Aboriginal Health Council
of South Australia Ltd.

ANNUAL REPORT 2017-2018

ABOUT AHCSA

Aboriginal Health Council of South Australia Limited (AHCSA) is the peak body representing Aboriginal community controlled health and substance misuse services in South Australia at a state and national level.

Our primary role is to be the 'health voice' for all Aboriginal people in South Australia. We achieve this by advocating for the community and supporting workers with appropriate Aboriginal health programs based on a holistic perspective of health.

AHCSA is a membership-based peak body with a leadership, watchdog, advocacy and sector support role, and a commitment to Aboriginal self-determination.

The Board of Directors and the Secretariat collectively form AHCSA. The role of the Secretariat is to undertake work directed by the Council on which all Member organisations are represented.

AHCSA's 37 year history includes:

1981 Incorporated health unit under the South Australian Health Commission Act.

1999 Commissioned a review that recommended reincorporation under the Associations Incorporation Act, SA 1985, to increase effectiveness and representation.

2001 Reincorporated in October as an Aboriginal community controlled organisation, governed by a Board of Directors whose members represent Aboriginal Community Controlled Health and Substance Misuse Services and Aboriginal Health Advisory Committees/Groups (AHACs/AHAGs) throughout South Australia.

2011 AHCSA celebrated its 10th anniversary as an independent Aboriginal Community Controlled Health Organisation.

2014 AHCSA Inc. purchases land and building at 220 Franklin Street, Adelaide, South Australia.

2015 AHCSA Inc. submits an application for exemption to incorporate under the Corporations (Aboriginal and Torres Strait Islander) Act 2006 with the Minister for Indigenous Affairs, the Honourable Nigel Scullion.

2016 Exemption is granted in February, and paperwork is completed for AHCSA to incorporate under the Australian Securities and Investments Commission (ASIC). AHCSA's Board of Directors updated its Constitution to meet ASIC requirements. In August, a Special General Meeting was held with AHCSA Members to endorse the revised Constitution for AHCSA Limited. Paperwork was submitted to ASIC to register as a company.

2017 In January, the Aboriginal Health Council of South Australia Incorporated became the Aboriginal Health Council of South Australia Limited. As such, it became a registered company under the Corporations Act 2001 and is a company limited by guarantee. This is an exciting new phase for the Aboriginal Health Organisation and we work towards becoming a sustainable organisation for Aboriginal people across South Australia into the future.

AHCSA MEMBERS

Aboriginal Health Council of South Australia Ltd.

PIKA WIYA HEALTH SERVICE ABORIGINAL CORPORATION

Established as Pika Wiya Health Services Inc. in the early 1970s to provide a medical service to the Aboriginal population in Port Augusta and Davenport, the organisation was incorporated in 1984 under the SA Health Commission (now Country Health SA Local Health Network Inc.). On 1 July 2011, the service transitioned to Aboriginal community control under the CATSI Act.

Now known as Pika Wiya Health Service Aboriginal Corporation, the organisation operates from premises in Port Augusta and also has clinics at Davenport, Copley and Nepabunna communities as well as provides services to the communities of Quorn, Hawker, Marree, Lyndhurst and Beltana.

NGANAMPA HEALTH COUNCIL

Established in 1983, Nganampa Health Council is an Aboriginal owned and controlled health service operating on the Anangu Pitjantjatjara Yankunytjatjara Lands in the far north west of South Australia. Covering more than105,000 square kilometres, Nganampa Health operates nine clinics, a 16 bed aged care respite facility and assorted health related programs including aged care, sexual health, environmental health, health worker training, dental, women's health, male health, children's health and substance abuse prevention.

The main clinics are located at Iwantja (Indulkana), Mimili, Fregon, Pukatja (Ernabella), Amata, and Pipalyatjara, while smaller clinics are located at Yunyarinyi (Kenmore Park), Nyapari and Watarru. The aged care respite facility is located at Pukatja and administration offices at Umuwa and Alice Springs.

PORT LINCOLN ABORIGINAL HEALTH SERVICE INC.

The Port Lincoln Aboriginal Health Service (PLAHS) was founded by the local Aboriginal community in 1992, with the assistance of the Aboriginal and Torres Strait Islander Commission and the South Australian Health Commission through the National Aboriginal Health Strategy. The establishment of the service resulted from a number of reports and submissions presented to both the Commonwealth and State Government from the mid-1980s onwards..

NUNKUWARRIN YUNTI OF SOUTH AUSTRALIA INC.

Nunkuwarrin Yunti was initiated in the 1960s by the late Mrs Gladys Elphick, who founded the Council of Aboriginal Women of SA, one of the first Aboriginal organisations in South Australia.

Incorporated in 1971, Nunkuwarrin Yunti evolved from the Aboriginal Cultural Centre, the Aboriginal Community Centre of South Australia, and the Aboriginal Community Recreation and Health Services Centre of South Australia, and became known as Nunkuwarrin Yunti of South Australia Inc. in 1994. In 1998, Nunkuwarrin Yunti was awarded NAIDOC Organisation of the Year in South Australia.

The organisation has grown from a welfare agency with three employees to a multi-faceted community controlled organisation with over 70 staff who deliver a diverse range of health care and community support services.

NUNYARA ABORIGINAL HEALTH SERVICE INC.

Prior to 2003, there were only two Aboriginal Health Workers in Whyalla. Due to access and equity issues raised in 1996 and the overall appalling state of health in the broader Aboriginal community, Nunyara Wellbeing Centre was established.

Nunyara integrates Indigenous holistic models of health care with western models, so that the benefits of both may assist the community. The organisation recognises the wide range of factors that impact on wellbeing including poverty, relationships and the environment, and is working to strengthen the community's capacity to manage their health and wellbeing more effectively. The Nunyara Wellbeing Centre Inc. changed their name to the Nunyara Aboriginal Health Service in October 2012.

TULLAWON HEALTH SERVICE INC.

Established in 1982 as the Yalata Maralinga Health Service Inc. (YMHS) following community initiative and lobbying, the health service was not only concerned with looking after people living in Yalata but also older people who had returned to their traditional lands in the north and 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)) based on two principles that the Anangu people of Yalata and Oak Valley are one people, and both YMHS and OV(M) should have cooperative and 'seamless' arrangements for Anangu between the services. On 31 May 2001, the YMHS Constitution was amended and the name of the organisation changed to Tullawon Health Service Inc. with the importance of the two principles remaining in the Constitution.

UMOONA TJUTAGKU HEALTH SERVICE ABORIGINAL CORPORATION

Umoona Tjutagku Health Service Aboriginal Corporation (UTHSAC) provides primary health care services to Aboriginal people in and around Coober Pedy and also auspices the Dunjiba Substance Misuse Program in Oodnadatta.

Established in 2005, UTHSAC has expanded steadily over the past 10 years to provide a comprehensive range of high quality services including medical, dental and social services for the community as well as an increasing number of transient clients.

OAK VALLEY HEALTH SERVICE

Oak Valley Health Service was established in 1985 as a community outstation for Anangu people displaced from the Maralinga Lands for the British atomic tests. Oak Valley (Maralinga) Inc. managed the establishment of the community including housing, roads and other infrastructure. Now serviced with a store, mechanics garage, health clinic, aged care centre, a new school and an airstrip, a CDEP program and arts workshop is also available.

The health clinic provides primary health care to the community, monitoring ongoing health issues such as diabetes, hypertension, ante-natal and post-natal care, child and school health. Their main role is health education, hosting visiting specialists and referrals for the Royal Flying Doctor Service (RFDS).

KALPARRIN COMMUNITY INC.

Kalparrin is a Ngarrindjeri word meaning 'helping with a heavy load'. The organisation was established in 1975 by a group of Elders who were looking for something better in their lives besides alcohol and other drugs. Situated on a property 8kms east of Murray Bridge, some of the programs and services offered are the Substance Use Recovery Program, Bringing Them Home Program, Mobile Assistance Patrol, Spirited Men's Program, and Community and Housing Services.

PANGULA MANNAMURNA ABORIGINAL CORPORATION

Pangula Mannamurna was established from the South East Aboriginal Partnership, which comprised of members from the SE Nungas Club and community members whose focus was to form a 'one stop shop' for Aboriginal people in the south east.

This vision of the founding families who set up Pangula Mannamurna was based on Aboriginal and Torres Strait Islander people having access to health and wellbeing services either on site, or through effective referrals. The vision also included a safe place for community to visit and stay connected to others. The vision is still alive today and will continue on well into the future.

ABORIGINAL SOBRIETY GROUP INDIGENOUS CORPORATION

The Aboriginal Sobriety Group Indigenous Corporation (ASG) has been operating since 1973 when it commenced as a voluntary self-help group for people wanting to regain their sobriety. Their purpose is to provide holistic healing pathways away from grief, loss, trauma, and abusive lives.

Their values are to practice Aboriginal culture, custom, tradition, and spirituality for a sober and healthy lifestyle. They respect their clients, colleagues, partners and community, and acting with integrity, honesty and accountability. Quality service provision is essential to ensure positive outcomes for the community.

ASG is a unique service, which provides a complete alcohol and drug substance misuse recovery pathway including crisis intervention, mobile assistance patrol, and a substance misuse team. The service assesses individual needs and provides referrals for rehabilitation and health. Rehabilitation (Monarto) is a holistic program for men provided by Lakalinjeri Tumbetin Waal (LTW), and Leila Rankine House of Hope for women, The Homelessness Program (Woodville Gardens) is at Cyril Lindsay House for men and Annie Koolmatrie House for women. The Disability Program (Ottoway) is at Arkaringa House for women.

ASG is also based in Berri (Riverland), which also includes the mobile assistance patrol, substance misuse team, social and emotional well being and mental health support team.

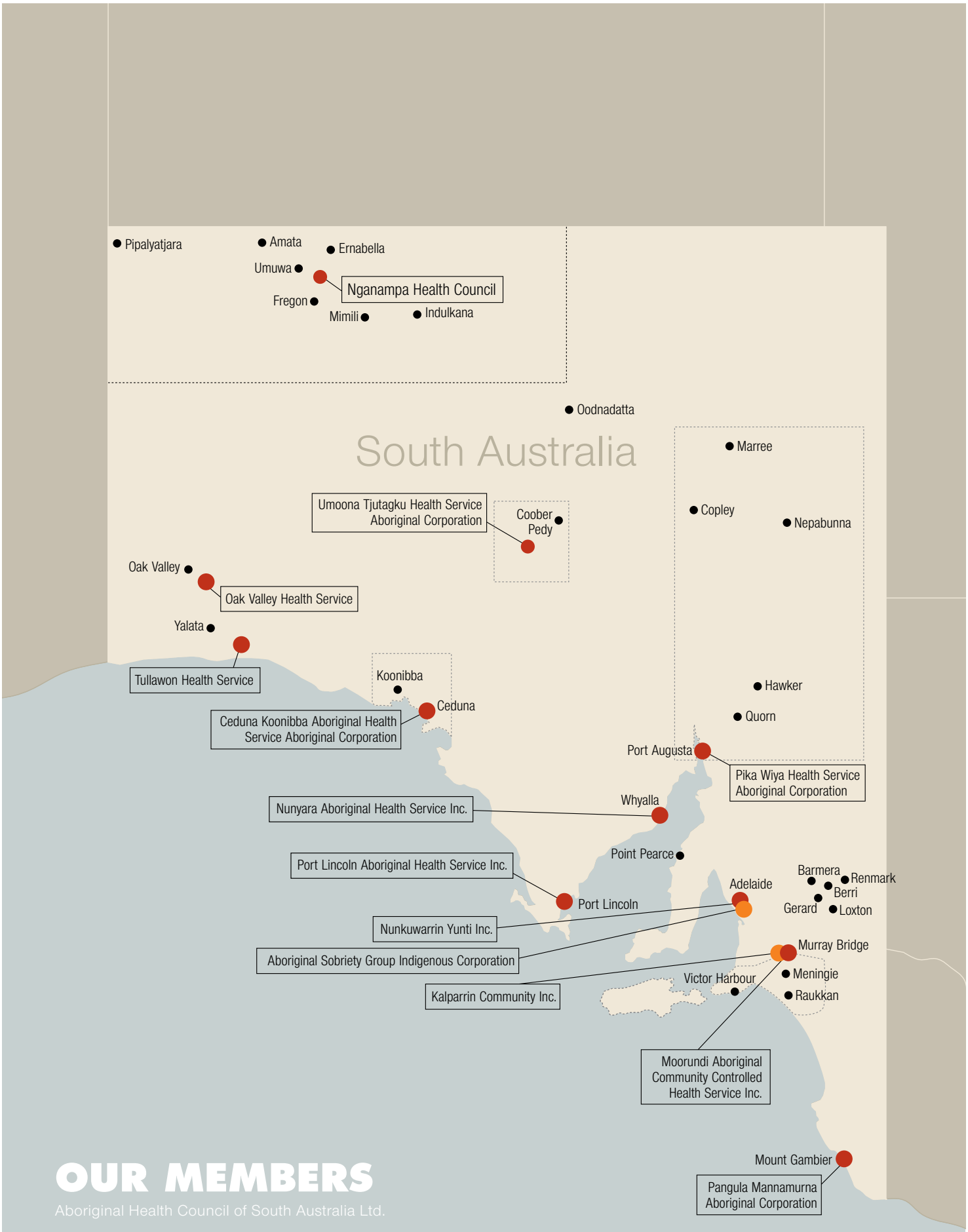
CEDUNA KOONIBBA ABORIGINAL HEALTH SERVICE ABORIGINAL CORPORATION

First established as the Ceduna Koonibba Aboriginal Health Service, the organisation was designed to meet the health needs of Aboriginal people within the Ceduna district of South Australia including Scotdesco, Koonibba, Tia Tuckia, Munda and Wanna Mar homelands. Incorporated in 1986 under the SAHC Act, on 1 July 2011 the organisation transitioned from the SA Government to Aboriginal community control and became known as Ceduna Koonibba Aboriginal Health Service Aboriginal Corporation.

MOORUNDI ABORIGINAL COMMUNITY CONTROLLED HEALTH SERVICE INC.

This health service was established in 2017 to deliver a comprehensive range of primary health care services to their communities. At the core of these services, Moorundi ACCHS Inc. delivers a holistic model of health care, which includes clinical services and wellbeing programs.

In Ngarrindjeri, the word 'Moorundi' means river and refers directly to the Murray. For the people of the Ngarrindjeri nation, the river is where all life begins and the connection between health and water is intricately linked to the culture of the Ngarrindjeri community.



OUR MEMBERS

Aboriginal Health Council of South Australia Ltd.

Key

- Aboriginal Community Controlled Substance Misuse Service
- Aboriginal Community Controlled Health Service

ANNUAL REPORT CONTENTS

Throughout this document, the terms 'program' and 'programme' are used. 'Program' relates to State-funded initiatives, while 'programme' refers to Commonwealth-funded initiatives.

CHAIRPERSON'S REPORT

It has been an honour and a pleasure to be elected Chairperson of the Aboriginal Health Council of South Australia Limited (AHCSA) for this financial year. Although I have served on the Board since 2001, this is the first time I have been nominated as Chairperson since AHCSA became an incorporated organisation. I have been involved with AHCSA since 1983, when we were known as the Aboriginal Health Organisation.

Over the years, I have been privileged to see AHCSA evolve into a strong and independent organisation in its own right, supporting our Members and our communities across the state. I would like to acknowledge our outgoing Chairperson, Mr John Singer for his tireless work and support, serving on the Board for over 15 years, with the past five as Board Chairperson.

During this time, he ably guided AHCSA through some tough times, sad times and many significant changes. We are now fortunate to have John elected as Chairperson of our national peak body, the National Aboriginal Community Controlled Health Organisation (NACCHO), and congratulate him on being the first South Australian to hold that position. We wish him every success for the wins and challenges that invariably lie ahead.

The past year has seen many changes within the State Government, and we have met with both the former Labour Ministers for Health, Jack Snelling and Peter Malinauskas, and the new Liberal Minister, Hon Minister Stephen Wade. Over the next four years, we look forward to working with the new Government. Not only with regards to Aboriginal health, but at addressing the social and cultural determinants of health across the state.

In May this year, the AHCSA Board and senior staff started the process of updating our Strategic Directions. We will be having additional workshops to develop this further until the end of the year, working towards a final Strategic Plan by early 2019.

Whilst undergoing many changes to our funding structures, the political climate and within the organisation itself, we have achieved a number of positive outcomes over the past four years. Our resilience and determination has seen us grow through the change, becoming a more agile, stronger peak body that is prepared for whatever the coming year holds.

Thank you to our funders from state, national, non-Government and University sectors for their continued support and funding for all our programs. We value these partnerships and organisations tremendously and appreciate their commitment to AHCSA, and their investment into the improvement of Aboriginal health care and outcomes across South Australia.

I would also like to thank the AHCSA Board and staff for their support and commitment over the past 12 months. We have stable governance practices and a clear direction for the organisation, which has strengthened significantly over the past six years. Along with our CEO, Shane Mohor, this stability has enabled me to effectively carry out my role in providing the leadership required.

Our staff continue to do a remarkable job at supporting our Members and their teams to build their own capacity, improve their services and their workforce. This enables them in turn to provide quality comprehensive primary health care services for their regions. This is what our sector has been excelling at for over 47 years and will continue to do for years to come.

Thank you once again for your support and commitment and I look forward to working and meeting with you over the coming year.

Polly Sumner-Dodd
Chairperson

We look forward to working with the new Government over the next four years. Not only with regards to Aboriginal health, but at addressing the social and cultural determinants of health across the state

CHIEF EXECUTIVE OFFICER'S REPORT

Hello and welcome. AHCSA has once again experienced a very busy, challenging and rewarding year. I would like to acknowledge our staff who have continued in their tireless commitment to our Members through the application of AHCSA's extensive and varied programs and support mechanisms.

Being the peak body for Aboriginal health in South Australia, AHCSA as an organisation has participated in a wide range of meetings, forums, and conferences, providing input and continuity as we advocate on behalf of our Member services and Aboriginal communities. AHCSA continues to have strong working relationships with our funders and partners as we work together to improve the health outcomes of Aboriginal people in South Australia.

AHCSA has continued to maintain solid relationships and ongoing support from key stakeholders, including, Wardliparingga Aboriginal Research Unit from the South Australian Health and Medical Research Institute (SAHMRI), Cancer Council SA, the Heart Foundation, the South Australian Council of Social Services (SACOSS), Health Consumers Alliance, the Mental Health Coalition, Rural Doctors Workforce Agency (RDWA), GPEx, Lowitja Institute, and the Adelaide and Country South Australia Primary Health Networks. AHCSA also enjoys strong links with the University sector both within South Australia and interstate.

The South Australian Deadly Choices Program is progressing well and gaining the momentum we had anticipated it would. The education component of the Program has been successfully rolled out through the Nganampa Health Council across the APY Lands and a number of Member services are working towards implementation of the Program in their communities.

AHCSA's Registered Training Organisation (RTO) is continuing to expand and provide an increased number of training modules to meet the needs of the Aboriginal health workforce. This includes a new sexual health training course in collaboration with AHCSA's Sexual Health team.

AHCSA and RDWA have partnered in a fantastic initiative entitled 'Back on Country', where funding is provided for AHCSA's regional and remote Member service staff to undertake Certificate IV practice training through AHCSA's RTO. This partnership has been highly beneficial for our Members and their workforce requirements.

Maintaining AHCSA's vision for all Aboriginal people to enjoy a high quality of health and wellbeing, we continue to ensure that our Constitution and Constitutional Objectives are the foundation of our organisation. These continue to be embedded in our strategic planning and organisational structure.

Advancing our mission of maximising the capacity of the Aboriginal community to determine their own health and wellbeing outcomes through community participation and ownership, we look forward to continuing to support our Members and the needs of our sector.

We strongly support the expansion of Aboriginal Community Controlled Health Services (ACCHSs) and it was with great pleasure that we officially welcomed the Moorundi Aboriginal Community Controlled Health Service Inc. as a member of AHCSA in August 2017.

The work of all of our Members is critical to ensuring the provision of holistic health services to the Aboriginal communities in South Australia and we acknowledge and thank them for their commitment to Aboriginal people.

In closing, it is with a sense of gratitude that we look back on the busy year we've had and look forward to another challenging and successful year ahead. I would like to sincerely thank the AHCSA Board, staff and Members for their continued support and commitment to AHCSA. Your collective dedication ensures that AHCSA continues to be the peak body for Aboriginal health in South Australia, moving forward with love and a deep respect for our communities and our work.

Shane Mohor
Chief Executive Officer

Maintaining AHCSA's vision for all Aboriginal people to enjoy a high quality of health and wellbeing, we continue to ensure that our Constitution and Constitutional Objectives are the foundation of our organisation. These continue to be embedded in our strategic planning and organisational structure

As part of our growth strategy, it has been essential for AHCSA to invest in developing and nurturing our future leaders and dedicated staff over the years. The Team Leaders appointed this year have done an amazing job in taking on the added responsibility

DEPUTY CHIEF EXECUTIVE OFFICER'S REPORT

It has been an exciting year at AHCSA with the usual high standards of support and dedication such as: the development of some great resources to assist our Members; the facilitation of workshops from the Taboo or Not Taboo to Clinical Governance; and assisting with the meningococcal vaccinations with the Health Service's, the Country SA Primary Health Network and the Rural Doctors Workforce Agency (RDWA).

Each year seems to feel busier than the last with advancement of existing long-term programs and the start of new projects and ventures. We continually strive to grow and nurture established programs with the application of our continuous quality improvement cycle. Except for one research project, we have been fortunate to receive renewed and extended agreements for all of the programs carried over from the previous financial year, which has in turn meant new employment contracts for our staff.

Leadership

During this financial year, we introduced Team Leaders to our organisational structure, to support the CEO and myself, and to provide an additional level of line management support to staff. These individuals and their positions have been well established within the organisation for a number of years. They are experts in their fields and have absolute confidence in their teams.

The process of defining a Team Leader role and responsibility that each position holds has been important to the Board and senior management. To this end, it has been essential for AHCSA to invest in growing and nurturing our future leaders and dedicated staff over the years. The appointed Team Leaders have done an amazing job in taking on the added responsibility. They have approached the challenge of providing leadership and support with tremendous energy, whilst undertaking their positions substantively. I look forward to collaborating further with them over the next 12 months.

Achievements

The Tackling Indigenous Smoking Programme will be continuing for another four years, which is great news for AHCSA and its Members, as well as for our staff. This confirmation provides stability for the Programme and most importantly for the community we support with our Members.

The Programme has exceeded all expectations since it received renewed funding from the Department of Health in 2016, with the inclusion of the Maternal Health Tackling Smoking Program (funded through the Drug and Alcohol Services of South Australia). This combination has enabled the provision of shared resources and support to all the regions, including those without an Aboriginal Community Controlled Health Service (ACCHS).

