767,585	775,205
CASH AND CASH EQUIVALENTS AT THE END OF THE FINANCIAL YEAR	3	653,451	767,585

FINANCIAL REPORT

TULLAWON HEALTH SERVICE INCORPORATED

INCOME AND EXPENDITURE STATEMENT FOR THE YEAR ENDED 30 JUNE 2016

	2016	2015
	\$	\$
INCOME		
Operating Activities		
- Operational grants	4,982,743	4,007,516
- Medicare	50,120	18,191
- Sundry Income	55,302	33,374
Non-operating activities		
- Interest received	10,757	17,705
	<u>5,098,922</u>	<u>4,076,786</u>
EXPENDITURE		
Aged Care Expenses	27,071	24,437
Aged Care Disability Host Expenses	12,569	1,339
Alliance Expenses - Medical Director	44,709	91,666
Alliance Expenses - RDWA	276,117	272,839
Alliance Expenses - RHW	136,571	126,819
Annual Report	4,455	-
Audit Fees	12,000	8,000
Australian GP Accreditation	1,043	3,088
Bank Charges	2,691	1,490
C&MH Program Expenses	197,632	16,424
CHSP Transition Expenses	7,900	-
Cleaning & Rubbish Removal	1,444	925
Clinic Expenses	58,591	43,771
Communicare Support Costs	10,602	10,551
Dental Expenses - SADS	121,771	101,768
Depreciation	191,076	104,651
Donations	-	500
Education & Training	74,747	46,343
eHealth Expenses	-	800
Essential Services	47,460	38,683
Financial Management & Professional Fees	126,841	140,000
Food	45,259	37,582
Fred Hollows Foundation Expenses	1,262	-
Freight	4,808	3,730
Health Promotions	4,800	738
Healthy Mothers Expenses	-	(2,940)
HACC Expenses	-	11,982
Home Office Expenses	5,175	4,050
HR Expenses	567	22,669

FINANCIAL REPORT

TULLAWON HEALTH SERVICE INCORPORATED

INCOME AND EXPENDITURE STATEMENT FOR THE YEAR ENDED 30 JUNE 2016

Insurance	89,274	83,262
IT Equipment	3,270	3,347
IT Support Costs	9,553	4,190
Loss on Disposal of Non-current assets	33,277	14,700
Medicare Claims	217	-
Meeting Costs	840	70
Motor Vehicle Expenses	105,977	78,891
Motor Vehicle Leases	21,274	30,448
NDIS Expenses	7,630	931
Office Supplies/ Sundry Expenses	23,955	19,236
Payroll - ADP Fees	7,962	7,160
Payroll - Maxxia Fees	5,705	1,284
Police Checks / DCSI Clearances	317	-
Postage	736	711
Provisions for:		
- Annual Leave	65,160	33,501
- Long Service Leave	4,293	(25,185)
- THS Staff Housing Key Bond	450	-
Repairs & Maintenance & Minor Equipment:	84,857	80,190
Recovery of Surplus Funding	49,663	32,316
ROSIE-EH Project Expenses	-	8,227
Salaries, Wages & Allowances	2,331,058	1,968,706
SEWB Operational	2,186	(3,802)
Shine SA Expenses	-	6,159
Sitting Fees	8,165	10,200
Staff Housing	-	1,350
Staff Recruitment	5,332	10,161
Subscriptions & Library Costs	1,257	1,853
Sundry Expenses	577	3,643
Superannuation Contributions	204,487	170,378
Telephone/Fax/Internet	67,849	45,593
Tingari-Silverton Expenses	8,756	-
Travel & Accommodation	143,110	118,726
Uniforms	8,810	8,475
Workcover	92,722	86,162
WWSP Expenses	2,200	205
	<u>4,808,084</u>	<u>3,912,993</u>
Current year surplus before income tax	290,837	163,793
Income tax expense	-	-
Current year surplus after income tax	<u>290,837</u>	<u>163,793</u>

FINANCIAL REPORT

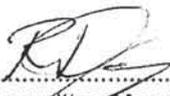
TULLAWON HEALTH SERVICE INCORPORATED

STATEMENT BY MEMBERS OF THE COMMITTEE

In the opinion of the committee the financial report as set out

- 1 Presents a true and fair view of the financial position of the Tullawon Health Service Incorporated as at 30 June 2016 and its performance for the year ended on that date in accordance with Australian Accounting Standards - Reduced Disclosure Requirements (including Australian Accounting Interpretations) and the Associations Incorporation Act 1985.
- 2 At the date of this statement, there are reasonable grounds to believe that Tullawon Health Service Incorporated 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:


.....
Committee Member


.....
Committee Member (PUBLIC OFFICER)

Dated this 29th day of September 2016



Main Image: Bunda Cliffs - Head of Bight - Yalata Land. Inset images: Camp fire; Local bird life.

THANK YOU

Thank you to all the staff who contributed to our annual report by way of articles, photos, production, and distribution. A special thank you to Peter Hall from Handpict Photography who provided photos for the front cover and several more throughout this annual report. Thank you also to Peter Redden of Peter Redden - Content & Design Solutions for beautifully putting together this report.

Funding Bodies

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



Australian Government

Department of the Prime Minister and Cabinet



Australian Government

Department of Health



Australian Government

Department of Social Services



Government of South Australia

SA Health



Government of South Australia

Department for Communities and Social Inclusion



Royal Flying Doctor Service

The furthest corner. The finest care.



**tingari-silverton
foundation**



**Aboriginal Health Council
of South Australia Inc.**

'Our health, our choice, our way'



NACCHO
*Aboriginal health
in Aboriginal hands*

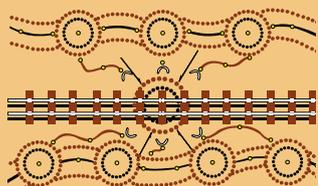


**The Fred Hollows
Foundation**



N





Tullawon Health Service Inc.

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South Australia 5690

Administration:

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Clinic:

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