The Quality Systems team continues to excel in supporting our Members with their clinical and organisational accreditation through the development of new systems, monitoring and improving their current systems and developing much needed resources through consultation with key ACCHS staff. These resources have been a first for AHCSA and they will not only assist the AHCSA Member, but also our Affiliates in other states, and their Members.

The resources have included the *Clinical Governance Toolkit and Assessment Tool*, the *Tackling Indigenous Smoking Communicare User Guide*, *Deadly Sounds Communicare and MBS Guide*, and the National Key Performance Indicator (nKPI) resource, *Data Entry in Communicare*. Another key resource for our Members has been the development of a Member Portal through our website, which has enabled a Forum on which Member staff can communicate and share resources, including accessing data and reporting.

It has also been a significant year for the research AHCSA has been involved with. Not only with regards to our own research projects with key partners, but also through our involvement in research studies, committees and general research and ethics advice and support.

Funding

We have been fortunate to receive funding through the Lowitja Institute for the following three projects: Aboriginal Gender Study; Understanding Stress; and the Strong Dads, Strong Futures project. These projects have subsequently enabled significant partnerships with the South Australian Medical and Health Research Institute (SAHMRI) – Wardliparingga Aboriginal Research Unit and the Healthy Mothers Babies and Children Themes; the Robinson Institute; University of Canberra; University of South Australia; University of Adelaide; the Women's and Children's Local Health Network; and the Murdoch Children's Research Institute.

One of our research projects, Building Safe Communities for Women funded by the Department of Social Services concluded in November 2017. This mapping exercise, across South Australia, produced a website of informative resources.

These particularly include contact information for women regarding the kind of support that is available in their towns and communities across the Government, non-Government and ACCHS sectors. I would like to acknowledge the hard work and commitment of Alison Lam in undertaking this work over the 18-month project and Anna Dowling for her artwork depicting the communities, family violence and support avenues available for them.

DEPUTY CHIEF EXECUTIVE OFFICER'S REPORT

The next six months will see the final stages of the Shedding the Smokes Programme funded through the Department of Health. This exciting project has seen the collaboration of AHCSA and the Yalata and Coober Pedy communities in the establishment of a designated space for Aboriginal males to congregate in each of these two communities. At the Yalata Blue House and Coober Pedy's bush yarning, men are able to meet in a comfortable environment to discuss smoking cessation and its connections to health and wellbeing.

We have received a new agreement regarding the Trachoma Elimination Program, providing for another four years, with the aim for total elimination during this time. Our Trachoma Elimination Program Project Officer, Robyn Cooper, has renewed her nursing qualifications and received her qualification for trachoma screening which has seen her added to the list of three available screeners across Australia.

Robyn has been able to assist Western Australia and the Northern Territory with their trachoma programs and the much needed screening that is required to eliminate trachoma, which is a fantastic achievement.

The RDWA continues to provide support and resources to assist the Ear and Eye health Programmes. These include the Deadly Sounds resources and workshops to fund extra eye health training sessions in rural and remote communities.

Our partnership with the Brien Holden Institute has enabled retinal imaging cameras to be purchased for four of the ACCHSs this financial year, with the rest receiving cameras in the 2018/2019 financial year. Funding was also made available for our Eye Health Project Officer to do the initial audit of eye health equipment and provide training on the use of the cameras to ensure that capacity development occurred out in the ACCHSs.

Accreditation

In November 2017, we passed our mid-cycle audit with Quality Innovation Performance Limited for our organisational accreditation to meet the QIC Health and Community Standards. At that stage, we had 18 months to prepare for our next re-accreditation which is due in June 2019.

The past six months have seen us work towards this target date and tick a number of boxes through our quality improvement plan. We set high targets for ourselves back in 2016, so the current deadlines haven't fazed us. Rather, they have made us strive to improve and evolve even more. We continue to monitor risk and compliance against our accreditation requirements, and they have become part of our everyday business activities.

In the past 12 months, we have welcomed a number of new staff to AHCSA and seen some familiar faces move onto greener pastures. I would like to acknowledge all our past and current staff and thank them for the support and commitment that they have always shown our organisation and Members.

I would also like to thank our Board of Directors, the ACCHS CEOs and their staff for supporting AHCSA as their peak body. I look forward to working with them over the next 12 months.

Lastly, thank you to all of our funders for investing in us to improve the health and wellbeing of all Aboriginal people across South Australia. These valuable partnerships will assist us to close the life expectancy gap sooner rather than later.

Amanda Mitchell
Deputy Chief Executive Officer

AHCSA will achieve our vision through the objectives set forth in the AHCSA Constitution as the foundation document of the Company. These objectives support the activities of the AHCSA Board and Secretariat

AHCSA HEALING AND MEMORIAL GARDEN

AHCSA applied for funding as part of the Stolen Generation Reparation Scheme – Community Fund in 2016, and were recently successful in that application. The Community Reparations Fund was established to support projects that will promote healing for the Stolen Generations, their families and the wider community.

One of the darkest chapters of Australian history was the forced removal of Aboriginal children from their families. Children as young as babies were stolen from their families to be placed in girls and boys homes, foster families or missions. Collectively, they are referred to as the 'Stolen Generations' because several generations are affected. Today, many Aboriginal people are still searching for their parents and siblings.

2017 marked the 20th anniversary of the Bringing Them Home Report and 13 February marked the 10th anniversary of The Apology to the Stolen Generations made by Kevin Rudd, the then Prime Minister of Australia. To acknowledge the report and in remembrance of the Stolen Generations, AHCSA has plans to create a safe healing space to be known as AHCSA's Healing and Memorial Garden.

Purpose of the Garden

- Assist with the healing process for our the Stolen Generations and their descendants and the collective healing opportunities for all Aboriginal and Torres Strait Islander people.
- Provide an educational resource opportunity to share the story of the Stolen Generation and the Bringing Them Home Report to all those who visit AHCSA, both Aboriginal and non-Aboriginal.
- As a recommendation from the Rising Spirits Grief and Loss Report, the garden will provide a safe healing space. It was also suggested that the healing place be based on the Fountain of Tears model at Colebrook, Adelaide.

Taking Shape

AHCSA will utilise the foyer, reception and waiting area at their 220 Franklin Street, Adelaide building to establish the Garden as an everlasting memorial, sharing the story of the Stolen Generations for current and future generations. The following components will form part of the Memorial Garden:

- Elements of nature such as rocks, branches, plants and soil
- Sculpture to represent those affected by the removal of children from their families
- Water feature to represent the pathways taken by people on their journey
- Artwork and signage, quotes and messages
- Seating
- Interactive kiosk sharing messages and healing from the Stolen Generations and their descendants
- Those walking up and down the stairs can view the garden from above and soak up the sounds, smells and healing nature of the garden

The purpose of incorporating elements from Country into the Healing and Memorial Garden is to provide a meaningful understanding of the continued connection to Country our Stolen Generations have, despite being removed from kin and Country.

AHCSA have engaged JPE Design Studio to work with the Healing and Memorial Garden Advisory Group, and would like to acknowledge the Department of State Development for the support with this project.

Generations Reparations Scheme

- In 2016, the SA Government established the $11m Stolen Generations Reparations Scheme. South Australia is committed to supporting the Stolen Generations through this Scheme.
- A $6m Individual Reparations Scheme is making ex-gratia payments to Aboriginal people who are eligible for reparations under the policy criteria.
- A further $5m has been allocated towards creating a Stolen Generations Community Reparations Fund to recognise the grief, pain and loss experienced by Aboriginal communities, families and individuals and to also support a range of proposals that can assist in the healing process.

Further Support

For counselling and support, please contact the following organisations:

- Nunkuwarrin Yunti Inc.
  t 08 8406 1600
- Aboriginal Legal Rights Movement
  t 1800 643 222 | e info@alrm.org.au
- Relationships Australia SA
  t 1800 188 118
- Watto Purrunna Aboriginal Primary Health Care Service at the following contact details:
  - Muna Paiendi
    t 08 8182 9206
  - Maringga Turtpandi
    t 08 7425 8900
  - Wonggangga Turtpandi
    t 08 9240 9611
  - Kanggawodli
    t 08 8342 2250

To acknowledge the Bringing Them Home Report and in remembrance of the Stolen Generations, AHCSA has plans to create a safe healing space to be known as the Healing and Memorial Garden

AHCSA's Youth Expo was a positive event for young people, who could come together to find practical information on physical and mental health services, education, employment and training opportunities

AHCSA YOUTH EXPO

Our inaugural AHCSA Youth Expo was presented in mid-2017. The event was well attended by over 250 young people. The day's key messaging promoted the benefits of healthy and smoke-free lifestyle choices and encouraged young people to stay engaged in education programs.

The purpose of the event was to promote AHCSA's programs amongst Indigenous youth, connect young people with health and mental health services, provide education, employment and training opportunities through the stall holder organisations and provide a safe, and positive space for young people to come together, learn, celebrate and discuss smoking and health issues in their communities.

Greetings to Country

Senior Kaurna custodian, Karl Telfer opened the event with Greetings to Country, and this was followed by a traditional dance performance by Yellaka's 16 dancers called Seven Sisters – Two Sisters Dancing. Yellaka, meaning old wisdom new ways, is a movement created by Karl Telfer to transfer ancient Aboriginal cultural knowledge to our young people. It provides the opportunity for young people to engage in cultural practice including story, dance, language, song, cultural camps and walking on Country. Their dancers perform regularly at cultural, community, and major corporate events.

AHCSA's Deputy CEO, Amanda Mitchell, delivered the opening introduction and Natasha Wanganeen managed proceedings, introducing each of the artists who entertained the crowd throughout the day. Local Aboriginal performers, including Catherine Sumner, Ellie Lovegrove, Raymond Wanganeen and Sarah Agius, provided the music and the day was filled with a variety of fun activities, including a health promotion at the Puyu Blasters stall.

Here, visitors were able to take the Puyu Blaster 'Join the Mob' pledge and complete an electronic survey. The pledge encourages young people to give up smoking (if they smoke); make their homes and cars smoke-free zones, and to not start smoking at all. A total of 87 visitors completed the survey and each participant received a 'Join the Mob' pledge t-shirt, and the opportunity to join AHCSA as a Smoke Free Ambassador in their local community.

Activities

There were over 20 exhibitors who had stalls at the event. Healthy lifestyle activities were incorporated into the day with human foosball, inflatable sumo wrestling and Nunkuwarrin Yunti's smoothie bike. The all-time favourite basketball ring proved most popular with youth showcasing their basketball skills.

The Youth Expo was an initiative of AHCSA's Tackling Indigenous Smoking Programme and was sponsored by the Rural Doctors Workforce Agency and the Cancer Council of South Australia.

Education and Nutrition

The Rural Doctors Workforce Agency pamper stall with beauty and massage therapist, had their outreach dietitian, Rachel Elovaris run a display highlighting the amount of sugar in common drinks. She also conducted a demonstration using two blenders; one represents a 'healthy tummy' and the other an 'unhealthy tummy'.

The healthy tummy blender combined bananas, strawberries, honey, yoghurt and milk to make a smoothie. The unhealthy tummy blender, contained a meat pie, Twisties and a sweet biscuit. The young people could see and smell the difference and witness how congealed and unhealthy the mixture ends up being once inside the body. This activity was a huge success, and visually showed the visitors the importance of good food and nutrition.

The Department of State Development, Nunkuwarrin Yunti Inc. and Watto Purrunna Aboriginal Health provided additional nutrition advice. The Department of Human Services, SA Dental, Cancer Council, and the Aboriginal Drug and Alcohol Council provided important health messages and Metropolitan Youth Health delivered information on Centrelink and myGov.

Mental Health and Employment

Headspace Adelaide and Port Adelaide showcased information and resources covering topics for mental health support. They also discussed their services, which are designed to be welcoming, safe, culturally appropriate and inclusive. Part of their stall included an interactive section with a chill out space.

Carers SA delivered support and information on being a young carer. This is aimed and people up to 25 years of age who provide care in families where someone has an illness, a disability, a mental health issue or who has an alcohol or other drug problem.

Maxima, and the Department of Premier and Cabinet provided valuable information about employment. Maxima is passionate about helping Aboriginal and Torres Strait Islander people learn new skills and secure rewarding jobs.

The Rural Doctors Workforce Agency provided information about careers in health while the Australian Electoral Commission allowed young people to enrol and practice how to vote.

We are happy to share that eight young people secured employment through organisations that participated in the Expo.

STRATEGIC DIRECTIONS

AHCSA is moving forward with love and a deep respect for our communities and our work.

Our Vision

All Aboriginal people enjoy a high quality of health and wellbeing.

Our Mission

The Aboriginal Health Council of South Australia Ltd. will work in ways that maximise the capacity of the Aboriginal community in determining their health and wellbeing by ensuring:

- Community participation
- Community ownership

Our Values

We will do this in ways that ensure the Aboriginal Health Council of South Australia Ltd. values:

- Cultural diversity
- Community history and knowledge
- Community strength

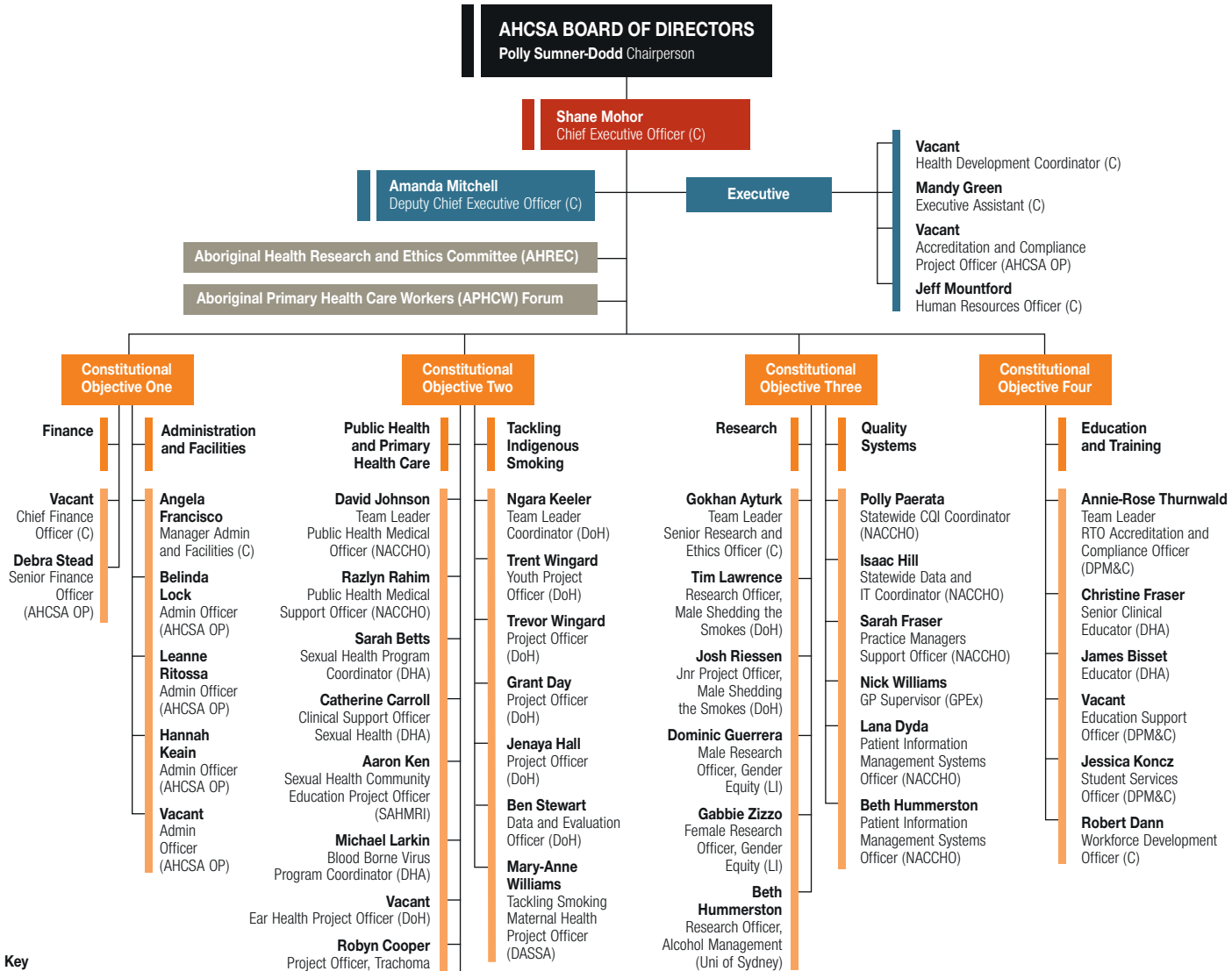
AHCSA's Constitutional Objectives

AHCSA will achieve our vision through the objectives set forth in the AHCSA Constitution as the foundation document of the Company.

These objectives support the activities of the AHCSA Board and Secretariat:

1. Operate as the peak body for Aboriginal health in South Australia, including by:
    i. Being the peak organisation consulted by Governments in relation to issues of Aboriginal Health;
    ii. Providing leadership in the development of policy affecting Aboriginal communities and their health needs;
    iii. Advocating on behalf of Members and those communities without representation;
    iv. Providing regulatory assistance and enforcement for Members; and
    v. Developing leadership within the South Australian Aboriginal community, including developing youth leaders;
2. Provide support to Members to improve health outcomes for all Aboriginal people of South Australia, promoting and advancing the community's commitment to physical, social and emotional wellbeing and quality of life;
3. Provide support to Members to build their capacity to create a strong and enduring Aboriginal Community Controlled Health Sector and contribute to improving the capacity of mainstream health services to respond appropriately to the health needs of the Aboriginal community within South Australia;
4. Provide and deliver chronic disease care services and programs; and
5. Contribute to the development of a well qualified, and trained Aboriginal health sector workforce.

ORGANISATIONAL STRUCTURE



Key

C	Core
DHA	Department for Health and Ageing
DoH	Department of Health
DPM&C	Department of Prime Minister and Cabinet
NACCHO	National Aboriginal Community Controlled Health Organisation
CHSALHN	Country Health SA Local Health Network
DASSA	Drug and Alcohol Services of South Australia
AHCSA OP	AHCSA Operational
LI	Lowitja Institute
SAHMRI	South Australian Health and Medical Research Institute

CONSTITUTIONAL OBJECTIVE 1

Operate as the peak body for Aboriginal Health in South Australia

QUALITY, ACCREDITATION AND COMPLIANCE

For the 2017-2018 financial year, AHCSA's accreditation and compliance has been supported by various positions across the organisation, as the Accreditation and Compliance Officer Position was vacant during this time. There are four small working groups made up of staff who support accreditation, compliance, risk and policy for AHCSA who meet at fortnightly and monthly meetings.

AHCSA achieved accreditation through the Quality Innovation Performance Limited (QIP) in 2013 and reaccreditation in 2016. We are currently working towards reaccreditation in June 2019.

In this financial year the QIC Health and Community Services Standards (QIC Standards) have been revised and AHCSA will be working to the new 7th Edition with the structure of: Standard, Criterion and Indicator; with the addition of two Standards.

Improvement Plan

The mid-cycle assessment took place in November 2017 and states that AHCSA has established processes to implement the Improvement Plan. A Quality and Accreditation Working Group has been established to designate and monitor the implementation of the improvement plan and AHCSA is satisfied with its progress.

Staffing changes have had no impact on the organisation's commitment to achieving the improvement plan and maintaining quality principles. Coordination of AHCSA's quality processes and accreditation has been monitored and facilitated by the Deputy CEO, with support from the Business Management Group, as well as the Quality and Accreditation and Policy Working Group.

The Improvement Plan comprises of 16 project areas for improvement and all projects have been assigned. Of these 16 project areas, four are complete, 11 are in progress and three have not yet started.

For this Annual Report, we have presented the previous Admin and Facilities, Finance and Accreditation Reports to reflect Quality, Accreditation and Compliance. A summary of work and achievements has been outlined against the following Standards relating to Governance and Management Systems.

Standard 1 – Governance

1.1 Strategy and Planning

The organisation has a clear strategic direction that is aligned with its purpose, vision, values and service priorities

In May 2018, the Board of Directors, CEO, Deputy CEO and Team Leaders began the process of developing the new AHCSA Strategic Plan. This two-day workshop was facilitated by Dana Shen, who worked on capturing the future directions and goals of the Board which included a Business and Wealth Hub; Education Hub and Research Hub.

The AHCSA vision, mission, and values will continue on from the previous Strategic Directions. Time was also dedicated to workshop the new Communication Strategy. The next workshop with the full Board and Team Leaders will be in October 2018. All staff will be involved in developing the Organisational Plan in 2019.

1.2 Organisational accountability

The organisation has transparent assignment and monitoring of responsibility

The role of the Board of Directors, particularly the Office Bearers is outlined in the AHCSA Constitution, which was last updated and endorsed at a Special General Meeting in July 2016. The full Board and Executive meetings, including Finance Committee Meetings, are scheduled in for the calendar year. All new representatives to the Board of Directors are provided with an induction and Board Induction Pack. At least once a year the Board are provided with a self-assessment package to ascertain their skills and areas of future development and growth and the Secretariat can schedule in a calendar of training.

AHCSA has a Delegations of Authority Policy and Procedure, which was updated at the May 2018 Executive meeting. At each Board and Executive meeting, the Chairperson, CEO and Deputy CEO provide a report to the Board. The Board of Directors provide a report for their region.

1.3 Service Agreements and Partnerships

The organisation enters into formal service agreements and/or partnerships to ensure a continuous and sustainable service

AHCSA signed a Memorandum of Understanding (MoU) with the two Primary Health Networks in South Australia: Adelaide and Country SA. The CEO and Public Health Medical Officer (PHMO) meet with the CEOs on a regular basis. AHCSA has multiple funding agreements with many agencies and key partners, including: Rural Doctors Workforce Agency (RDWA); Drug and Alcohol Services of South Australia (DASSA); GPEx; Country Health SA Local Health Network (CHSALHN); Department for Health and Ageing; Department of Health; Department of Prime Minister and Cabinet; the Lowitja Institute; the National Aboriginal Community Controlled Health Organisation; and the University of Sydney. AHCSA provides funding to CHSALHN; SA Dental Service; Nunyara Aboriginal Health Service Inc. and Pangula Mannamurna Aboriginal Corporation for various programs.

AHCSA has a clear strategic direction that is aligned with its purpose, vision, values and service priorities. Further to that, the organisation has transparent assignment and monitoring of responsibility

CONSTITUTIONAL OBJECTIVE 1

QUALITY, ACCREDITATION AND COMPLIANCE

AHCSA collaborates with other organisations and positions itself strategically in the wider service sector. The organisation ensures compliance with all contracts, laws and regulations

All of AHCSA's agreements, and contracts are reviewed by their legal representative before signing.

1.4 Collaboration and Strategic Positioning

The organisation collaborates with other organisations and positions itself strategically in the wider service sector

The CEO, Deputy CEO and Public Health Medical Officer meet with various key stakeholders and partners on a regular basis to share information and discuss partnership and collaborative opportunities from research applications to community programs. An example has been the meningococcal B immunisation in two communities which was a collaboration between AHCSA, Rural Doctors Workforce Agency (RDWA) and Country SA Primary Health Network. These two support programs were in collaboration and partnership with the Tullawon and Ceduna Koonibba Aboriginal Health Services on the West Coast and the Umoona Tjutagku Health Service Aboriginal Corporation in Coober Pedy in October 2017.

1.5 Financial Management

The organisation's financial management reflects its strategic goals and supports an efficient and sustainable service

AHCSA has a Finance Committee consisting of the Chairperson, Deputy Chairperson and Treasurer who meet in conjunction with the AHCSA Board and Executives and the financials are presented at each of these meetings. AHCSA have sought the expertise of Hood Sweeney Accounting in February 2018 to undertake a Quality Review of the financial systems and contracted Perks Accounting to assist the CEO and Deputy CEO with the financial management in collaboration with the Senior Finance Officer. At the November 2017 AGM, Nexia Edwards Marshall were appointed the Company Auditors for two years. The Deputy CEO and Senior Finance Officer worked with all program managers to develop their budgets for the 2018-2019 financial year and Perks Accounting will be assisting with developing and presenting the future organisational budgets to the Board of Directors for the next five years.

1.6 Risk Management

Risk is identified, assessed and controlled across the whole organisation

AHCSA initially developed the risk and compliance systems for NetSuite in 2013 at a workshop with the Board and senior staff. In November 2017, Maree Davidson provided a refresher session with the Board and Team Leaders, with follow up sessions scheduled for 2018. There was a session held in February 2018 with 10 staff on how to undertake internal audits. A draft Risk Framework for AHCSA has been initiated with plans for completion in early 2019. A Business Continuity Plan (BCP) has been partially completed however is in the process of a Continuous Quality Improvement (CQI) review with an external consultant assisting with the completion and streamlining of the Plan. Hood Sweeney are assisting with the IT Disaster Recovery Plan. This is due for completion by February 2019. The BCP is considered to be a living document and is regularly monitored by the BCP Group.

1.7 Legal and Regulatory Compliance

The organisation ensures compliance with all contracts, laws and regulations

The Compliance Working Group meets fortnightly to review the NetSuite Compliance Module. It is currently being updated to reflect the new QIC 7th Edition Standards and to minimise duplication between reporting for programs and financials and between the Registered Training Organisation (RTO) compliance requirements. AHCSA maintains updated legal and regulatory compliance by employing an AHCSA Accreditation and Compliance Officer and an RTO Accreditation and Compliance Officer. It also maintains current registration with the Australian Securities and Investments Commission (ASIC); Australian Skills Quality Authority (ASQA); and the Australian Health Practitioner Regulation Agency (AHPRA).

1.8 Quality Management

The organisation has a culture of continuous quality improvement

The Secretariat works towards continuous quality improvement on a regular basis through policy and procedure reviews and endorsements. Review dates are managed through the NetSuite Compliance module and reviewed regularly through the Policy Working Group. The Policy Working Group has worked on a number of out-of-date policies throughout 2018 in preparation for endorsement at the August and November Board meetings. A Quality Management Policy was developed in 2012 and will be reviewed in the next financial year.

1.9 Feedback Management

The organisation has a transparent and responsive feedback system

AHCSA's Complaints and Improvement Policy and associated procedures were revised considerably in 2016 to provide advice about how the organisation manages complaints. The revised policy set out the principles of how AHCSA receives and responds to complaints and feedback. The policy is accessible to staff via Alfresco.

Feedback provided to the organisation is documented on NetSuite by staff and followed up by the Accreditation and Compliance Officer. The policy and associated complaints and feedback procedure underpin the newly developed Complaints Register in NetSuite. As part of this review, an online NetSuite Feedback Form is located on AHCSA's website. In the last financial year, AHCSA received three feedback cases reported through NetSuite.

CONSTITUTIONAL OBJECTIVE 1

QUALITY, ACCREDITATION AND COMPLIANCE

Two of these cases were complaints and were documented internally by staff. One of the three reported cases was general feedback, received via the website form. All cases were managed through the NetSuite Register and workflow system.

Standard 2 – Management Systems

2.1 Management Systems

The organisation has effective and responsive management systems

In 2017, AHCSA worked with Parashift to update its Records Management system through Alfresco, which includes an application to enable emails and scanned documents to be saved automatically in Alfresco under a consistent naming convention across the organisation. The Secretariat continue to utilise NetSuite - Enterprise Resource Planning (ERP) which provides a modern, scalable solution to run key back-office operations and financial business processes in the cloud. AHCSA receives NetSuite support through Annexa and are working with Infinet Cloud to install a new payroll application to enable payroll to be processed internally in conjunction with Perks.

2.2 Human Resources

Human resources are managed to ensure an effective and competent service

The HR Officer in partnership with the Team Leaders and Managers provide an induction process for all new AHCSA staff. Job and Person Specifications are updated upon advertising for an existing position, a vacancy or preceding a Performance Development and Review meeting. These annual meetings have been implemented as part of normal business for two consistent years. The Policy and Procedure has been updated and is due to be endorsed at the November Board meeting.

2.3 Information Management

Information held by the organisation is secure, accurate and accessible

AHCSA receives IT support through Hood Sweeney Technology Services located in Adelaide. Over the past two years, the Deputy CEO has worked with Matthew Palmer at Hood Sweeney to plan for the upgrade of the IT systems across the organisation which included the server, desktops, loan pool laptops and meeting room laptops.

After an initial audit of all of the desktops and laptops across the organisation, the new server was ordered and the desktops, laptops and software were ordered over a period of 18 months in line with funding received.

To date, the systems have been working efficiently and effectively with Outlook 365 installed in early 2018, enabling all the systems to be cloud-based. The 10 new laptops for the loan pool enable staff to borrow a laptop when they travel, without the need to purchase multiple laptops based on positions saving much needed program funds. The old server will be stored at Hood Sweeney as part of the Business Continuity and Disaster Recovery Plans.

2.4 Knowledge Management

Knowledge is managed in a systematic, ethical and secure way, and the organisation uses it to inform service development and continuous quality improvement

The Centralisation of knowledge management for each Member service is incorporated in the review and rebuild of AHCSA's Alfresco and NetSuite Integration project. Providers Parashift, Hood Sweeney and Annexa are collaborating to improve and integrate the systems. A Member Portal through the AHCSA website has been developed with support from Hybrid, which will enable information sharing and management with AHCSA's Member services.

2.5 Assets and Physical Resources

The organisation's assets and physical resources are managed to ensure an effective, safe and efficient service

AHCSA has managed and maintained an asset register for a number of years for all of the organisation's assets and physical resources. These have been managed through an Excel spreadsheet and the 2018-2019 financial year will see a move to incorporating the register into NetSuite. An Annual Workplace Health and Safety Audit is undertaken by Business SA and the Workplace Health and Safety Committee, who review the report and undertake any required action. For example, the 2018 report recommended removing all of the ladders and to develop a policy. This has been completed with a section being added to the Workplace Health and Safety Framework. An Environmental Policy has been developed and will be reviewed in the next financial year.

2.6 Work Health and Safety

The work health and safety system is integrated and managed systematically with clear lines of accountability to ensure continuous quality improvement

AHCSA has a Workplace Health and Safety Committee which meets regularly and include a Terms of Reference and a requirement for a Team Leader or Manager to be present at each meeting. All Workplace Health and Safety meetings are minuted and accompanied by an agenda and ongoing actions list. Meeting minutes and agendas are communicated to members via Yammer. AHCSA holds regular all of staff meetings whereby the Health and Safety Representative provides important Workplace Health and Safety related updates to all staff.

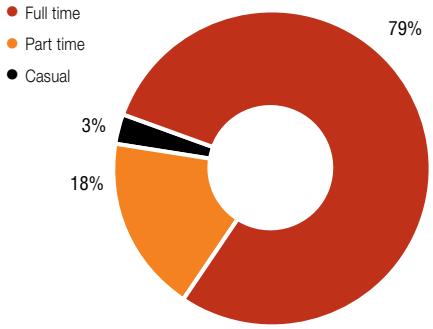
The Health and Safety Representative (HSR) has been working on the organisation's Workplace Health and Safety (WH&S) Guidelines document and coordinates the meetings, ensuring that recommendations for the external WH&S Building Audit are addressed. The WH&S Guidelines cover all safety areas of AHCSA business, for example, remote travel, working outdoors, first aid and return to work processes. WH&S introductory sessions are provided to all external groups hiring rooms at AHCSA and with each new student group to the building. Currently the WH&S Committee are planning an evacuation exercise later in the year to coincide with student classes. Internal WH&S inspection audits are undertaken on an annual basis by the WH&S Chair and HSR. External Audits are undertaken by Business SA every three years, with the next one booked in for January 2019.

CONSTITUTIONAL OBJECTIVE 1

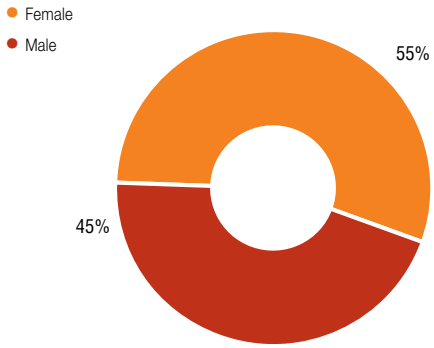
EXECUTIVE

Total AHCSA Employees – 42.8 Staff

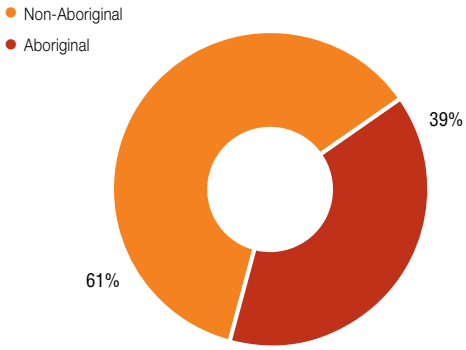
As at 30 June 2018



Gender

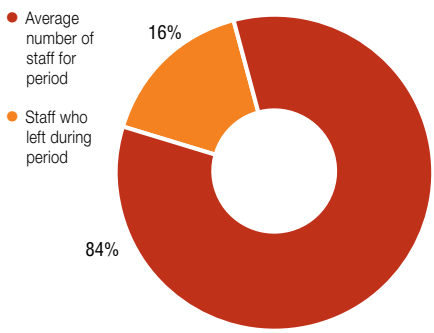


Aboriginal or non-Aboriginal



Staff Turnover - 18.69%

July 2017 – June 2018



HUMAN RESOURCES

The 2017-2018 financial year was quieter with regards to new recruitment, however this provided the Human Resources Officer with the opportunity to provide valuable recruitment support and advice to a number of AHCSA's Members.

Human resource and industrial relations responsibilities related to funding agreements and their associated employment contracts generally peak in March, and this year was no exception. AHCSA was fortunate to receive a renewal of all of its agreements and were able to offer new employment contracts with multiple year agreements to a number of staff, thus enabling the continuity of services and some welcomed stability.

The Human Resources Officer continued to provide general advice and support to the AHCSA Secretariat, particularly to the new Team Leaders who were assisted with the scheduling of staff annual performance development and reviews, as well as making preparations with policies and procedures for the AHCSA reaccreditation in 2019.

STAFF RECRUITMENTS	**2017**
Senior Health Policy and Strategy Officer	13 Nov
STAFF RECRUITMENTS	**2018**
Research Assistant, Stress and Staying Strong	19 Feb
Educator	30 Apr
Junior Project Officer, Education Training and Workforce	28 May
Educator Assistant, Education Training and Workforce	4 July
Clinical Educator (no appointment made)	–
HR ASSISTED RECRUITMENT	**2018**
Chief Executive Officer for Pangula Mannamurna Aboriginal Corporation	Feb/Mar

Recruitment Metrics

In the recruitments that occurred since 1 July 2017, the average time it has taken to fill a position has been 53.67 days. This human resources metric is the total number of days that a position is available in the organisation and goes unfilled. For ease of calculation AHCSA calculates this measure from the time the advertising for a staff vacancy goes live until the successful candidate, determined by the recruitment process, commences their employment at AHCSA.

Staff Metrics

As at 6 July 2018, AHCSA had 38 staff members. 32 of these were full-time employees, while five staff positions were part-time and one was a casual employee. The full-time equivalent was 35.1 and of the 38 staff members, 21 of them were female and 17 were male. There were 15 Aboriginal staff and 23 staff members who were non-Aboriginal.

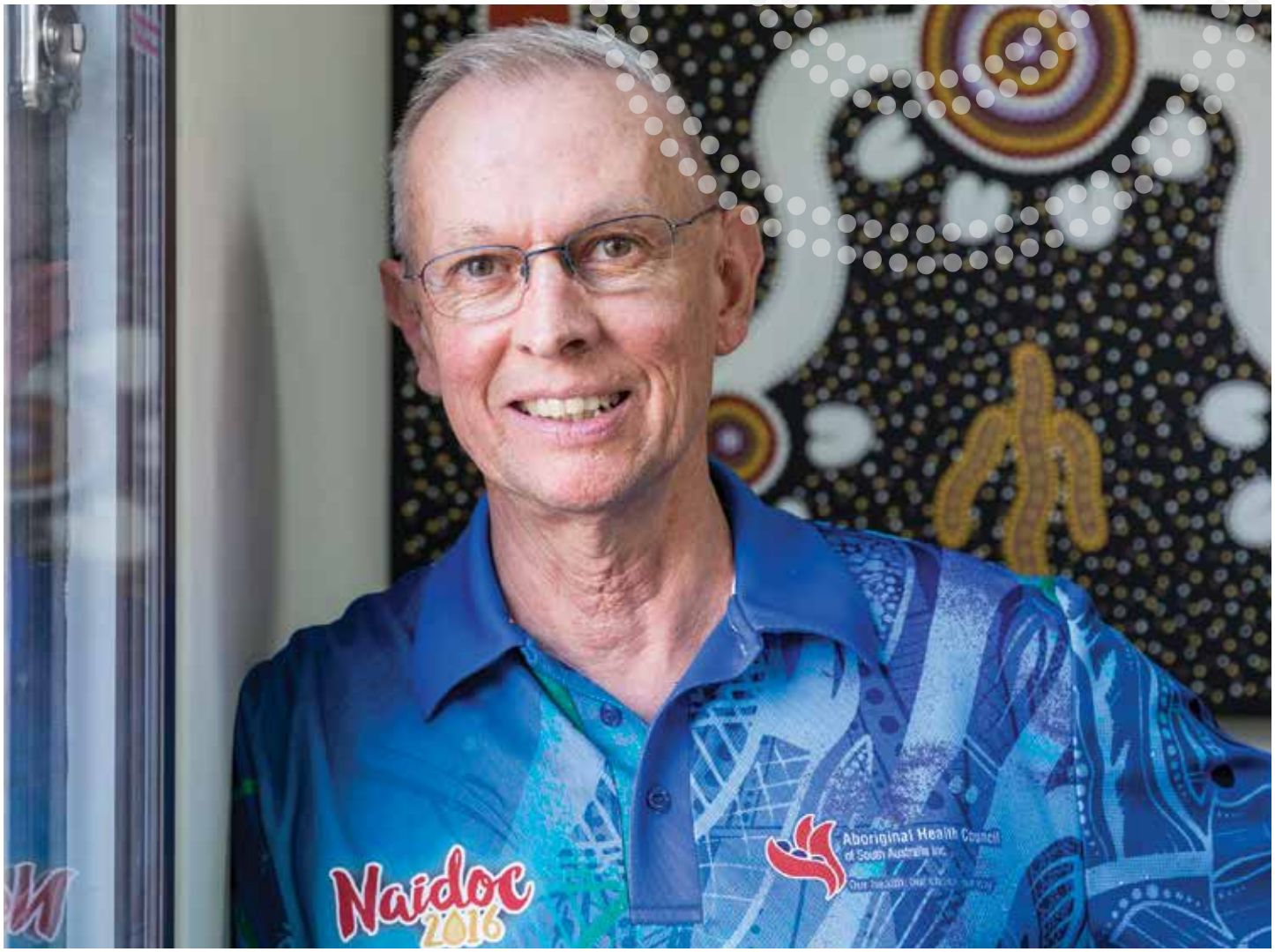
The average number of staff for the year ending 30 June 2018 was 42.8, therefore, staff turnover from July 2017 to June 2018 was 18.69% with eight staff departures during those 12 months.

Human Resource Office

With Jeff Mountford implementing a six month transition plan towards retirement, he has recently reduced his work days to three a week.

Consequently, a recruitment process is currently underway to find a suitable candidate to work in partnership with Jeff in a job share arrangement as the next step in a succession plan for the position.

AHCSA was fortunate to receive a renewal of all of its agreements and were able to offer new employment contracts with multiple year agreements to a number of staff, thus enabling the continuity of services and some welcomed stability



We work closely with ACCHSs, SA Health and other stakeholders to raise awareness and enhance prevention strategies for HIV, given concerns of increasing rates of infection within the Aboriginal population nationally

CONSTITUTIONAL OBJECTIVE 2

Provide support to Members to improve health outcomes for all Aboriginal people of South Australia, promoting and advancing the community's commitment to physical, social and emotional wellbeing and quality of life

PUBLIC HEALTH AND PRIMARY HEALTH CARE

PUBLIC HEALTH

The objectives of the Public Health Program are to provide public health advice and support Member services. The role of the Public Health Medical Officer (PHMO) continues to provide public health advice and support to AHCSA and its Member services, with involvement in a wide range of activities and initiatives.

Direction and Support

In partnership with Country Health SA, AHCSA has taken an expanded, statewide coordination role for the elimination of blinding trachoma in SA. The PHMO provided direction for this process, which has involved expanding AHCSA's role in community screening activities and advocating both at state and national levels to improve access to household washing facilities and other environmental health improvements in affected communities.

The PHMO has worked with the AHCSA Ear Health Program (Deadly Sounds) and the Rural Doctors Workforce Agency to support the capacity of ACCHSs to identify and manage middle ear disease, particularly in young children. Support has included the updating of the *Deadly Sounds Communicare and MBS Guide* as well as development of indicators for the ACCHSs to use for quality improvement activities.

Support was provided to the Quality Systems team to develop the SA quality improvement data (SQID) cycles program. The next cycle focuses on supporting ACCHSs to review data and processes of care related to the identification and management of middle ear disease in young children.

Team leadership and support is provided to the Sexual Health Program, Blood Borne Virus Program, the Eye Health Programme and the Rheumatic Heart Disease Program.

Public Health Coordination

The PHMO convenes monthly Public Health Network teleconferences, which allow public health issues and information to be discussed between AHCSA and the ACCHSs. Specific support is provided to Member health services. In the past year, this included the coordination and delivery of a community-wide meningococcal W vaccination program for Aboriginal people aged two months to 19 years in Coober Pedy.

This was carried out in partnership with Umoona Tjutagku Health Service. Over 130 people were vaccinated over three days. Meningococcal W clinics were also held at Pika Wiya Health Service, where over 300 people were vaccinated. This followed sustained advocacy with SA Health to ensure that a more coordinated response to the meningococcal W outbreak in South Australia was carried out.

As well as addressing the ongoing syphilis outbreak in the state, the PHMO has worked with ACCHSs, SA Health and other stakeholders to raise awareness and enhance prevention strategies for HIV, given concerns of increasing rates of HIV infection in the Aboriginal population nationally.

Responding to sector uncertainty, a project was undertaken to clarify the conditions under which Aboriginal Health Practitioners (AHPs) and Registered Nurses (RNs) are able to administer vaccinations in ACCHSs in South Australia. A communiqué was developed and distributed to ACCHSs in November 2017.

Sector Advocacy

The PHMO has continued to advocate with SA Health Immunisation to change the current Vaccine Administration Code to enable AHPs to independently vaccinate with additional training and appropriate supervision.

On behalf of Tullawon Health Service and Ceduna Koonibba Aboriginal Health Service Aboriginal Corporation, the PHMO drafted a submission to a Senate parliamentary inquiry into the implementation of the Cashless Debit Card Trial (CDCT). The submission focused on funding of positions related to services, short timelines for recruitment, poor consultation and needs assessment processes, and limited local workforce capacity-building investment. It also highlighted the limited overall investment in alcohol and other drug services and social and emotional wellbeing (SEWB) services as part of the CDCT.

Public Health Medicine Registrar

The PHMO supervises a Public Health Medicine Registrar, who is a doctor undertaking specialist training in public health. In January, Dr Katie Hobbs completed a project to identify new strategies to manage iron deficiency anaemia in children at Port Lincoln Aboriginal Health Service. The results will inform the development of a broader scale pilot project to address this important issue.

A project to support the development, implementation and evaluation of a program to increase Human Papilloma Virus (HPV) vaccination rates was also completed. It was aimed at reducing the incidence of cervical cancer in Aboriginal women, and is currently being implemented at Pika Wiya Health Service.

The data analysis and reporting capacity of the AHCSA Blood Borne Virus Program has been further automated. This should lead to more timely reporting of STI testing and positivity data for participating ACCHSs.

AHCSA did not have a Public Health Medicine Registrar for the first six months of 2018.

CONSTITUTIONAL OBJECTIVE 2

PUBLIC HEALTH AND PRIMARY HEALTH CARE

BLOOD BORNE VIRUS

The AHCSA Blood Borne Virus (BBV) Program works with AHSs and the broader health sector across South Australia, supporting the prevention and management of viral hepatitis.

Continuous Quality Improvement

The viral hepatitis continuous quality improvement project has been working with eight Aboriginal health services to provide support with screening and management of viral hepatitis. This is done through the strengthening of patient information management systems, and undertaking clinical audits.

Aboriginal Alcohol Tobacco and Other Drugs

Held in Adelaide, the Blood Born Virus Program presented as part of the Aboriginal Alcohol Tobacco and Other Drugs Forum conference panel. The topic of the presentation was *Learning from each other: Reducing Alcohol and other drug related harm amongst Aboriginal communities.*

Workshops

The 2018 AHCSA STI and BBV two-day workshop: Taboo Or Not Taboo 3 was jointly delivered with the AHCSA Sexual Health Program. It was attended by health professionals from eight Aboriginal health services across the state. Delivered by Hepatitis SA and Drug and Alcohol Services SA (DASSA), the second day of the workshop focussed on HIV, viral hepatitis, and Clean Needle Programs (CNP).

Clean Needle Program

In conjunction with Hepatitis SA, a harm reduction, Clean Needle Program and viral hepatitis module was delivered. This Program contributed credits towards the AHCSA RTO Certificate IV Aboriginal and Torres Strait Islander Primary Health Care (Practice) course.

In addition to this, AHCSA's Blood Borne Virus team and DASSA have worked with Umoona Tjutagku Health Service Aboriginal Corporation and Ceduna Koonibba Aboriginal Health Service Aboriginal Corporation towards establishing new Clean Needle Programs.

These Programs are an important harm-reduction service that helps to keep rates of blood borne virus infection, such as hepatitis C and HIV, low within the community.

Providing a CNP helps to reduce the stigma associated with injecting drug use, and displays a strong commitment to improving access to health care for people for who inject drugs.

Consultation and Support

The Blood Born Virus team provided support and advice to SAHMRI research projects with a focus on viral hepatitis.

The team also participated in consultation and provided feedback on the DASSA web page 'Know Your Options', which can be found at www.knowyouroptions.sa.gov.au. The website provides options for individuals, family members or health practitioners to find specific help for alcohol and other drug-related problems.

Partnerships

AHCSA would like to acknowledge the following key partners who have supported the objectives of the BBV Program over 2017-2018:

- South Australian ACCHSs
- Kakarrara Wilurrara Health Alliance
- SA Health Communicable Disease Branch and Viral Hepatitis Nursing Workforce
- Drug and Alcohol Services SA
- Hepatitis SA
- Hepatitis Australia
- Aboriginal Drug and Alcohol Council
- Relationships Australia South Australia
- South Australian Health and Medical Research Institute
- Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine

AHCSA would like to acknowledge the Department for Health and Ageing and Drug and Alcohol Services South Australia for their funding and ongoing support for the Blood Borne Virus Program.

AHCSA's Blood Borne Virus Program plays an important role in supporting the coordination of BBV services across South Australia to ensure that Aboriginal people have appropriate access to care

The 'Deadly Sounds' resources were developed to support Members to deliver comprehensive primary ear and hearing health services to reduce the prevalence and incidence of otitis media in Aboriginal populations

CONSTITUTIONAL OBJECTIVE 2

PUBLIC HEALTH AND PRIMARY HEALTH CARE

EAR HEALTH

The AHCSA Ear Health Programme has continued to focus on supporting ACCHSs in SA to develop clinic systems and ear health models of care to strengthen activity directed at the early identification and management of young people with middle ear disease.

Early Detection Focus

While the Programme continues to include young people aged 0 to 21 years there has been a particular focus on children aged 0 to four years, recognising that identification and management of ear disease and associated hearing loss at this age has the greatest impact on reducing the long-term impact of these conditions.

Two ACCHSs in SA recently received funding to develop new programs aimed at early childhood health and development, the Ear Health Programme coordinator has taken the opportunity to work with these services to embed systems to address ear disease within these programs. This has resulted in strong commitment from CEOs of these ACCHSs to prioritise ear health through these programs.

Workshops

Planning Workshops were held in Ceduna involving both staff from the Child Health Program as well as external staff from schools and early learning centres to provide education about middle ear disease and strengthen referral pathways from external providers to the ACCHSs. The focus on early detection has also led to a review and strengthening of referral pathways to secondary and tertiary ear health providers, including audiology, ENT specialist and hospital referrals. Initial discussions with Nunyara Aboriginal Health Service in Whyalla have also occurred.

Quality Systems Improvement

To support this process, the Ear Health Programme coordinator has worked with AHCSA staff from the Quality Systems team and the PHMO to develop a quality improvement webinar series aimed at increasing the proportion of current ACCHS clients aged 0 to four who have had their ears examined by clinic staff over a 12 month period. Choosing this indicator recognises the fact that identification of middle ear disease needs to be proactive and is the first step in management.

The webinar series will adopt the plan, do, study, act methods to review current activity levels through data extraction from clinical information systems, facilitated discussion of best practice activity and systems for identification of ear health problems. In addition, the series will review ACCHSs' current systems and support the development of action plans to address system gaps.

This will be followed by review of data three months later to assess the impact of system improvements. This program will be delivered from August to October 2018 but has already generated large interest with eight out of 10 services registering to attend. AHCSA now has the capacity to extract ear health data KPIs from Communicare.

Deadly Sounds

While the Deadly Sounds brand was launched at the end of 2017, the *Deadly Sounds Communicare and MBS Guide* was completed in March 2018 and this high quality resource has been made available to all ACCHS in SA. It was distributed to staff at AHCSA and the Rural Doctors Workforce Agency joint Ear Health Training Workshop, which was delivered in Adelaide in June 2018.

Key staff attended the workshop from the majority of ACCHSs based in SA. This two-day event included a one-day workshop focusing on clinical systems to improve the identification and management of middle ear disease, followed by a day of training, delivered by the Benchmarque Group.

Partnerships

South Australia is fortunate to have an Aboriginal Ear Health Reference Group comprising of health and education Aboriginal ear health stakeholders from both the Government and non-Government sectors that meets quarterly. This has been a successful collaboration that has met over a number of years to facilitate a coordinated approach to ear health programs for Aboriginal people across the state.

The AHCSA Ear Health Coordinator has been a key member of this group and became co-chair in early 2018. A Planning Workshop was held in May to review the activity and priorities of the group over the next 12 months. As part of this initiative, the coordinator undertook a literature search of programs in other jurisdictions to ensure that the best practice approaches were being adopted in South Australia.

The Ear Health Coordinator resigned from the position in May 2018, after over five years in the role. Currently, the Programme has built up great momentum and AHCSA has undertaken a recruitment campaign to appoint a new coordinator. The incumbent will have the task of building on the significant achievements of the Programme, particularly over the past 12 months.

CONSTITUTIONAL OBJECTIVE 2

PUBLIC HEALTH AND PRIMARY HEALTH CARE

EYE HEALTH

Led by the Eye Health Project Officer, the core functions of the Eye Health Programme are to support and provide advocacy for AHCSA's Member health services through ongoing eye health support and guidance to health service staff and the community.

The Programme provides capacity-building and ongoing staff training in primary eye health and the development of health promotion resources and raise community awareness. They represent the SA ACCHSs externally, and contribute towards stakeholder collaborations, maintaining healthy relationships with them.

Operationally, the Programme provides on-the-ground service delivery by coordinating and facilitating optometrist and ophthalmologist visits to remote communities. They also encourage the community to visit eye health professionals. They monitor and assist patient pathways from primary to tertiary eye health care, and continually strive to improve and assist with access to low cost prescription glasses.

Community Visits

There are core Programme visits that run twice yearly to 12 communities, including Ceduna, Yalata, Oak Valley, Tjunjtuntjara (WA), Coober Pedy, and seven communities within the APY Lands. The Programme also supports the visiting optometry service to Whyalla, Murray Bridge and Raukkan.

The most common eye conditions found on the Programme visits are:

- Diabetic Retinopathy (deterioration of blood supply to the retina or macula)
- Refractive error (blurred vision simply requiring corrective eyewear)
- Cataracts (clouding of eye lens which inhibits clear vision)
- Trachoma (bacterial infection easily treated but can otherwise lead to preventable blindness)

Partnerships

We continue to build a stronger partnership with the Rural Doctors Workforce Agency (RDWA), ensuring a sustained increase in access to visiting optometry services. The Programme assisted with the recruitment of a new RDWA Indigenous Eye Health Coordinator, and collaborative planning to facilitate the statewide stakeholder reference group, becoming the SA Aboriginal Eye Health Advisory Group.

National Eye Health Equipment Project

AHCSA is proud to be the sole Aboriginal organisation invited into the Consortium managing this project, and the Eye Health Project Officer (EHPO) has been appointed the lead trainer for South Australia. The implementation phase of the project has been completed, with the retinal cameras being delivered and installed into four of the ACCHSs in SA, and resources have been developed for training and patient education.

Retinal camera operator training has been delivered to relevant clinic staff. The EHPO has been working closely with recipient SA sites to embed retinal screening into current workflows, and system/IT requirements. For the next financial year, there is a proposed extension of the national project, with potentially six additional retinal camera recipient sites identified in SA.

Development and Training

The EHPO delivers on site staff training in Primary Eye Health Care and Vision Testing as well as an eye health training component to Cert III and Cert IV Primary Health Care students enrolled at AHCSA's Registered Training Organisation.

Another key role has been working with Vision2020 in the development of the Government submission Five Year Plan for Enhancing Aboriginal and Torres Strait Islander Eye Health, in response to a direct offer of support from Minister Ken Wyatt. This year, SAHMRI conducted a comprehensive review of the AHCSA Eye Health Programme to measure efficiencies, outcomes and stakeholder satisfaction against identified gaps and barriers, helping to shape the way forward for the Programme.

PROGRAMME VISIT OUTCOMES 2017-2018

Community	Total clients seen	Total clients Aboriginal	Total clients new	Total clients diabetic	Retinal photos taken	Surgery referrals or further treatments	On site procedure: lasering for retinopathy	Reading glasses issued on same day	Prescription glasses arranged
Fregon	40	40	8	24	15	4	2	23	6
Mimili	41	41	4	28	16	8	2	20	9
Iwantja	58	56	7	41	26	4	6	28	10
Pipalyatjara	41	40	6	28	12	6	2	14	19
Nyapari	6	6	0	4	4	0	0	4	3
Pukatja	77	70	9	39	28	10	4	31	13
Amata	85	82	9	65	33	12	8	39	30
Coober Pedy	64	45	18	33	5	8	10	11	22
Yalata	86	85	28	48	7	8	4	40	12
Oak Valley	17	16	4	8	5	3	0	10	2
Tjuntjuntjara	53	51	11	40	13	4	1	27	5
Ceduna	68	67	25	51	33	12	4	31	15
TOTAL	**636**	**599**	**129**	**409**	**197**	**79**	**43**	**278**	**146**

Providing on-the-ground service delivery including the planning, coordination, attendance, and facilitation of visits to eye clinics with visiting optometrists and ophthalmologists

The Sexual Health Program focuses on sexually transmitted infections, prevention, screening, and treatment of chlamydia, gonorrhoea and trichomonas and continues to raise awareness for HIV and syphilis testing and treatment

CONSTITUTIONAL OBJECTIVE 2

PUBLIC HEALTH AND PRIMARY HEALTH CARE

HERO SEXUAL HEALTH

AHCSA's HERO Sexual Health Program supports Aboriginal Community Controlled Service and other relevant organisations working with Aboriginal community members to improve access to opportunistic and voluntary screening for sexually transmitted infections (STIs). These include chlamydia, gonorrhoea, trichomonas and syphilis. Raising awareness of HIV continues to remain central to the Program.

Annual STI Screening

The team visited AHCSA Member services across SA to provide staff with education and support with the Annual STI Screening for young people aged between 16 and 35 years. In addition to this support, health promotion activities were provided and this included the supply and delivery of over 9,000 condoms for distribution to community members.

To encourage young people to participate in Annual STI Screening, the team offered Health Promotion Grants to the ACCHSs. A total of nine ACCHS submitted grant applications and were successful in receiving funding through the Sexual Health Program, for the provision of a variety of activities and incentive programs to increase young people's participation in the Annual STI Screening.

The grants supported Women's Pamper Days and community education at Tullawon and Pika Wiya, in collaboration with the Maternal Health Tackling Smoking Program. Some ACCHSs organised raffles for those who participated in the screening with prizes drawn at the end of the screening period. Other ACCHSs offered gifts or vouchers for young people who took part in the screening. PLAHS ran an updated commercial to promote the STI Screening.

Partnerships

The Sexual Health Program worked with the Young Deadly Free Project Worker to deliver sexual health education to the SA Aboriginal Sports Training Academy, in partnership with the Aboriginal Basketball Academy students in Port Adelaide.

Support of Umoona Tjutagku Health Service Aboriginal Corporation and Ceduna Koonibba Aboriginal Health Service Aboriginal Corporation continues through the national point of care testing for chlamydia, gonorrhoea, and trichomonas research project: *Test, Treat and Go 2* –TTANGO2. The project is being implemented by Flinders University International Centre for Point-of-Care Testing and The Kirby Institute at the University of New South Wales.

Development and Training

Education and workforce development remains a priority for the Program, including the delivery of the TABOO3 two-day workshop. It was very encouraging to have workers in the field actively participate in important discussions around issues that can be sensitive and not easy to talk about.

The Sexual Health module has been developed and introduced as an elective into AHCSA's RTO Certificate IV Aboriginal Health Worker and Practitioner. This course will provide students with an introduction to sexual health as a career path, with the possibility of placement at the Adelaide Sexual Health Centre.

AHCSA receives funding from the Department for Health and Ageing and would like to acknowledge Daniel Gallant and his team for their continued support for the Program.

CONSTITUTIONAL OBJECTIVE 2

PUBLIC HEALTH AND PRIMARY HEALTH CARE

TRACHOMA ELIMINATION

The AHCSA Trachoma Elimination Program continues its efforts towards eliminating blinding trachoma by 2020 in South Australia. The team will be supporting the ACCHSs in Yalata, Oak Valley, Ceduna, Koonibba, Port Augusta, Leigh Creek, Copley, Nepabunna as well as CHSA in Oodnadatta.

Discussions between the Commonwealth, the Kirby Institute at the University of New South Wales, Country Health SA Local Health Network, the Indigenous Eye Health Unit at the University of Melbourne and AHCSA resulted in Maree, Quorn, Coober Pedy and Ceduna being removed from the at-risk community list, which is a significant achievement.

Environmental Health Focus

A focus on the improvement of environmental health conditions has increased through the involvement of the Department of Prime Minister and Cabinet, SA Health, Housing SA, the Department for Education, SA Water and the Indigenous Eye Health Unit.

An environmental health workshop is planned for October which is anticipated to result in a greater cross-sector collaboration. The Program is actively advocating for environmental health improvements in SA by being a member of the Vision 2020 Trachoma Working Group and co-chairing the SA Trachoma Elimination Strategy Committee.

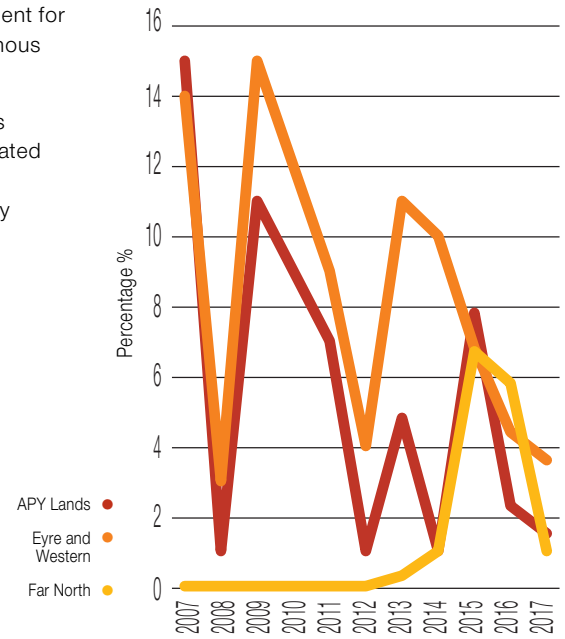
Development and Training

AHCSA's Trachoma Elimination Project Officer had the privilege of attending the first World Health Organisation Trachoma Training in the Western Pacific Region, with representatives from the Northern Territory, Western Australia, Solomon Islands, Fiji, Vanuatu, Kiribati, Papua New Guinea and Tonga. The Kirby Institute and the Fred Hollows Foundation provided financial and logistical support.

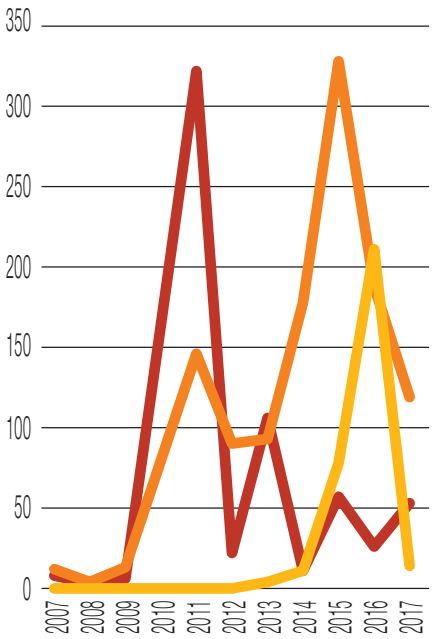
Attendance provided invaluable experience in learning from trachoma experts and other graders, as well as ensuring the quality of our own trachoma grading data. Being only one of three people in Australia to have received this training, AHCSA's Trachoma Elimination Project Officer has been asked by the Western Australia and Northern Territory Trachoma Elimination Programs to provide assistance with quality control of their trachoma screening and grading.

On a national level, this will help to provide confidence in the quality of the dossier to be submitted to the World Health Organisation by 2020, in which we aim to show that Australia has been successful in eliminating blinding trachoma.

Overall prevalence of active trachoma in South Australia – Children aged 5-9 in all communities* by region



Number of doses of Azithromycin administered for the treatment of trachoma by region in South Australia



** Data calculated carrying in all communities considered at risk of trachoma at some time since 2007*

AHCSA's Trachoma Elimination Project Officer was selected to attend the first World Health Organisation Trachoma Training which delivered invaluable experience and the opportunity to learn from experts and other graders, ensuring the sustained quality of AHCSA's Trachoma Elimination Program

Heart disease is the main cause of death for Aboriginal and Torres Strait Islander people. The disparity in heart health between Aboriginal and non-Aboriginal people represents a major national health challenge

CONSTITUTIONAL OBJECTIVE 2

PUBLIC HEALTH AND PRIMARY HEALTH CARE

RHEUMATIC HEART DISEASE

AHCSA has continued to receive funding from the Department for Health and Ageing to undertake activities to improve clinical patient information systems that support the management of patients from ACCHSs with Acute Rheumatic Heart Fever (ARF) and/or Rheumatic Heart Disease (RHD).

In January 2018, the RHD project moved from Public Health and Primary Health Care to the Quality Systems team, with support now provided by the Patient Information Management Systems (PIMS) Officer and the Practice Manager Support Officer roles, both of whom have a clinical background.

Systems Enhancement

Discussions occurred via phone and in person during site visits with ACCHS staff, following the review of Communicare RHD Register client records. The Quality Systems team has supported health service staff with the completion of management plans in ACCHS for clients with chronic conditions, including RHD. This is a priority for multiple AHCSA programs and staff members.

In the July to December 2017 period, the RHD Coordinator worked collaboratively with the Quality Systems team to develop appropriate health service systems that take into consideration workflows and staff expertise that are unique to each service.

The Quality Systems team identified gaps in staff skill sets and provided onsite training to support clients with chronic conditions including RHD to have management plans.

Care management plan templates were developed by AHCSA for Communicare and are being used in ACCHSs at: Coober Pedy, Port Augusta, Ceduna, Whyalla, Mount Gambier, Yalata and Adelaide. This management plan template aligns with the Australian guidelines for prevention, diagnosis and management of Acute Rheumatic Heart Fever and Rheumatic Heart Disease.

Communicare at all Member services with RHD clients was reviewed to confirm that the automated recall relating to RHD prophylaxis remains set at three weekly. This means that each service utilises the Communicare recall reminder system to automatically set the next recall to show when secondary prophylaxis for clients is due, which is every three weeks.

Services have been encouraged to complete secondary prophylaxis recalls and document these appropriately in Communicare and on the RHD register.

This enables staff to identify and actively follow up with clients. AHCSA staff liaises with one another and regularly communicate with health service staff at Member services to enhance the coordination of client care.

The Quality Systems team has also worked to customise a suite of business analytics tools called, Power BI, that extracts data from Communicare relating to Acute Rheumatic Heart Fever and/or Rheumatic Heart Disease. This includes Total BLA Injections in the past 12 months (for each client), BLAs given in the last 28 days and, of those clients with a RHD diagnosis, how many have had a health check or management plan in the last 12 months.

The data from Power BI will enable AHCSA staff to more easily provide feedback to health service staff relating to their management of RF/RHD clients and can be utilised to support further CQI processes. Negotiations with health services to utilise this tool continue and has been piloted at Umoona Tjutagku Health Service Aboriginal Corporation.

Obtaining permission from each health service to create a clinical item in Communicare that ensures Power BI extracts the appropriate data relating to clients with RHD is almost complete. Within that clinical item, it is also documented when secondary prophylaxis is to cease, as per the RHD Register, and is displayed on the client's Main Summary, Active Problem/ Significant History.

Collaborations

Relationships with the South Australian RHD Control Program, Primary Health networks, SAHMRI, Heart Foundation and RHD Australia have been established and AHCSA's Public Health Medical Officer participated in SA RHD Program Advisory Group meetings.

These relationships have facilitated a coordinated and effective approach towards AHCSA's Member services. This has been especially beneficial when undertaking CQI activities to strengthen the management of clients with ARF/RHD.

CONSTITUTIONAL OBJECTIVE 2

PUBLIC HEALTH AND PRIMARY HEALTH CARE

ABORIGINAL DENTAL

AHCSA receives funding from the Department of Health for the Aboriginal Dental Programme through the National Aboriginal Community Controlled Health Organisation (NACCHO) one funding agreement.

AHCSA administers this funding to the South Australian Dental Service through a memorandum of administrative arrangement which assists in the provision of oral health programmes for Aboriginal and Torres Strait Islander children and eligible adults.

An adult is eligible for Government-funded dental services if he or she is a holder or adult dependent of a holder of a current Centrelink Pensioner Concession Card or Health Care Card.

AHCSA provides the funding with an emphasis on the provision of oral health programmes as part of a whole-of-health, primary health care approach for Aboriginal and Torres Strait Islander people.

The Aboriginal Dental Programme provides general emergency and course of care to Aboriginal people, which can include extractions, restorative work, dentures and other services needed.

The areas covered include Balaklava, Barossa Valley, Ceduna, Coober Pedy, Fleurieu, Leigh Creek, Meningie, Murray Bridge, Port Augusta, Port Lincoln, Port Pirie, Riverland, South East, Streaky Bay, Whyalla and Yorke Peninsula.

The Aboriginal Oral Health Programme provided through the SA Dental Service has both increased the services to Aboriginal people in South Australia and alleviated the demand for resources on the Aboriginal Dental Programme.

Key Features

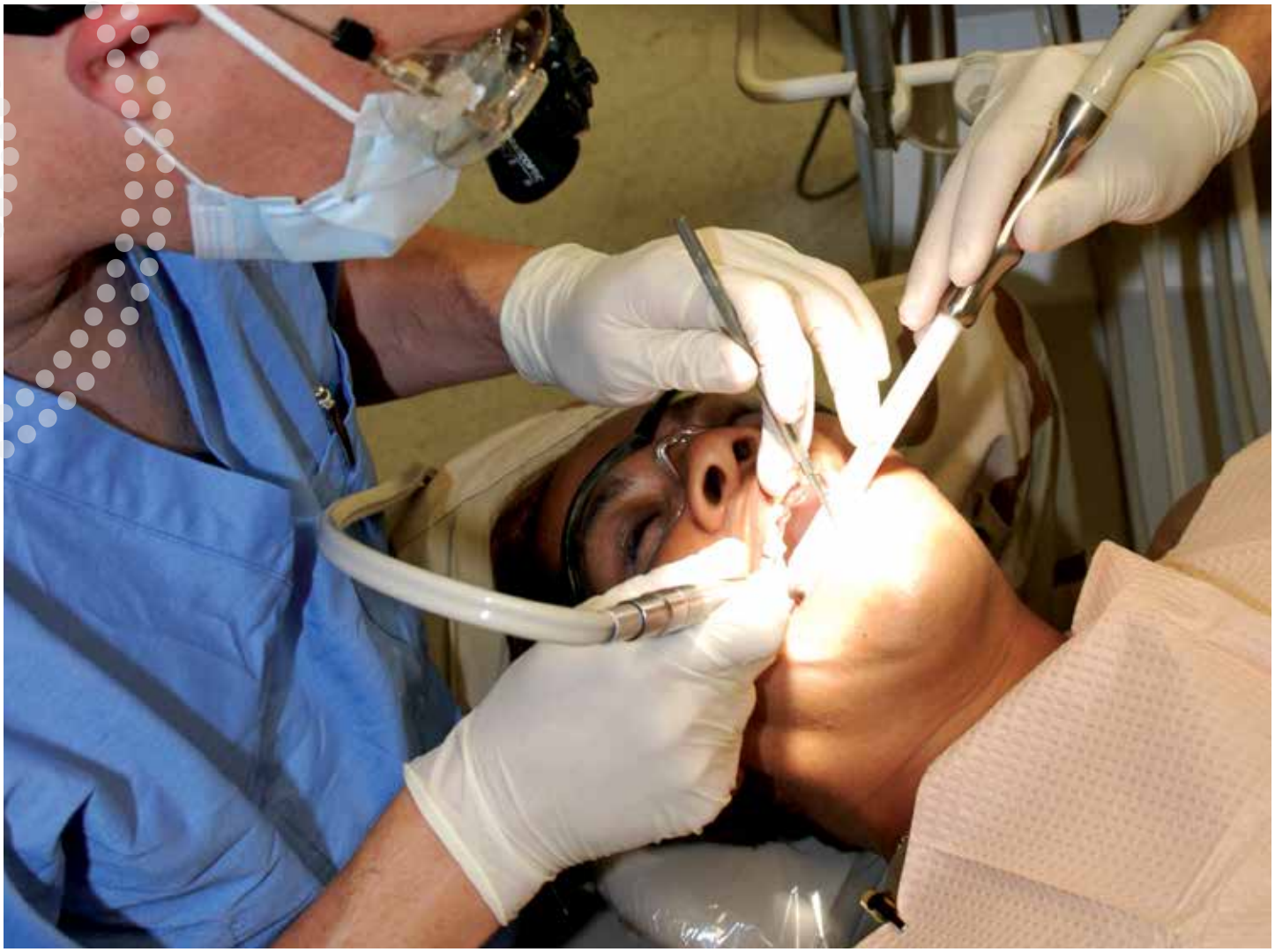
- The Aboriginal Dental Scheme (ADS) only operates where clients cannot access the Aboriginal Liaison Program (ALP) through local SA Dental Service Clinics in rural and remote areas.
- This has resulted in a reduced demand for Aboriginal Dental Scheme funded care over recent years while the total number of Aboriginal clients treated continues to rise.
- There is no wait time for care under the Aboriginal Dental Scheme.

Benefits of care under the ADS or ALP

Aboriginal clients who receive care under either the ADS or ALP receive the following benefits:

- Immediate access to emergency care
- Priority (i.e. no waiting list or waiting time) access to general dental care
- Priority access to dentures
- Pathway facilitated through the local ACCHS or AHW in some cases
- No client fees

AHCSA provides funding and support with an emphasis on the provision of oral health programmes as part of a whole-of-health, primary health care approach for Aboriginal and Torres Strait Islander people



CONSTITUTIONAL OBJECTIVE 2

TACKLING INDIGENOUS SMOKING

Funded by the Department of Health and supported by the Ninti One – National Best Practice Unit (NBPU), AHCSA's Puyu Blaster – Tackling Indigenous Smoking (TIS) Programme, provides regional programs and activities to reduce the gap in prevalence of smoking among Aboriginal and Torres Strait Islander people, compared with non-Aboriginal people. Their aim is to reduce the uptake of smoking and increase smoking cessation. They also aim to reduce exposure to environmental tobacco smoke.

Targeted Strategy

The Programme works to meet these aims by providing youth-focused education for health and community workers. They have carried out health promotions at community events and facilitated education and programs for Elders, women and men. An emphasis has been placed on providing support for developing smoke-free environments.

The Programme has worked with these regional communities to provide a population-based approach to address the issue of smoking:

- Coober Pedy, Oodnadatta, Nepabunna, Marree, Leigh Creek and Copley
- Whyalla, Port Augusta, Port Pirie and Flinders Ranges
- Ceduna, Koonibba, Yalata, Oak Valley Maralinga and far west communities
- Riverland, including Gerrard, Barmera, Renmark and Berri communities
- Murray Bridge, Coorong, Raukkan, Meningie, and Lower Fleurieu, including Goolwa and Victor Harbor
- Port Lincoln and surrounding areas
- Yorke Peninsula, Point Pearce, Maitland and Moonta

The Programme has strategically planned and engaged with regions to develop connections, partnerships and relationships to deliver Programme activities. This approach has proved to be a successful one as it has resulted in a high level of engagement with multiple activities across the regions and locations that the team had aimed to connect with.

The quality and reach of community engagement grew out of the team's response to community needs and acknowledgement of requests for information and support from all sectors of the community. These have included, State Government health services, ACCHSs, community organisations, councils and sporting clubs.

The TIS team has continued their activity with schools and youth groups, as well as women's and men's groups and Elders. They collaborate with clinics and health services to provide tobacco information, referral to the Quitline and promotion of the various methods available to supporting quit journeys. They encourage health checks as part of a comprehensive approach to making successful quit attempts.

World No Tobacco Day

Held in Murray Bridge, this smoke-free event provided the ideal opportunity for community engagement. It also enabled organisations such as the Murray Bridge District Council, Lions Club of Murray Bridge, Woolworths Murray Bridge, Im-Press Promotions as well as the Moorundi Aboriginal Community Controlled Health Service to participate in tobacco reduction initiatives.

The World Health Organisation's theme was *Tobacco Breaks Hearts – Choose Health not Tobacco*, this message was the focus for the day. Pledge Drive activities featured the launch of the 2018 Join the Mob pledge t-shirt, designed by local Ngarrindjeri artist, Harley Hall included an optional smoking survey, as well as a health promotion stall.

The National Best Practice Unit supported the event, through Harold Stewart's World No Tobacco Day address. The Cancer Council of SA provided an information area where messages reinforcing methods to support quitting were made available.

The social media tent provided tobacco awareness information and referral to Cancer Council of SA programs, including the Quitline. Local performers Katie Aspel and the Nanna's choir provided entertainment.

Community Activities

- Regional school programs
- South Australian Aboriginal Football and Netball Carnival, Adelaide
- Gynburra Festival, Point Pearce
- Yalata Sports Carnival, Yalata
- Power Cup
- Tarpari Day, Port Pirie
- Regional NAIDOC Events
- Ceduna Lightening Carnival, Ceduna
- Aboriginal Basketball Academy Events with Patty Mills and Graduation
- Community Connections Day, Nunyara Aboriginal Health Service, Whyalla
- Statewide Aboriginal Liaison Officers Forum, Department of Corrections
- Sober Walk, Port Augusta
- Youth Basketball Match, Moonta

The Tackling Indigenous Smoking Programme provides youth-focused education for health and community workers and an emphasis has been placed on providing support for developing smoke-free environments

Across the state, the TIS team has collaborated and forged integral partnerships with many organisations, providing leadership, support and encouragement for the community to participate in the reduction of tobacco use

CONSTITUTIONAL OBJECTIVE 2

TACKLING INDIGENOUS SMOKING

Collaborations

Positive relationships are integral to achieving the aims of the Programme. In the last year, the Puyu Blasters Tackling Indigenous Smoking (TIS) Programme team have forged partnerships with many organisations in South Australia to provide leadership, support and encouragement to participate in tobacco reduction in our regional communities.

The TIS team have collaborated with other AHCSA programs, including Shedding the Smokes, Maternal Health Tackling Smoking Program, the Quality Systems team as well as the Education, Training and Workforce team to assist in promoting a holistic approach to health and smoking cessation.

The team has also partnered with outreach workers within the Nunyara Aboriginal Health Service (Whyalla) and Umoona Tjutagku Health Service (Coober Pedy) to support tobacco reduction in these two regions. This partnership was a valued and important contribution to AHCSA's Tackling Indigenous Smoking Programme.

Education and Support

The TIS team has connected with AHCSA Member services to provide various workforce education initiatives. This has included the provision of resources to support employees with their quit decisions and the Tackle the Triggers web resource http://tacklethetriggers.com.au has been promoted to assist with quitting support, and encouraged participation in service level events and programs. At each of these touch points, the Puyu Blaster team has been present to provide quit support information, referrals, and resources.

Over the past year, support has also been provided to a number of schools, the South Australian Aboriginal Sports Training Academy (SAASTA), Port Adelaide Football Club-Power Community Ltd, the Aboriginal Basketball Academy, Aboriginal Community Councils, community organisations, drug and alcohol services as well as Government health services.

Smoke-free Environments

The TIS team has made a positive contribution towards the increased number of smoke-free workplaces, by providing organisations with a strengthened capacity to support smoking cessation. This has facilitated their active participation in tobacco reduction. The team congratulates all of the organisations involved.

The TIS team have assisted the workforce and community members of regional organisations to build their capacity to support quitting by participating in or facilitating the delivery of these services:

- Tackle the Triggers in-service training to CEOs, Managers and Health Professionals.
- Tobacco Awareness and Information Workshops to regional community-based groups.
- Tobacco Awareness and in-service training to regional organisations and services.
- Resource and advice delivery to organisations, sporting clubs and services on smoke-free spaces, workplaces and legislation.
- Smokerlyser Training.
- SA TIS Worker Network meeting in December 2017.
- TIS Tab Communicare Module and training in collaboration with AHCSA's Quality Systems team.
- Support to regional organisations to provide smoke-free services and events.

The team has also worked to encourage smoke-free environments within regional communities, services and organisations, by providing the following:

- Workforce education in smoke-free environments, and encouraged participation in smoke-free community, service level events and programs.
- Assistance with revision of Smoke-Free Workplace Policies.
- Environmental scans of organisations and services, and provided recommendations of areas for improvement to enhance and increase the number of smoke-free environments.
- Puyu Blasters Tackling Indigenous Smoking branded marketing material was supplied to the regions, communicating smoke-free messages. Merchandise and equipment included banners, signage, marquees and free-standing archways.
- Join the Mob Pledge Drives.

Referrals

Communities have been empowered to seek external supports and referrals to the Quitline and other multidisciplinary health supports, which have included AHWs and Practitioners to counsellors and dieticians. GPs and health professionals have also been recommended to assist with quit journeys. Group programs delivered through the TIS Programme have enabled information on available methods to assist with quitting, such as Nicotine Replacement Therapies (NRTs) to be provided.

This has been supported by the Quitline and health clinics where people can go for a health check and review of medications and access counselling to support their smoking cessation.

CONSTITUTIONAL OBJECTIVE 2

TACKLING INDIGENOUS SMOKING

TACKLING SMOKING MATERNAL HEALTH

The South Australian Government has committed ongoing funding for the Maternal Health Tackling Smoking (MHTS) Program until June 2019, to ensure that more healthy Aboriginal babies are born to healthy mothers, in smoke-free environments. In addition, Drug and Alcohol Services South Australia have committed funding for the development of a fresh social and marketing campaign. The new-look resources will provide the Program with a renewed focus to compliment already successful engagement with pregnant Aboriginal women and their families.

The Program aims to reduce smoking rates amongst pregnant Aboriginal women in South Australia even further than the steady decline of 11.6% since commencement of the MHTS program in 2010.

Current statistics indicate that there has been a further decrease in smoking rates in pregnant Aboriginal women in SA to 41.6% at the first antenatal visit. Further declines in smoking rates at the second trimester is the common trend.

Although these are positive results, more work is still required to meet the aim of the *South Australian Tobacco Control Strategy 2017-2020*, to reach a decrease in smoking rates to 35% by 2020.

Achievements

In the past year, 20 group quit support activities have been facilitated through Pamper Days, Mums and Bubs Groups and community events. These activities have been facilitated in Mount Gambier, Point Pearce, Coober Pedy, Raukkan, Port Lincoln, Whyalla, Elizabeth, Yalata, Ceduna, Gawler, Port Augusta, Port Pirie and Berri. Events have also been held at Kilburn Aboriginal Sports Carnival, the Nunyara Community Connections Day, Tauondi Open Day, Port Victoria's Gynburra Festival, the Adelaide Baby Expo, and Warriparinga Kaurna Centre.

The success of the Pamper Days over the past year has come from the MHTS partnership with Share the Dignity, a charity that collects secondhand handbags from various collection points in Adelaide. These bags are filled with beauty products, women's sanitary products and gifts donated by people in Adelaide.

The MHTS Program delivered their *Seven Years On and Still Going Strong* presentation at the Oceania Tobacco Conference in Tasmania. The presentation received positive feedback and prompted lively discussion at the conference.

Post-conference, the Program was contacted by delegates to share ideas from the success of the SA MHTS Program with a particular focus on the Pamper Days, and the use of the Smokerlyser tool, which has been used to engage with pregnant women and encourage quit attempts.

The Program continues to collaborate with Regional Tackling Indigenous Smoking (TIS) teams, Aboriginal and Maternal Infant Care (AMIC) workers, maternal health staff, Cancer Council Quitline and Aboriginal health services to reduce smoking rates in pregnant Aboriginal women, their partners and families in South Australia.

Data Snapshot

- 116 Aboriginal pregnant women were provided with individual or group quit support activities.
- 72 participants were contacted post-quit support activities to access smoking status and continue to support quit attempts.
- 20 face-to-face group quit support activities were facilitated through Pamper Days, Mums and Bubs Groups and community events.
- 129 staff and students were provided with information on the Program and trained in using the Smokerlyser tool to assist with monitoring smoking status.
- 15 community events were attended to promote smoke-free pregnancies and the Program.
- Seven school visits were carried out to educate children on the importance of having smoke-free pregnancies and the importance of not smoking near pregnant women or children.
- Six AHCSA Primary Health Care student placements were facilitated in the Program.

Supporting maternal health services to assist in increasing the proportion of healthy birth-weight babies born into the Aboriginal population by reducing the rate of tobacco smoking in pregnant Aboriginal women

CONSTITUTIONAL OBJECTIVE 3

Build the capacity of Members to create a strong and enduring Aboriginal Community Controlled health sector and contribute to improving the capacity of mainstream health services to respond appropriately to the health needs of the Aboriginal community of SA

RESEARCH

ABORIGINAL HEALTH RESEARCH ETHICS COMMITTEE

The Aboriginal Health Research Ethics Committee (AHREC) promotes, supports and monitors quality research that will benefit Aboriginal people in SA. AHREC also provides advice to communities on the ethics, potential benefits and appropriateness of research initiatives.

AHREC is one of only three Aboriginal-specific full HRECs in Australia. Each year, the Executive Officer of AHREC submits an annual report to the National Health and Medical Research Council (NHMRC) to demonstrate compliance with their ethical guidelines. Submitted in March, the 2017 report presented stability in both the membership of the committee and the number of research proposals reviewed.

AHREC has demonstrated compliance with the *National Statement and Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research*.

Research Proposals Submitted

A total of 54 new research proposals were submitted to AHREC in this financial year, compared to 47 in the last. 55 were received in 2015-2016 and 45 the year before. This was in addition to proposals awaiting decision or researchers' response to concerns raised.

AHREC provided researchers with an opportunity to respond to concerns raised. These may have included consideration of the appropriateness of research methodology and data collection; partnership with Aboriginal people and organisations involved in the study and the benefit to the community.

Researchers were required to justify their interest in research regarding the potential benefits of research outcomes to Aboriginal people and the need to seek appropriate community consultation evidenced by support letters from services involved.

Of the 54 new research proposals reviewed, 44 were granted ethical approval. Seven proposals were not approved. Reasons for the Committee's decision included poor application standards, lack of consultation, lack of rigour and scientific validity.

There were also concerns about the studies' ability to ensure voluntary informed consent and self-evaluation. The capability of researchers was questioned with regard to the proposition, risks outweighing potential benefits, and the utilisation of cohorts for purposes different to their inception.

Following review, one applicant did not respond to queries and was considered withdrawn. Two proposals weren't reviewed.

Research Topics

The 44 new proposals that were reviewed and approved during the reporting period related to a wide range of health topics that significantly impact on Aboriginal health and wellbeing. With varied research methods, goals and target groups these included, but were not limited to:

- HPV DNA testing for cervical cancer
- HPV and oropharyngeal cancer
- Depression recognition and management
- Home detention
- Sexual health surveillance and population health surveillance
- Quality improvement for patients admitted for acute coronary syndrome
- Career pathways
- Social determinants of health
- Heart disease and stroke risk for Aboriginal women
- Culturally safe workforce models
- Aboriginal families and babies
- Nutrition and type 2 diabetes mellitus
- Quality of life and wellbeing
- Dementia
- Wellbeing in a prison environment for women
- Advance care planning
- Students being able to access university level education
- Renal replacement therapy
- Children and cardiac surgery
- e-Mental health
- Antenatal physiotherapy education
- The role of academic health centres in improving health equity
- Out-of-pocket healthcare costs for burns
- Meningococcal B vaccine
- Nursing and midwifery capacity-building
- Direct acting anti-viral medication for hepatitis C virus
- Acute rheumatic fever
- Perinatal support for Indigenous parents who have experienced complex trauma
- Smoking cessation evaluations

AHREC continues to serve as a protection for the community and advocate for the *NHMRC Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research*.

The values that researchers are required to demonstrate in their research practice and methodologies continue to be scrutinised as part of the ethical review process.

AHREC's guidance to researchers highlights the need to understand the holistic and interconnected nature of Aboriginal health, for any research activity to yield benefit for Aboriginal communities in SA in partnership with AHCSA's Member services.

AHREC strongly believes that research conducted the 'right way' plays a very important and significant role in building the evidence required within Aboriginal health improvement

Research carried out by the Building Safe Communities for Women Project has shown that violence against women and their children is a major contributor to high Aboriginal morbidity and mortality rates in Australia

CONSTITUTIONAL OBJECTIVE 3

RESEARCH

BUILDING SAFE COMMUNITIES FOR WOMEN

Aboriginal women continue to experience alarmingly high rates of violence and remain one of the world's most disadvantaged groups, despite growing recognition of domestic and family violence (DFV) as both a public health and human rights issue.

Research has shown that violence against women and their children is a major contributor to high Aboriginal morbidity and mortality rates in Australia. Aboriginal women are at a significantly higher risk of experiencing DFV, and are 35 times more likely to be hospitalised as a result of this violence, than non-Indigenous women.

Project Aims

With a focus on Aboriginal women and their children in South Australia, AHCSA's Building Safe Communities for Women Project operated under the principles of Aboriginal Community Control. The Project aimed to develop and maintain effective communication and working relationships with existing networks across the Aboriginal community health sector.

Findings of the Project were backed by a review of relevant statistics and peer reviewed literature. By improving engagement between Government and non-Government organisations and the broader community, the Project aimed to create sustainable practices to help reduce violence against Aboriginal women and their children.

Methodology

Project findings were gathered via a literature review, scoping exercise and needs analysis. Best practice for preventing and ending violence against Aboriginal women and their children was investigated through the review of peer-reviewed journal articles, State and Commonwealth Government policies, and findings of the Australian Bureau of Statistics.

The scoping exercise and needs analysis were conducted over a 12-month period and involved visits to ACCHSs, and Government and non-Government agencies that work with Aboriginal women and their children across South Australia. Where face-to-face meetings were not possible, telephone conversations were arranged.

Services included in the scoping exercise were: in metropolitan Adelaide, Anangu Pitjantjatjara Yankunytjatjara (APY) Lands, Ceduna, Coober Pedy, Mount Gambier, Murray Bridge, Oodnadatta, Point Pearce, Port Augusta, Port Lincoln, Port Pirie, Riverland (SA), Whyalla and Yalata.

Findings

- Aboriginal women and their children continue to experience disproportionately high rates of violence. The provision of a holistic and collaborative service to keep Aboriginal women and children safe from violence in their communities is an urgent and ongoing challenge.
- Aboriginal family violence often co-exists with unmanaged grief and loss, trauma, and lateral violence, as well as socioeconomic disadvantage.
- Victims and survivors have complex needs that are best addressed by specialised services that work in collaboration with one another. Whilst some service collaboration does occur, there remains unmet need in certain areas.
- There is a specific shortage of grief, loss and trauma-informed mental health services to provide the support required.
- The high turnover of staff in rural and remote communities means that new workers may not have the local service knowledge required to make referrals to specialist and mainstream services.
- A wide variety of Aboriginal organisations and workers identified the need for training to recognise and respond to family violence, citing benefits for client outcomes. There were also suggestions for programs in schools to break the cycle of violence by teaching children and young people about healthy relationships.
- Holistic approaches to tackling Aboriginal family violence need to incorporate work with victims and survivors, as well as the perpetrators of the violence. Further to that, families and communities also need to be a part of the healing.
- Throughout the scoping exercise carried out by Aboriginal health services across South Australia, workers on the ground in consistently raised the point that holistic approaches are the most likely to produce effective, sustainable outcomes in reducing and preventing violence against Aboriginal women and their children. These holistic approaches must also include education and DFV-awareness.

From our work with communities and health workers it is clear that community-driven and implemented initiatives are more likely to be successful when they build on community strengths. They also need to be tailored to the unique cultural and spiritual needs of the community. These initiatives must continue to be formally evaluated to build an evidence base for future practice, and enable continued quality improvement.

Reviews Conducted

During this project AHCSA developed a number of resources about DFV including fact sheets specific to regions where the scoping review of services was conducted. These electronic fact sheets can be accessed via the following web link: http://safecommunities.ahcsa.org.au/

CONSTITUTIONAL OBJECTIVE 3

RESEARCH

Recommendations

FUNDING

- Cultural appropriateness of funding in this context means to ensure that Aboriginal family violence services are funded, and that outcomes are measured in partnership with Aboriginal organisations and in accordance with the requisite cultural overlay.
- The key success indicators in this process are dependent on the extent and quality of engagement with services and the importance of working with Aboriginal communities to build capacity and resilience.
- Appropriate, practical, and Aboriginal-specific outcome measures, like enabling culturally appropriate service provision versus prioritising number of clients needs to be encouraged, as does inter-organisational collaboration. The length and sustainability of funding to enable planning and the continuity of care will also have a knock-on effect.

SERVICES

- In a service context, consideration should be given to the additional pressures impacting Aboriginal workers in order to provide appropriate support, prevent burnout and improve staff retention rates.
- Services in rural and remote communities need to be supported to implement and run services and programs with a focus on to ensuring cultural appropriateness, increase local employment and enable continuity of client support.
- In mainstream services, increased employment of Aboriginal workers in both frontline and decision-making roles will enable a more culturally appropriate service delivery to clients, as well as provide an essential source of cultural mentoring within the workplace. It is critical to address the potential lack of knowledge of non-Aboriginal employees and improve their cultural competence. This will help to ensure cultural safety for Aboriginal clients due to the sensitive nature of engagement. It could also prevent any potential harm that may arise due to unfamiliarity with cultural protocols.
- Networking meetings in each region can encourage ACCHSs, non-Government and Government service collaboration, and enable comprehensive, holistic client support and care.

RESOURCES AND KNOWLEDGE

- The development of a website with links to valuable online family violence resources will help to improve knowledge and raise awareness. In addition, an up-to-date, printable, online referral list for each region will help to refresh the knowledge of existing staff, inform new staff, encourage inter-agency collaboration, and improve client/patient outcomes.
- Aboriginal-specific domestic and family violence safety cards would improve access to culturally appropriate support and crisis services. Use of the Domestic Violence Crisis Line (formerly Domestic and Aboriginal Family Violence Gateway Service) could be improved by communicating exactly what a client can expect when she or he makes a call.
- Access could also be improved through the use of interpreters and advocates who can help alleviate the fear of the unknown and enable culturally appropriate engagement.

HOLISTIC AND TARGETED APPROACH

- Current approaches to family violence focus a great deal on supporting victims after violence has occurred. Desired, sustainable progress requires the incorporation of a comprehensive approach towards working with the victims, perpetrators of violence, families, and communities.
- Improved access to culturally appropriate mental health services is a significant support mechanism. Trauma-informed and grief and loss-informed services are required to support Aboriginal children, young people and adults across South Australia. This is necessary to improve the overall social and emotional wellbeing of individuals, families, and communities.
- It is critical to encourage and provide the opportunity for men to lead and proactively take ownership of initiatives such as men's groups. Such avenues can promote cultural connection, positive attitudes and respect, help overcome confusion regarding the traditional roles of men, and reduce the incidence of violence against women.
- Sufficient funding for formal program evaluation will enable the building of an Aboriginal-specific evidence base regarding best practice for supporting Aboriginal women and children who have experienced violence.
- Further research is required to develop best practice guidelines and methods, as well as how these should be integrated into a service provision setting including that of an ACCHS. This will also help us to better understand and articulate the needs of Aboriginal victims and survivors in terms of prevention, tackling and healing from the trauma of domestic and family violence.

The Way Forward

Aboriginal family violence is a complex issue intertwined with the ongoing impact of colonisation, dispossession, forced child-removals, racism and discrimination. Family violence eradication and prevention efforts must therefore also address intergenerational trauma, grief and loss, lateral violence and socio-economic disadvantage if they are to succeed.

Family violence negatively impacts victims, families, and communities. Therefore, it is paramount that the initiatives aiming to address these complex issue are designed in partnership with Aboriginal stakeholders in a holistic manner, addressing social and emotional wellbeing, and socio-economic disadvantage.

The role of preventative health promotion projects, through education and awareness campaigns, is critical to establishing constructive dialogue pathways with local communities to de-stigmatise domestic and family violence. This requires working with victims, perpetrators, families and communities, with collaborative support from all agencies involved prioritising the wellbeing of Aboriginal communities.

Acknowledgements

The Building Safe Communities for Women Project was undertaken through funding provided by the Department of Social Services to AHCSA. We would like to acknowledge the Department of Social Services' support, the input of Australia's National Research Organisation for Women's Safety, the AHCSA Secretariat and Steering Committee, AHCSA Members, and all other Government and non-Government organisations involved in the project.

We also would like to acknowledge the time and contributions of the Pika Wiya Health Service Aboriginal Corporation, Port Lincoln Health Service Inc., Nunkuwarrin Yunti of South Australia Inc., Nunyara Aboriginal Health Service Inc., Tullawon Health Service Inc., Umoona Tjutagku Health Service Aboriginal Corporation, Pangula Mannamurna Aboriginal Corporation, Ceduna Koonibba Aboriginal Health Service Aboriginal Corporation and Tarpari Wellbeing Centre for participating in the scoping exercise.

The Building Safe Communities for Women Project seeks to develop and maintain effective communication and working relationships with existing networks across the Aboriginal community health sector

CONSTITUTIONAL OBJECTIVE 3

RESEARCH

ABORIGINAL GENDER

The Aboriginal Gender Study is a collaborative research project between the Aboriginal Health Council of South Australia, University of Adelaide and South Australian Health and Medical Research Institute. Funded by the Lowitja Institute, the research aims to encourage Aboriginal people in South Australia to talk about their understandings of gender, gender roles and gender equity within their community.

The study is currently in the final stages, with preparation underway for the distribution of the final report. For this exploratory study, the project team collected data from three sites in South Australia to capture a snapshot of the ways in which Aboriginal communities understand and experience gender, gender roles and gender equity.

The data was collected from yarning circles with both men and women from a diverse range of ages from 17 to more than 70 years of age.

Key Findings

- Participants indicated that there was diverse understanding of gender, ranging from purely biological to a nuanced understanding of gender as a multifaceted and dynamic concept. Whilst age did not play a great factor in people's understandings of gender, there was acknowledgement of how understandings of gender have changed through the generations.
- Both women and men were seen to have nurturing roles, although there were many contradictions in views about how this played out in everyday life, with some women (young and old) expressing a common view that the division of physical and emotional labour concerning family life was unequally borne by women, whereas young men and some older women held the view that child rearing is shared among young parents.
- Almost all participants acknowledged that the expression of emotions are gendered, which is particularly problematic for males who lack the support of peers (and safe spaces) to express strong emotions other than anger, however, some young men challenged this view.
- Older women consistently described themselves as strong and resilient, however, they did not associate these qualities with men. Further, men did not use this language about themselves or identify with the self-care tools that women reported.
- Men's disconnection to culture and family emerged as a major barrier to gender equity, however this is stated with caution, as this was contradicted by other experiences. For example, when women expressed that in the context of family violence, men's protection from the justice system was prioritised over women's access to justice.
- Although the language around 'gender equity' did not necessarily resonate with participants, the principles were very much consistent with community ideals. However, in certain spheres these appeared to be aspirational, for example, there were contradictory findings regarding the degree to which parenting is shared in contemporary families.
- Aboriginal gender relations need to be considered in the broader social context. Strategies such as employment policy, and racism initiatives employed to counteract structural inequalities (oppression) need to be sensitive to gender issues and coincide with specific initiatives to promote gender equity.

Aboriginal LGBTIQ Community

Using a strengths-based approach and Aboriginal research methods such as yarning circles and community engagement, the report will also outline the key themes emerging from yarning circles with Aboriginal LGBTIQ individuals.

Data collection is currently underway, and yarning circles will then be transcribed, coded and thematically analysed. Rarely have Aboriginal LGBTIQ people been asked about their lived experiences around gender or gender inequality.

The findings will be a rich revelation of Aboriginal LGBTIQ's understanding of gender, how it impacts on their lives and how they navigate between two worlds and cultures.

Further detail and discussion about the project findings are currently being finalised and will be distributed and uploaded to the AHCSA website in the coming months. Please contact Gabbie Zizzo at AHCSA if you would like to be added to a distribution list gabbie.zizzo@ahcsa.org.au.

The aim of the Aboriginal Gender Study is to explore the diversity of current views and understandings of gender roles, gender equity and the role of gender relations in developing respective relationships in Aboriginal communities

CONSTITUTIONAL OBJECTIVE 3

RESEARCH

Shedding the Smokes provides a foundation for older men and younger fellas to provide support, guidance, encouragement and experience with the challenges they face in everyday life, through yarning, cultural activities and spending time with each other

SHEDDING THE SMOKES

Funded by the Commonwealth Government's Tackling Indigenous Smoking Innovation Grant, the Shedding the Smokes (STS) Programme continued to progress during the reporting period.

The Programme is aimed at men in Yalata and Coober Pedy, providing support with smoking cessation with a specific focus on holistic health. Of great concern is the impact of smoking on men, especially in terms of chronic disease and Aboriginal lowered life expectancy.

Support to deal with this issue is a priority area because of significant barriers to health service engagement embedded in men's behaviour. These include cultural factors such as valuing independence, fear of vulnerability, suppressing emotion, and denial, which prevent them from accessing health services.

Lack of overall interest in their own health also tends to be a factor as they tend to take a functional rather than preventative view of health – waiting until something goes wrong before seeking treatment. Service factors such as female-dominant staffing, operating hours, the audience of health promotion material being mostly women and children and the lack of Aboriginal male health care providers and men-specific services tend to make matters worse.

Although ACCHSs are the first place that Aboriginal males turn to for information, support and referrals, this is also often infrequent or at later stages of illness. Novel and inherently community and male-driven approaches were identified as the best way forward to engage Aboriginal males in health programs. A growing body of evidence identifies Men's Sheds, where males organise social, art, cultural, wood-work type activities, as safe and friendly places that can provide lesser social connectedness, and, thereby, better health outcomes.

Innovative Problem Solving

By having positive role models such as Aboriginal males who have successfully quit smoking, the STS Programme proposed to adapt the Men's Shed concept to a Male Health Shed with support by the clinical services of a local ACCHS. A Shed is a community-driven safe and smoke-free place utilised for health promotion and capacity building activities. These are expected to result in better health outcomes by empowering men to improve their social, cultural, emotional and economic wellbeing, and connection with community.

The STS Programme engages with men through cultural activities, aiming to relay messages about smoking cessation in a culturally safe environment where social supports are made available, and men can be encouraged to make quit attempts.

In January 2018, Josh Riessen joined the STS Programme to help to run it from Adelaide. He has worked for the last couple of years in both the Eye Health and Sexual Health Programmes with AHCSA, and is from Coober Pedy. Walter Champion works for the Programme, based in Yalata at the 'Blue House' whilst supporting Tullawon Health Service Inc. as an Aboriginal Health Worker.

The Blue House

The Blue House at Yalata has seen enthusiastic participation not only from the men involved but from the community as a whole. They often have 30-40 men at planned events, which have included education sessions around smoking cessation, sexual health, nutrition and the financial burden of smoking cigarettes. The team at the Blue House have also started painting and making artefacts. These activities not only illicit happiness and fulfilment but also provide a chance to pass on knowledge to the younger men within the community.

Another great initiative, initiated by Tullawon Health Service Inc. is having a GP based at the Blue House for one day each month. The men have reported how much more comfortable they feel within the Blue House environment and there is a great uptake of the GP services on these days, including by those who haven't had a health check at the service before.

Connecting with Country

In Coober Pedy, STS partners with UTHSAC's Drug and Alcohol Services team to provide the opportunity to support one another with activities and programs which meet the STS objectives. In Coober Pedy STS doesn't have a 'Blue House', but they utilise DAS's Activities Centre when required.

The men involved, prefer to get out of the town and go to significant places in the region. Here they can connect with country, share stories, go hunting and cook marlu wilpa (kangaroo tail). The place for the men to feel comfortable isn't four walls in this case, but the red sand and blue sky of Central Australia.

The Programme is due to finish at the end of December this year. However, with sustainable funding, this Programme's transferable logic model would see an improvement in the health status of many more men across remote Australia.

CONSTITUTIONAL OBJECTIVE 3

RESEARCH

STRONG DADS STRONG FUTURES

In February this year, the Lowitja Institute and the Aboriginal Families Health Research Partnership under the Healthy Mothers, Babies and Children Theme awarded AHCSA the funding for the Strong Dads Strong Futures Study.

The Study is a partnership between AHCSA, the SAHMRI Wardliparingga Aboriginal Research Unit and the Healthy, Mothers Babies and Children Theme; the Northern Adelaide Local Health Network and the Murdoch Children's Research Institute.

Project Aims

The Strong Dads Strong Futures Study seeks to identify Aboriginal and Torres Strait Islander males' definition of parenting from their perspectives. It will delve into their perceptions, expectations and aspirations of successful parenting and caring for others; and explore ways in which to strengthen their social and emotional wellbeing in order to achieve their aspirations as parents or uncles in their family and community.

Significance

Both the Aboriginal Families Study and the Aboriginal Families and Baby Bundles research projects have identified that there is a significant lack of evidence in understanding how best to intervene to support and strengthen families. In particular, very few studies have sought to gather information from Aboriginal men regarding their experiences of parenting and being an Aboriginal dad or uncle.

Identifying and building on the cultural strengths and challenges of holding these positions within an Aboriginal community is important to the capacity building of families and those communities, where children aged from birth to five make up over 20% of the population.

Background

Hearing Aboriginal and Torres Strait Islander men's voices, and particularly from younger men's perspectives is critical to the process of developing evidence. This has previously been done through the work of Brian McCoy whose book, *Holding Men: Kanyirninpa and the health of Aboriginal men*, works to reclaim the continuing cultural values and relationship ideals of maleness.

In Professor Kerry Arabena's *First 1,000 Days*, which explores the 1,000 days from pregnancy to the child's second birthday, she provides a focus for 'men and women to work together to strengthen families both now and in the future, including evidence base and social functions, through principles of kinship, reciprocity and working together respectfully.'

Further, Arabena advocates for 'a space for men to support each other in their fatherhood journey, as carers of children, and to hear from men about how best to support them respond to their needs in meeting the needs of their partners and children in powerful and tender ways.'

Approach

A culturally respectful approach to working with communities to gather information, and accurate translation of the knowledge gained is critical. To achieve this, Strong Dads Strong Futures will approach their study with three factors in mind:

1. Indigenous people will interact together though interviews and case studies, and this will be carried out in community spaces.
2. Social myths will be eradicated, and the voices of Aboriginal and Torres Strait Islander people will be held true, by ensuring that all processes, including information gathered, analysed and written will go through an Aboriginal governance and leadership process.
3. The role of non-Indigenous people involved, particularly at policy, service delivery and knowledge translation will be informed and supported by building strong partnerships and trust between all of the stakeholders.

Projected Outcomes

Communication of the knowledge gained will be centred within the design of the project through high level of involvement of end users in the entire research process. Members of the Aboriginal leadership group have a keen interest in the project findings and the development of reports and any proposed resources, as it could provide them with evidence to influence system and policy changes within their organisations to benefit Aboriginal and Torres Strait Islander men as parents or uncles.

The Study will provide an opportunity for men to provide their own perspectives in their own words, with a strengths-based approach, providing clear directions for services engaging Aboriginal men. It will aim to produce resources such as community reports and websites that will describe needs and aspirations relevant to Aboriginal men, particularly in their roles as dads and uncles.

The information generated through this research will have intergenerational health effects, as young men will have access to the findings. AHCSA would like to acknowledge and thank the Lowitja Institute and the Healthy Mothers Babies and Children Theme, SAHMRI for funding this Study, and the partners and researchers for their support and participation.

Strong Dads Strong Futures, promotes the important role played by Dads, Pops, Uncles and Carers as healthy role models and to engage fully in their children's lives from as early as possible

Enhancing systems for Aboriginal Community Controlled Health Services to reduce the harms from alcohol and the impact that it has on families and the community as a whole

CONSTITUTIONAL OBJECTIVE 3

RESEARCH

ALCOHOL MANAGEMENT

In partnership with the University of Sydney, AHCSA is undertaking a NHMRC-funded Research Project across Australia entitled *Supporting Indigenous Primary Care Services to Reduce the Harms from Alcohol*.

NHMRC partnership projects provide funding and support to create new opportunities for researchers and policy makers to work together to define research questions, undertake research, interpret the findings and implement the findings into policy and practice.

This major project involves a large trial of ways in which to support Aboriginal Community Controlled Health Services (ACCHSs) to reduce harms caused by alcohol. It supports the sharing of skills and expertise between services, and provides opportunities for ongoing skills development and regular data feedback.

Project Aims

Alcohol use and dependency have an enormous impact on families and communities. People who drink even a little over the recommended limits potentially have a greater chance of developing cancer and other medical conditions. In primary care services, unhealthy drinking is not addressed as often as smoking.

It is possible that health staff feel less comfortable talking about alcohol dependency and less confident in using alcohol treatments like medicines that help an individual stay dry, or to treat withdrawal.

Treatments for unhealthy drinking can successfully be used in primary health care, and have proved to be effective in improving overall health. They are part of the national alcohol treatment guidelines.

This research project will test ways in which services currently support Aboriginal and Torres Strait Islander people and provide best practice guidelines for services to assist people to make informed decisions about dealing with their unhealthy drinking habits in future.

National Involvement

There are a total of 20 ACCHSs taking part around Australia, from urban, rural and remote areas.

Led by the ACCHSs and guided by the evidence base, practical support is being provided to services, including:

- Educational resources
- Staff training
- Addiction specialist support
- Support for developing or adapting resources

AHCSA Support

The Alcohol Management Project is supported by a Research Officer based at AHCSA, who is also the PIMS Officer. The Research Officer supports the Project by leading the recruitment and engagement of ACCHSs across South Australia and the Northern Territory.

Her role is to improve the way in which services address alcohol use amongst their clients, by supporting the use of Communicare and any other system modifications required for the project.

The Research Officer provides advice to services regarding use of Communicare, facilitating modifications that can be made to enable easier documentation of alcohol-related care, as well as with the extraction of quantitative data.

Collaboration

AHCSA has worked closely with Professor Kate Conigrave on the project. Kate is an Addiction Medicine Specialist and Public Health Physician based at Royal Prince Alfred Hospital. Her work combines treating individuals with alcohol, drug and tobacco problems; promoting the health of communities; and research and teaching.

AHCSA would like to acknowledge the opportunity and funding to work in partnership with the University of Sydney on this Research Project.

CONSTITUTIONAL OBJECTIVE 3

QUALITY SYSTEMS

The AHCSA Quality Systems team (QST) provides comprehensive clinical and organisational support to our Members by applying a continuous quality improvement (CQI) focus to patient information management systems, data collection and analysis, and clinical governance.

The team now incorporates Statewide Continuous Quality Improvement, Statewide Data and IT, Practice Managers' Support and Patient Information Management Systems (PIMS), GP Supervisor, and the Public Health Medical Officer.

Medicare Access Improvement

Over the last 12 months, the team have worked hard to develop this program that includes a resource specifically customised to Communicare. The aims of the Program are to support ACCHSs to increase their Medicare revenue and develop the capacity of staff employed in ACCHSs to achieve sustainable clinic systems.

The resource provides an overview of the Medicare system and aims to optimise Medicare systems in Communicare. The Medicare information included is specific to Aboriginal Health Services and provides a guide to claiming Medicare in Communicare. Information to assist with troubleshooting rejected claims, helpful with case studies, and information on Practice Incentive Programs (PIPs) have also been included.

In addition to the development of the resource, the first two-day workshop will be held in July 2018 to be attended by Member service representatives. A second workshop is planned for later in the year.

As a part of the program, the team have also developed a specialised Power BI Reporting System. This system enables data extraction, assessment and reporting on a combination of Medicare and Population Health service data. This tool enables long-term comparisons of data and has the potential to influence quality improvement with a Medicare focus.

SQID Cycle – HbA1C

AHCSA has been working with Member services on the SA Quality Improvement Data (SQID) Cycles project, which is a state-based, three-monthly, interactive clinical quality improvement cycle.

The SQID Cycles work directly with participating Member services in the collection of de-identified baseline health data, followed by webinar presentations that aim to explore the underpinning processes, procedure and data entry methods associated with the Cycle topic. De-identified health data is collected again after three months and compared with the baseline data to assess health service improvement.

Throughout the first half of the 2017-18 financial year, the Quality Systems team presented the first SQID Cycle on improving HbA1c testing rates for Aboriginal clients. With the majority of Member services involved, the SA ACCHS sector achieved an average improvement of 5.8% for clients with type 2 diabetes receiving an HbA1c test over a 12-month period.

Overall, the first SQID Cycle was a success, with Member services reviewing their systems and applying a PDSA focus on improving their overall screening for clients with a chronic disease. Other key outcomes have included the sharing of best practice internal processes between ACCHSs, peer mentoring, and overall staff development in the use of Communicare and improving data quality. The next SQID Cycle will focus on child ear health screening and is set to commence in August 2018.

Communicare

TIS COMMUNICARE USER GUIDE

AHCSA's Quality Systems team and Tackling Indigenous Smoking team have collaborated to develop a new standard practice for the capture and collection of smoking indicators. The smoking indicators are based on the Monitoring and Evaluation Framework for the *Tackling Indigenous Smoking Programme*.

To support services with the new data collection requirements, a Tackling Indigenous Smoking Communicare User Guide has been developed. In conjunction with this user guide, a TIS Communicare module has been installed on participating Member services' Communicare systems, and training sessions have been provided to all relevant staff.

DEADLY SOUNDS COMMUNICARE AND MBS GUIDE

AHCSA's Ear Health Programme recognises that having healthy ears and being able to hear properly is a very important part of child health and development. In order to support Member services to deliver best practice in childhood ear health, the Quality Systems team worked alongside the Ear Health Project Officer to develop the Deadly Sounds Resource.

The resource combines clinical, practical and technical information to complement existing systems and best practice guides that assist in the identification, management and monitoring of middle ear conditions in primary health care settings.

nKPI RESOURCE

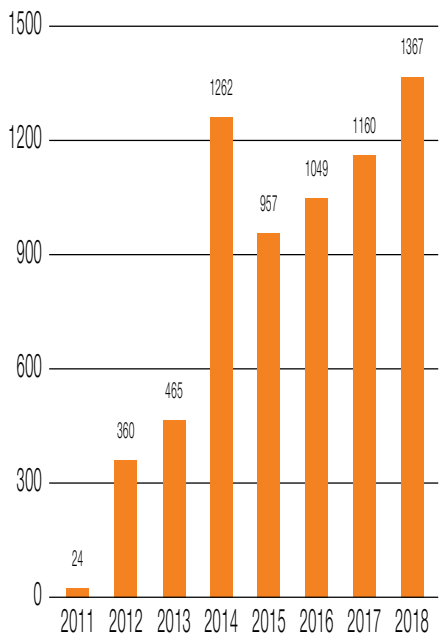
The Quality Systems team developed and distributed two resources to support member services with their National Key Performance Indicator (nKPI) reporting obligations.

AHCSA's Quality Systems team provides support to Members, with up-to-date information on developments in the Aboriginal and Torres Strait Islander health sector

CONSTITUTIONAL OBJECTIVE 3

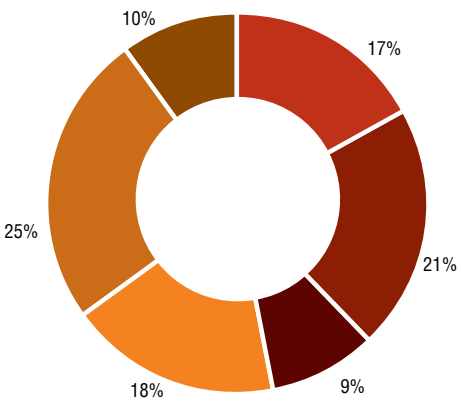
QUALITY SYSTEMS

Number of Aboriginal Health Checks



MBS Aboriginal Health Check - 38.4%

Total number of checks 1316 from a population of 3424



Gender	Age	Gender	Age
Male	< 15	Female	< 15
Male	15 – 54	Female	15 – 54
Male	55+	Female	55+

These resources include the *National Key Performance Indicators for Aboriginal and Torres Strait Islander Primary Health Care – Data Entry in Communicare* and *National Key Performance Indicators for Aboriginal and Torres Strait Islander Primary Health Care – Data Entry in Communicare Quick Guide*.

There is often confusion surrounding exactly how and where data must be recorded for nKPI reports. The aim of these documents is to improve the understanding Communicare users have of data requirements and how they relate to the nKPIs.

This has been done by providing comprehensive instructions for how data must be entered in order for it to be captured by nKPI reports. There are instructions for Communicare administrators to check that data mapping and coding of the system is correct. There are also instructions for everyday users of Communicare to guide correct data input practice.

TRAINING SUPPORT

PIMS support is provided to Members via remote access and onsite. Training has focused on supporting improvement in data entry and increasing health service staff awareness of client assessments relating to chronic disease management, as per best practice guidelines.

The provision of support and expertise is also extended to AHCSA program staff, with the development of user manuals to guide Communicare data entry. For example, relating to STI screening, management of positive results and follow up.

Helpdesk support has also been provided to members, which has been critical over the last 6-12 months in particular, as Telstra Health has been unable to cope with the demands of its customers.

Clinical Governance Project

In consultation with the AHCSA Members, the team has now finalised the Clinical Governance Toolkit and Assessment Tool. This practical, two-part resource is available to all AHCSA Members who are looking at strengthening their systems within their Health Service.

Both the Toolkit and the Assessment Tool are specifically designed for the ACCHS Sector and has proved to be a valuable resource to Member CEOs who have kindly agreed to review the document.

In the 2018-2019 financial year, the team will work with a group of our health services to trial the document in its application. We would like to thank the Clinical Governance Working group for their hard work and dedication over the past 12 months in the development of this tool.

GP Registrar Workforce

AHCSA has seen an additional six GP Registrars residing or visiting six rural ACCHS, plus GP Supervisor providing over 800 GP service days for 2017-2018.

The program has significantly increased the uptake of Aboriginal Health Checks (AHC) in the ACCHS involved in the program, with over $300,000 in revenue generated for participating ACCHSs from extra health checks alone.

Advocacy and Partnerships

The team represents our sector on various state and national committees to advocate on behalf our SA ACCHSs. Significant work has been undertaken by the team this year and policy positions have been developed in the following areas: Child Protection, Youth Justice, Access to Mental Health in Rural and Remote areas, Cancer Optimal Care Pathways, National Disability Insurance Scheme, Closing the Gap Refresh,

Through South Australian quality improvement data cycles, we are implementing new ways to improve support for Member services to access their health data and utilise information for quality improvement processes

CONSTITUTIONAL OBJECTIVE 3

QUALITY SYSTEMS

The Quality Systems team worked together to implement the Clinical Governance Project, which was structured to increase the capacity and effectiveness of clinical governance knowledge, increase understanding and streamline processes within Member services

Australian National Audit Office review of the Indigenous Australians' Health Programme, Rheumatic Fever Strategy and the National Alcohol Strategy to name a few.

The team have had direct linkages to raising issues at COAG meetings throughout the year and this is undertaken through their partnership with NACCHO. This year, the team's recommendations for the COAG meeting included child health, recommended changes to the Poisons Act in SA and training packages for Aboriginal Health Practitioners to enable them to immunise. Isaac Hill represents SA on the National Funding Model Working Group and this has been key in ensuring that the needs of our Members are considered in the methodology.

AHCSA Member Portal

The newest addition to the AHCSA website is a specific Members Portal. The secure portal is divided into three main sections:

GENERAL INFORMATION

A repository for Member services to access a range of resources, covering areas such as best practice guidelines, recruitment support, PIMS, PenCAT and OCHRE Streams how-to guides and SQID Cycle webinars as well as CQI templates.

MY HEALTH SERVICE

This area has been created especially for Member services. All SQID, STI, and RHD Reports will be housed here along with other specific reports as they become available. AHCSA plan on transitioning over three years' worth of information onto this portal so that Member services may access information at any time.

AHCSA COMMUNITY

In developing stronger communication tools with, and between Member services, AHCSA will include a forum area where Members may log in and begin a new conversation, or join in on one already taking place. The AHCSA Community page aims to encourage open and productive discussion in a safe and secure environment for Member services.

Positive Outcomes

VACCINATION PROGRAM

In response to increased meningococcal W diagnoses in Aboriginal populations in South Australia and nationally, Umoona Tjutagku Health Service Aboriginal Corporation (UTHSAC) contacted AHCSA for advice.

In November 2017, AHCSA commenced intensive preparation for mass vaccination clinics in Coober Pedy. SA's Country PHN and RDWA provided financial assistance for this important public health initiative.

One month later, over a three-day period in Coober Pedy, AHCSA and UTHSAC staff administered 130 ACWY vaccinations to people aged two months to 19 years. This included over 30 people from Oodnadatta. This represented above 40% of the estimated target population for both Coober Pedy and Oodnadatta.

The program was extremely well received by the community as the concern regarding meningococcal W was high following an outbreak in the nearby APY Lands. The number of vaccinated children and young people was above expectation. Program preparation was led from AHCSA and although logistically challenging, collaboration with UTHSAC staff, Coober Pedy Hospital Nursing Director, SA Health staff in Oodnadatta, and Oodnadatta school staff made this program possible. Follow-up vaccinations for those children requiring them was planned with the Coober Pedy hospital and the CHSA Oodnadatta clinic.

GP MANAGEMENT PLANS

Of those health services involved in the GP Registrar Program, a total of 337 additional GP management plans were undertaken in the 2017-2018 financial year.

As a result of services receiving additional GP services through the GP Registrar Program, the management of chronic conditions has been improved across the board with a total of 65% of patients with diabetes having had an HBA1c performed in previous 12 months.

GP REGISTRAR CULTURAL AWARENESS TRAINING

100% of GP registrars in SA undergo a two-day intensive cultural awareness training with GPEx.

CONSTITUTIONAL OBJECTIVE 4

Contribute to the development of a well qualified and trained Aboriginal health sector workforce

EDUCATION, TRAINING AND WORKFORCE

REGISTERED TRAINING ORGANISATION

Over the past twelve months the Education, Training and Workforce team has undergone staff changes that include the addition of James Bisset in the role of Educator and Dominic Guerrera as Educator Assistant, as well as the departure of Robert Dann from the role of Workforce Development Officer.

In addition to the work of the Education, Training and Workforce team, AHCSA's RTO receives significant support and input from other program staff across the organisation. During the 2017-2018 period, education delivery has been provided to Registered Training Organisation (RTO) students by AHCSA's Eye Health and Trachoma Elimination, Blood Borne Virus, Maternal Health Tackling Smoking and Sexual Health Programs.

Partnerships

Educators also seek support from industry specialists to provide current information to students in a range of health areas. Special thanks goes to the following industry partners for their ongoing support of AHCSA's Primary Health Care training:

- Heart Foundation
- Hepatitis SA
- Diabetes SA
- Kidney Health Australia
- Drug and Alcohol Services South Australia
- Rheumatic Heart Disease Control Program, SA Health
- SA Health Immunisation Section
- Yarrow Place Rape and Sexual Assault Service
- SA Mobilisation and Empowerment for Sexual Health (SAMESH)
- Adelaide Sexual Health Centre (275)
- Program of Experience in the Palliative Approach (PEPA)

Back on Country

AHCSA and the Rural Doctors Workforce Agency (RDWA) have formed a partnership to develop and support the workforce ACCHSs in rural South Australia.

Commitment to the collaboration is long term, with the Back On Country partnership focusing on strengthening opportunities for the current Aboriginal workforce and for the future generations of health care professionals providing services to their communities.

The first initiative of this partnership is the Practitioner Education Program (PEP), which is a funded education program delivered by AHCSA's RTO with the aim of contributing to increasing the capability of the Aboriginal health workforce to provide high quality services to Aboriginal people in rural South Australia.

The PEP will allow 48 Aboriginal Health Workers to become Aboriginal Health Practitioners over the next two years. There are also opportunities for some staff of the ACCHOs to undertake a bridging program to allow them to complete the PEP.

Training Programs

Over the past twelve months the RTO has continued to deliver nationally accredited training in the following qualifications:

- HLT30113 Certificate III in Aboriginal and/or Torres Strait Islander Primary Health Care (Certificate III).
- HLT40113 Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care.
- HLT40213 Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice (Certificate IV Practice).

Achievements

Over the 2017-18 period, AHCSA has seen the commencement of five new class intakes, including one Certificate III class and four Certificate IV Practice classes. In addition to these new class groups, the RTO also had two Certificate IV level classes continue on from 2017, bringing the total number of active students to 65. For the 2018 intake, AHCSA decided not to commence a new Certificate IV class. This was due to the growth of the Aboriginal Health Practitioner workforce, and the associated demand for training in Certificate IV Practice.

RTO Performance

From 2015 to 2017, AHCSA has seen 135 program enrolments for full qualifications. 73 full qualification completions have been recorded, with a further 21 continuing with anticipated completion before the end of 2018. This would bring AHCSA's completion rate from January 2015 to June 2018 to 69.62% for full qualifications.

According to statistics complied by NCVER, for VET Program Completion Rates, comparing the outcomes nationally in 2015, the actual number of program completions for Government-funded programs was 49.4%. Similarly, in 2016 the projected number of completions for Government-funded programs was 49.7%. It is worth noting that the data used to calculate the national completion rates is all-inclusive and does not reflect the completion rates of Aboriginal and/or Torres Strait Islander students specifically.

Cultural Advisory Team

To ensure appropriate cultural consideration within the RTO, AHCSA operates the RTO Cultural Advisory Team (CAT), which is made up of Aboriginal staff from across the organisation. They bring a wide range

AHCSA's RTO and training programs are distinctive in the development and delivery of culturally appropriate training, enabling graduates to leave with knowledge and skills that are relevant to both the health industry and their communities

CONSTITUTIONAL OBJECTIVE 4

EDUCATION, TRAINING AND WORKFORCE

of experience, knowledge, and skills to the group. The CAT continued its involvement in the development and delivery of training services at AHCSA over this period and is currently working on some exciting projects within the RTO.

Over the next 12 months, the Cultural Advisory team will review the RTO training and assessment materials with the aim of identifying areas requiring consideration of cultural elements or practices. These cultural considerations will then be documented within the guiding materials for trainers and assessors, ensuring that RTO staff are appropriately supported to deliver high quality, culturally safe health training to AHCSA students.

Student Feedback

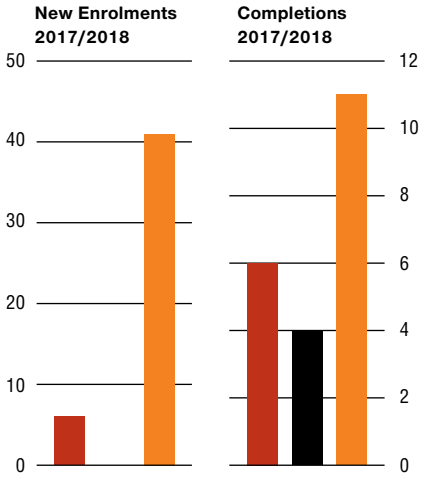
AHCSA is committed to the quality improvement of its RTO and the continued delivery of quality services to the community. Student feedback is collected regularly and AHCSA utilises this information to implement positive change in training service development and delivery. Based on student workshop evaluation data for July 2017 to June 2018, AHCSA's RTO received more than a 90% satisfaction rating.

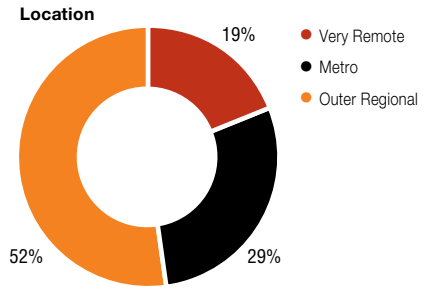
Supervisor Workshop

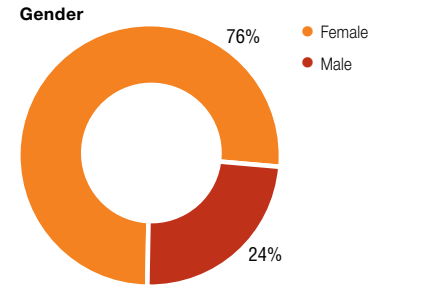
In early April this year, the RTO hosted its inaugural Training Supervisor Workshop in Adelaide, inviting supervisory staff from each of its Member services across the state to participate. The term Supervisor encompasses a range of roles and responsibilities and may be a student's direct line manager, the clinic manager in the health service or another member of the team who will have responsibility for supervision, support or mentoring of an AHCSA student.

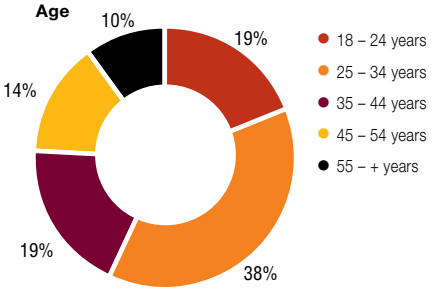
Workplace supervision, support and mentoring is a key contributor to the success of our students and AHCSA is keen to look at ways to better support this process moving forward. The aim of the two-day workshop was to provide the workplace supervisors with greater information and understanding of what is required for a student to succeed in their study, provide tools for supporting and tracking the progress of students, clear direction on how to complete a Clinical Log Book and an opportunity for supervisors to connect with each other and grow a broader support network.

Courses	New Enrolments 2017/18	Completions 2017/18
Certificate III Aboriginal and/or Torres Strait Islander Primary Health Care	6	6
Certificate IV Aboriginal and/or Torres Strait Islander Primary Health Care	0	4
Certificate IV Aboriginal and/or Torres Strait Islander Primary Health Care (Practice)	41	11
TOTAL	**47**	**21**









Accreditation and Compliance

AHCSA's RTO maintains strict compliance with the National Standards, as regulated by the Australian Skills Quality Authority (RTO 40142). In addition to compliance with the National Standards, the Australian Health Practitioner Regulation Agency (AHPRA) also regulates the RTO for Approved Program of study.

In June 2018, AHCSA successfully finalised negotiations with AHPRA regarding inclusion of graduates for the period between 26 May 2015 and 21 April 2016 for registration eligibility. As these students had completed their HLT40213 qualification prior to AHCSA receiving Approved Program of Study accreditation, they had initially been unable to register.

STUDENT FEEDBACK

‘I felt supported throughout the workshop and further gained skills and knowledge that I will be able to take back to the workplace and put into practice more confidently’

CONSTITUTIONAL OBJECTIVE 4

EDUCATION, TRAINING AND WORKFORCE

In addition, for those students who had registered under the grand-parenting standard and had a notation on their registration in relation to the administration of medication, AHCSA was able to negotiate for their eligibility for removal of this notation with their existing qualification.

RURAL ABORIGINAL HEALTH WORKER

This Programme continues to support the delivery of primary health in regional areas that do not have full access to Aboriginal Community Controlled Health Services. It is vital to ensure that primary health care delivery for the Aboriginal communities is maintained in these areas. AHCSA monitors and manages the funds and administration associated with this program including negotiation and liaison with mainstream country hospitals and health services.

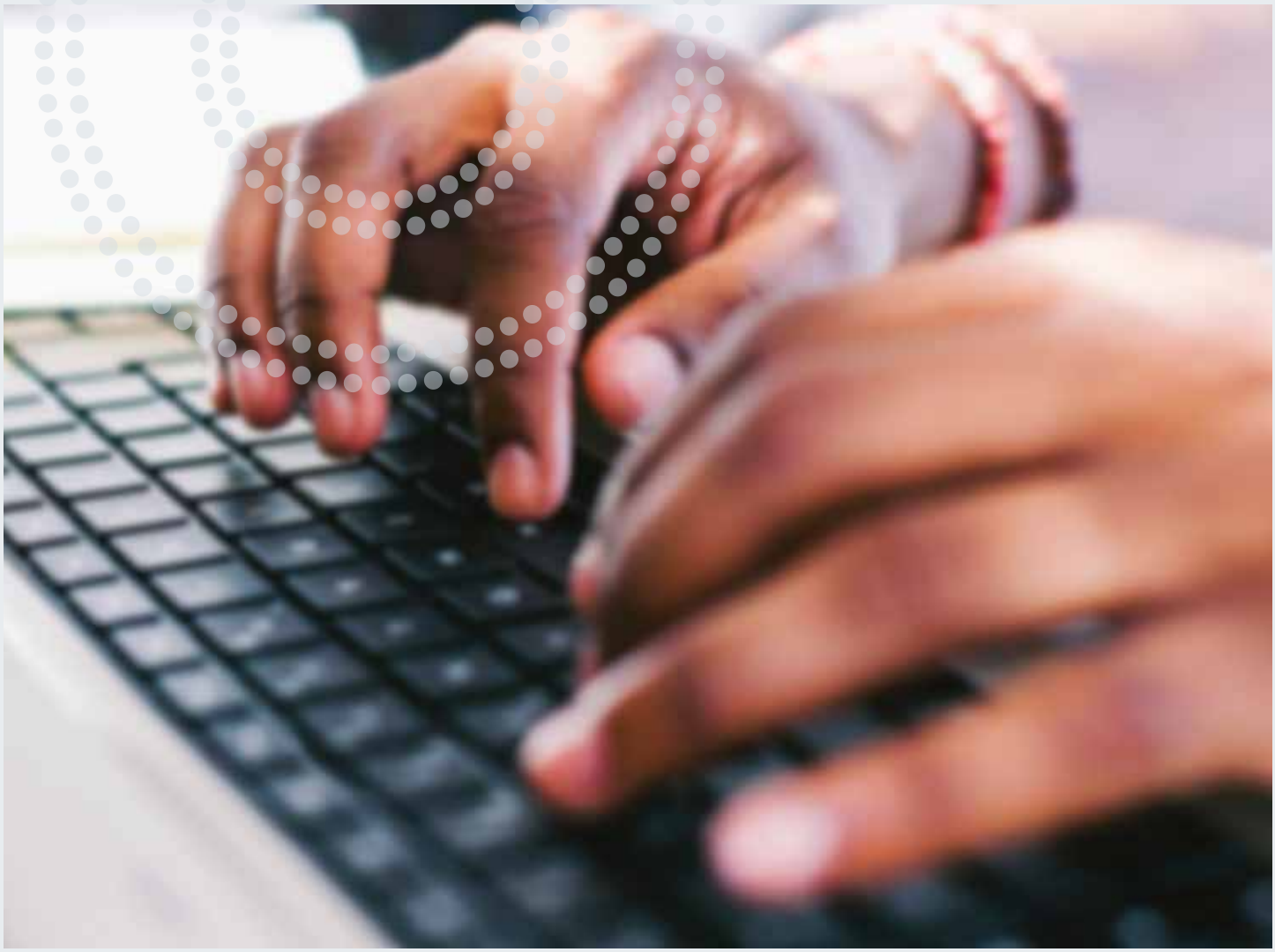
Programme funding is received from the Commonwealth Department of Health via NACCHO, and AHCSA in turn provides funding to the Country South Australia Local Health Network to employ Aboriginal Health Workers in the following regions. These are predominantly areas without Aboriginal Community Controlled Health Services.

Riverland	2
Mount Gambier	1
Oodnadatta	2
Yorke Peninsula	1
Nunyara Aboriginal Health Service*	2
Pangula Mannamurna Aboriginal Corporation*	1

*Three positions transferred to these health services when they became incorporated and established.

The Rural Aboriginal Health Worker Programme continues in its role to support the delivery of primary health in regional areas that do not have full access to Aboriginal Community Controlled Health Services

FINANCIAL REPORT



STATUTORY FINANCIAL REPORT

Board of Directors' Report

AHCSA Board of Directors submit the financial report of the Aboriginal Health Council of South Australia Limited for the period 1 July 2017 to 30 June 2018.

Board of Directors

Full voting membership of the Aboriginal Health Council of South Australia Limited (the 'Company') is made up of ten independently constituted Aboriginal community controlled health services and two Aboriginal community controlled substance misuse services.

From 1 July 2017 to 29 November 2017:

EXECUTIVE MEMBERS

John Singer (Chairperson)
Independent Chair

Polly Sumner-Dodd (Deputy Chairperson)
Aboriginal Sobriety Group

Les Kropinyeri (Treasurer)
Port Lincoln Aboriginal Health Service

Vicki Holmes (Secretary)
Nunkuwarrin Yunti of South Australia Inc

Jamie Nyaningu (Executive Member)
Nganampa Health Council

Josie Warrior
Umoona Tjutagku Health Service Aboriginal Corporation

Roger Williams
Oak Valley Health Service

Wilhelmine Lieberwirth
Nunyara Aboriginal Health Service Inc.

Mark Lovett
Pangula Mannamurna Aboriginal Corporation

Roderick Day
Tullawon Health Service

Leeroy Bilney
Ceduna/ Koonibba Aboriginal Health Service Aboriginal Corporation

Roy Wilson
Kalparrin Community Inc.

Vacant
Pika Wiya Health Service Aboriginal Corporation

Rick Hartman
Moorundi Aboriginal Community Controlled Health Service (from September 2017)

From 29 November 2017 to 30 June 2018:

EXECUTIVE MEMBERS

Polly Sumner-Dodd (Chairperson)
Independent Chair

Mark Lovett (Deputy Chairperson)
Pangula Mannamurna Aboriginal Corporation

Les Kropinyeri (Treasurer)
Port Lincoln Aboriginal Health Service

Vicki Holmes (Secretary)
Nunkuwarrin Yunti of South Australia Inc

Jamie Nyaningu (Executive Member)
Nganampa Health Council

Olive Bennell (to April 2018)
Vacant (April to June 2018)
Aboriginal Sobriety Group

Josie Warrior
Umoona Tjutagku Health Service Aboriginal Corporation

Vacant (November 2017 to March 2018)
Madeline Grant (from March 2018)
Oak Valley Health Service

Wilhelmine Lieberwirth
Nunyara Aboriginal Health Service Inc.

Roderick Day
Tullawon Health Service

Roy Wilson
Kalparrin Community Inc.

Leeroy Bilney
Ceduna/ Koonibba Aboriginal Health Service Aboriginal Corporation

Kym Thomas
Pika Wiya Health Service Aboriginal Corporation

Rick Hartman (to April 2018)
Vicki Hartman (to April 2018)
Moorundi Aboriginal Community Controlled Health Service

Principal Activities

The Aboriginal Health Council of SA Limited (the 'Company') is the peak body representing Aboriginal community controlled health and substance misuse services in South Australia.

Since the review process and reincorporation as an independent community controlled organisation in September 2001, full-time equivalent Secretariat positions have risen to 38.

The role of the Secretariat is to provide support to the Company's Board of Directors, its standing and sub committees and to manage the day to day operations of the Company.

The key activities of the Company's Secretariat during this period included:

- Appointment of new staff to the Company's Secretariat
- Reviewing operational policies and procedures
- Supporting the members review the AHCSA Constitution
- Supporting the members of the Executive and Full Board of Directors
- Collaboration with other agencies on research and other projects
- Advocating on behalf of individuals and groups in relation to Aboriginal health matters
- Responding on behalf of the Board on reviews and reports at State and National levels
- Developing strategies to support the ongoing quality and future of Aboriginal Health Worker training and workforce development issues
- Regularly updating the Company's website
- Visiting Aboriginal communities and Member organisations
- Participating on the executive and management committee of the South Australian Aboriginal Health Partnership
- Prepare for reaccreditation through the Quality Innovation Performance (QIP) and accreditation through the Australian Health Practitioner Regulation Agency
- Providing administration support and facilitation to the Aboriginal Primary Health Care Workers Forum
- Provide administration and facilitation support to the Aboriginal Research and Ethics Committee
- Responding to requests for information from students and other members of the public
- Presenting information about the organisation to various State and National forums

Financial Summary

The following Financial Statements and Notes presented in this report have been prepared on an accrual basis with the accompanying notes providing related party information. The Company has moved to the Cloud ERP system and other NetSuite applications for its financials, business functions and electronic filing system. AHCSA continues to outsource the payroll function to Integrated Payroll Systems.

Nexia Edwards Marshall are the Company's appointed Auditors for the next three financial years.

Significant Changes

Apart from the implementation of other NetSuite applications, no other significant changes occurred during the year.

Operating Result

In the 2017-2018 financial year, AHCSA posts a statutory surplus of $414,898. There were no abnormal items.

Signed in accordance with a resolution of the members of the Committee.

STATEMENT OF PROFIT OR LOSS AND COMPREHENSIVE INCOME

For the year ended 30 June 2018

	Note	2018 $	2017 $
REVENUE			
Grant Revenue	2	9,416,847	8,720,579
Other Revenues	2	296,121	389,124
Net Gain on Disposal of Non-Current Assets	2	13,455	2,389
TOTAL REVENUE		**9,726,423**	**9,112,092**
EXPENSES			
Employee Benefits Expenses		4,701,724	4,370,278
Goods and Services Expenses	3	4,224,927	4,127,604
Depreciation Expenses	7	154,997	147,873
Amortisation on Intangibles	8	229,877	393,352
TOTAL EXPENSES		**9,311,525**	**9,039,107**
TOTAL PROFIT FOR THE YEAR		**414,898**	**72,985**
Other Comprehensive Income			
Fair Value Gains on Revaluation of Land and Buildings	13	–	–
Other Comprehensive Income for the Year		–	–
TOTAL PROFIT ATTRIBUTABLE TO MEMBERS OF THE ENTITY		**414,898**	**72,985**

The accompanying notes form part of these financial statements

STATEMENT OF FINANCIAL POSITION

For the year ended 30 June 2018

	Note	2018 $	2017 $
CURRENT ASSETS			
Cash and Cash Equivalents	4	596,803	3,503
Trade and Other Receivables	5	811,377	869,058
Other Current Assets	6	74,502	191,903
TOTAL CURRENT ASSETS		**1,482,682**	**1,064,464**
NON-CURRENT ASSETS			
Plant and Equipment	7	7,523,463	8,143,056
Intangibles	8	125,463	310,110
TOTAL NON-CURRENT ASSETS		**7,648,926**	**8,453,166**
TOTAL ASSETS		**9,131,608**	**9,517,630**
CURRENT LIABILITIES			
Trade and Other Payables	9	1,316,673	1,591,142
Employee Benefits	10	445,621	416,266
Borrowings	11	134,549	321,841
TOTAL CURRENT LIABILITIES		**1,896,843**	**2,329,249**
NON-CURRENT LIABILITIES			
Employee Benefits	10	170,871	142,407
Long Term Loan	11	4,097,541	3,891,458
TOTAL NON-CURRENT LIABILITIES		**4,268,412**	**4,033,865**
TOTAL LIABILITIES		**6,165,255**	**6,363,114**
NET ASSETS		**2,966,353**	**3,154,516**
EQUITY			
Asset Revaluation Surplus	13	1,623,312	2,226,375
Retained Earnings		1,343,041	928,143
TOTAL EQUITY		**2,966,353**	**3,154,518**

The accompanying notes form part of these financial statements

STATEMENT OF CHANGES IN EQUITY

For the year ended 30 June 2018

	Note	RETAINED SURPLUS $	ASSET REVALUATION SURPLUS $	TOTAL $
BALANCE AT 30 JUNE 2016		**855,158**	**2,226,375**	**3,081,533**
Net Profit for the Year		72,985	–	72,985
Revaluation Increment		–	–	–
BALANCE AT 30 JUNE 2017		**928,143**	**2,226,375**	**3,154,518**
Net Profit for the Year		414,898	–	414,898
Revaluation Decrement	13	–	(603,063)	(603,063)
BALANCE AT 30 JUNE 2018		**1,343,041**	**1,623,312**	**2,966,353**

The accompanying notes form part of these financial statements.

STATEMENT OF CASH FLOWS

For the year ended 30 June 2018

	Note	2018 $	2017 $
CASH FLOW FROM OPERATING ACTIVITIES			
Grant Receipts		9,525,140	9,107,492
Cash Payments in the Course of Operations		(8,780,576)	(8,707,004)
Interest Received		186	2,697
Net Cash Provided By/(Used In) Operating Activities		**744,750**	**403,185**
CASH FLOW FROM INVESTING ACTIVITIES			
Payments for Plant and Equipment		(183,697)	(302,105)
Receipts from Disposal of Plant and Equipment		13,456	21,099
Net Cash Used in Investing Activities		**(170,241)**	**(281,006)**
CASH FLOWS FROM FINANCING ACTIVITIES			
CBA Assets Finance (Nett of Repayments)		(54,670)	(46,341)
Long Term Loan		73,461	–
Net Cash Provided by Financing Activities		18,791	(46,341)
NET INCREASE/(DECREASE) IN CASH HELD		593,300	75,838
Cash at the Beginning of the Financial Year		3,503	(72,335)
CASH AT THE END OF THE FINANCIAL YEAR	4	**596,803**	**3,503**

The accompanying notes form part of these financial statements.

NOTES TO THE FINANCIAL STATEMENTS

For the year ended 30 June 2018

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The Aboriginal Health Council of South Australia Limited ('the Company') is a Company limited by guarantee under the Corporations Act.

(a) Basis of Preparation

The Aboriginal Health Council of South Australia Limited ('the Company') applies Australian Accounting Standards - Reduced Disclosure Requirements as set out in AASB 1053: Application of Tiers of Australian Accounting Standards and AASB 2010-2: Amendments to Australian Accounting Standards arising from Reduced Disclosure Requirements and other applicable Australian Accounting Standards - Reduced Disclosure Requirements.

The financial statements are general purpose financial statements that have been prepared in accordance with Australian Accounting Standards - Reduced Disclosure Requirements of the Australian Accounting Standards Board (AASB), the Australian Charities and Not-for-profits Commission Act 2012 and the Company Corporations Act 2001. The Company is a not-for-profit entity for financial reporting purposes under Australian Accounting Standards.

Australian Accounting Standards set out accounting policies that the AASB has concluded would result in financial statements containing relevant and reliable information about transactions, events and conditions to which they apply. Material accounting policies adopted in the preparation of these financial statements are presented below and have been consistently applied unless stated otherwise.

The financial statements, except for the cash flow information, have been prepared on an accruals basis and are based on historical costs, modified, where applicable, by the measurement at fair value of selected non-current assets, financial assets and financial liabilities. The amounts presented in the financial statements have been rounded to the nearest dollar.

(b) Property, Plant and Equipment

Freehold land and buildings are shown at their fair value based on periodic, but at least triennial, valuations by external independent valuers, less subsequent depreciation for buildings.

Plant and equipment are carried at cost, where applicable, net of any accumulated depreciation.

In periods when the freehold land and buildings are not subject to an independent valuation, the directors conduct directors' valuations to ensure the carrying amount for the land and buildings is not materially different to the fair value.

Increases in the carrying amount arising on revaluation of land and buildings are recognised in the other comprehensive income and accumulated in the revaluation surplus in equity. Revaluation decreases that offset previous increases of the same class of assets shall be recognised in the other comprehensive income under the heading of revaluation surplus. All other decreases are recognised in profit or loss.

Any accumulated depreciation at the date of the revaluation is eliminated against the gross carrying amount of the asset and the net amount is restated to the revalued amount of the asset.

Freehold land and buildings that have been contributed at no cost, or for nominal cost, are initially recognised and measured at the fair value of the asset at the date it is acquired.

The carrying amounts of property, plant and equipment are reviewed annually by the Company to ensure they are not in excess of their recoverable amount at balance date. The recoverable amount is assessed on the basis of the expected net cash flows that will be received from the assets' employment and subsequent disposal. The expected net cash flows have been discounted to present values in determining recoverable amounts.

(c) Depreciation and Amortisation

The depreciable amount for all fixed assets, including buildings and capitalised lease assets but excluding freehold land, is depreciated/amortised on a straight-line basis over the asset's useful life to the entity commencing from the time the asset is held ready for use. Leasehold improvements are depreciated over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements.

Depreciation and amortisation rates and methods are reviewed annually for appropriateness. When changes are made, adjustments are made prospectively in current and future periods only.

The depreciation and amortisation rates used for each class of depreciable asset are:

Leasehold Improvements	10%
Medical Equipment	10%
Computing Equipment	14% – 33%
Other Plant and Equipment	10% – 20%
Software	40%
Artwork	0%
RTO	20% - 40%

Gains and losses on disposals are determined by comparing proceeds with the carrying amount. These gains or losses are recognised in profit or loss in the period in which they arise. When revalued assets are sold, amounts included in the revaluation surplus relating to that asset are transferred to retained earnings.

(d) Leases

Leases of fixed assets, where substantially all the risks and benefits incidental to the ownership of the asset, but not the legal ownership, are transferred to the Company, are classified as finance leases.

Finance leases are capitalised recording an asset and a liability equal to the present value of the minimum lease payments, including any guaranteed residual values.

Leased assets are depreciated on a straight-line basis over their estimated useful lives where it is likely that the Company will obtain ownership of the asset or over the term of the lease. Lease payments are allocated between the reduction of the lease liability and the lease interest expense for the period.

Lease payments under operating leases, where substantially all the risks and benefits remain with the lessor, are charged as expenses in the periods in which they are incurred.

Lease incentives under operating leases are recognised as a liability and amortised on a straight line basis over the life of the initial lease period and optional renewal period.

(e) Employee Benefits

Provision is made for the Company's obligation for short-term employee benefits. Short-term employee benefits are benefits (other than termination benefits) that are expected to be settled wholly within 12 months after the end of the annual reporting period in which the employees render the related service, including wages, salaries, annual leave and sick leave. Short-term employee benefits are measured at the (undiscounted) amounts expected to be paid when the obligation is settled. The Company's obligation for short-term employee benefits such as wages, salaries, annual leave and sick leave are recognised as part of current trade and other payables in the statement of financial position.

The Company classifies employees' long service leave and annual leave entitlements as other long-term employee benefits as they are not expected to be settled wholly within 12 months after the end of the annual reporting period in which the employees render the related service. Provision is made for the Company's obligation for the other long-term employee benefits, which are measured at the present value of the expected future payments to be made to employees. Expected future payments incorporate anticipated future wage and salary levels, durations of service, and employee departures, and are discounted at rates determined by reference to market yields at the end of the reporting period on high quality corporate bonds that have maturity dates that approximate the terms of the obligations. Any remeasurements for changes in assumptions of obligations for other long-term employee benefits are recognised in profit or loss in the periods in which the changes occurs.

NOTES TO THE FINANCIAL STATEMENTS

For the year ended 30 June 2018

(f) Cash and Cash Equivalents

Cash and cash equivalents include cash on hand, deposits held at call with bank, other short-term highly liquid investments with original maturities of three months or less, and bank overdrafts. Bank overdrafts are shown within borrowings in current liabilities on the statement of financial position.

(g) Revenue and Other Income

Non-reciprocal grant revenue is recognised in profit or loss when the Company obtains control of the grant and it is probable that the economic benefits gained from the grant will flow to the Company and the amount of the grant can be measured reliably.

If conditions are attached to the grant which must be satisfied before it is eligible to receive the contribution, the recognition of the grant as revenue will be deferred until those conditions are satisfied.

When grant revenue is received whereby the entity incurs an obligation to deliver economic value directly back to the contributor, this is considered a reciprocal transaction and the grant revenue is recognised in the statement of financial position as a liability until the service has been delivered to the contributor; otherwise the grant is recognised as income on receipt.

The Company receives non-reciprocal contributions of assets from the Government and other parties for zero or a nominal value. These assets are recognised at fair value on the date of acquisition in the statement of financial position, with a corresponding amount of income recognised in profit or loss.

Donations and bequests are recognised as revenue when received.

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

Revenue from the rendering of a service is recognised upon the delivery of the service to the customer.

Rental income from operating lease is recognised on a straight line basis over the term of the relevant leases.

All revenue is stated net of the amount of goods and services tax (GST).

(h) Taxation

No provision for income tax has been raised as the Company is exempt from Income Tax under Div 50 of the Income Tax Assessment Act 1997.

(i) Trade and Other Receivables

Trade and other receivables include amounts due from customers for goods sold and services performed in ordinary course of business. Receivables expected to be collected within 12 months of the end of the reporting period are classified as current assets. All other receivables are classified as non-current assets.

Trade and other receivables are initially recognised at fair value and subsequently measured at amortised cost using the effective interest method, less any provision for impairment.

Included in trade receivables at the end of the reporting period is an amount receivable from sales made to a major customer during the current financial year amounting to $680,000. While there is inherent uncertainty in relation to the prepayment of the entire amount, the directors believe there is a 60% chance that full amount of the debt is recoverable and therefore a provision for doubtful debt has been made for $272,000.

(j) Intangible Assets

Intangible assets are initially recognised at cost. It has a finite life and is carried at cost less any accumulated amortisation and impairment losses. Intangible assets have an estimated useful life between one and three years. It is assessed annually for impairment.

(k) Provisions

Provisions are recognised when the entity has a legal or constructive obligation, as a result of past events, for which it is probable that an outflow of economic benefits will result and that outflow can be reliably measured. Provisions recognised represent the best estimate of the amount required to settle the obligation a the end of the reporting period.

(l) Trade and Other Payables

Trade and other payables represent the liabilities for goods and services received by the Company during the reporting period that remain unpaid at the end of the reporting period. The balance is recognised as a current liability with the amounts normally paid within 60 days of recognition of the liability. Trade and other payables are initially measured at fair value and subsequently measured at amortised cost using the effective interest method.

(m) Goods and Services Tax

Revenues, expenses and assets are recognised net of the amount of goods and services tax, except where the amount of GST incurred is not recoverable from the Australian Tax Office (ATO).

Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from, or payable to, the ATO is included with other receivables or payables in the statement of financial position.

Cash flows are presented on a gross basis. The GST components of cash flows arising from investing and financing activities which are recoverable from, or payable to, the ATO are presented as operating cash flows included in receipts from customers or payments to suppliers.

(n) Impairment of Non-Financial Assets

At the end of each reporting period, the Company assesses whether there is any indication that an asset may be impaired. If such an indication exists, an impairment test is carried out on the asset by comparing the recoverable amount of that asset, being the higher of the asset's fair value less costs to sell and its value-in-use, to the asset's carrying amount. Any excess of the asset's carrying amount over its recoverable amount is immediately recognised in profit or loss, unless the asset is carried at a revalued amount in accordance with another Standard. Any impairment loss of a revalued asset is treated as a revaluation decrease in accordance with that other Standard.

Where the future economic benefits of the assets are not primarily dependent upon the asset's ability to generate net cash inflows and when the Company would if deprived of the asset, replace its remaining future economic benefit, value in use is determined as the depreciated replacement cost of the asset.

Where it is not possible to estimate the recoverable amount of an individual asset, the entity estimates the recoverable amount of the cash-generating unit to which the asset belongs.

Where an impairment loss on a revalued individual asset is identified, this is recognised against the revaluation surplus in respect of the same class of asset to the extent that impairment loss does not exceed the amount in the revaluation surplus for that class of asset.

(o) Financial Instruments

Initial Recognition and Measurement

Financial assets and financial liabilities are recognised when the entity becomes a party to the contractual provisions to the instrument. For financial assets, this is equivalent to the date that the Company commits itself to either purchase or sell the asset (i.e. trade date accounting is adopted).

Financial instruments are initially measured at fair value plus transaction costs except where the instrument is classified 'at fair value through profit or loss' in which case transaction costs are recognised immediate as expenses to profit or loss.

Impairment

At each reporting date, the Company assesses whether there is objective evidence that a financial instrument has been impaired. A financial asset (or a group of financial assets) is deemed to be impaired if, and only if, there is objective evidence of impairment as a result of one or more events having occurred, which has an impact on the estimate future cash flows of

NOTES TO THE FINANCIAL STATEMENTS

For the year ended 30 June 2018

the financial asset. In the case of available-for-sale financial instruments, a significant or prolonged decline in the market value of the instrument is considered to constitute a loss event. Impairment losses are recognised in profit or loss immediately Also, any cumulative decline in fair value previously recognised in other comprehensive income is reclassified into profit and loss at this point.

Derecognition

Financial assets are derecognised where the contractual right to receipt of cash flows expires or the asset is transferred to another party whereby the entity no longer has any significant continuing involvement in the risks and benefits associated with the asset. Financial liabilities are derecognised where the related obligations are either discharged, cancelled or expire. The difference between the carrying value of the financial liability extinguished or transferred to another party and the fair value of consideration paid, including the transfer of non-cash assets or liabilities assumed, is recognised in profit or loss.

(p) Comparative Figures

When required by Accounting Standards, comparative figures have been adjusted to conform to changes in presentation for the current financial year.

(q) Critical Accounting Estimates and Judgements

The committee evaluates estimates and judgements incorporated into the financial report based on historical knowledge and best available current information. Estimates assume a reasonable expectation of future events and are based on current trends and economic data, obtained externally and within the Company.

(r) Economic Dependence

The Company is dependent on the Federal and State Government Departments for the majority of its revenue used to operate the business. At the date of this report, the Board of Directors has no reason to believe the Departments will not continue to support the Company.

(s) Fair Value of Assets and Liabilities

The Company measures some of its assets and liabilities at fair value on either a recurring or non-recurring basis, depending on the requirements of the applicable accounting standard.

'Fair Value' is the price the Company would receive to sell an asset or would have to pay transfer a liability in an orderly transaction between independent, knowledgeable and willing market participles at the measurement date.

As fair value is a market based measure, the closest equivalent observable market pricing information is used to determine fair value. Adjustments to market values may be made having regard to the characteristics of the specific asset or liability. The fair values of the assets and liabilities that are not traded in an active market are determined using one or more valuation technique. The valuation techniques maximise, to the extent possible, the use of observable market value.

(t) New and Amended Accounting Standards

The Company has assessed all new and amended accounting standards issued and effective for financial reporting periods beginning on or after 1 January 2017, and determine there to be no effect on the current or prior period parent and consolidated financial statements.

NOTES TO THE FINANCIAL STATEMENTS

For the year ended 30 June 2018

NOTE 2 – REVENUE	2018 $	2017 $
Grant Revenue		
State Government Grant Revenue	1,874,255	2,673,380
Commonwealth Grant Revenue	4,314,350	4,018,501
Commonwealth DEEWR Grant	303,482	130,660
Other Grants	2,924,760	1,898,038
TOTAL GRANT REVENUE	**9,416,847**	**8,720,579**
Other Revenue		
Interest	186	2,697
Other	295,935	386,427
TOTAL OTHER REVENUE	**296,121**	**389,124**
Net Gain on Disposal of Non-Current Assets		
Proceeds from disposal	13,455	2,389
Total Net Gain on Disposal of Non-Current Assets	13,455	2,389
TOTAL REVENUE	**9,726,423**	**9,112,092**

NOTE 3 – GOODS AND SERVICES EXPENSES	2018 $	2017 $
Goods and Services Expenditure Recorded in the Statement of Comprehensive Income comprises		
Advertising	13,553	28,525
Bank Fees and Interest	216,365	216,703
Bad and Doubtful Debts	272,000	–
Computing	110,448	105,868
Consultancy	78,526	77,523
Contract Cleaning	64,833	54,921
Contractors, Agency Staff and Salary Recharges	1,226,512	1,240,441
Donations and Ex Gratia Payments	12,352	14,309
Electricity	81,911	83,480
External Auditors Remuneration	26,965	22,768
Fee for Service	125,488	75,000
Insurance	64,474	67,250
Membership – Professional	25,020	78,163
Minor Equipment	83,676	20,182
Motor Vehicle Expense	181,784	154,598
Newsletter, Publicity and Promotions	97,915	117,683
Office Administration and Corporate Expenses	313,566	223,854
Periodicals, Journals and Publications	32,036	41,892
Postage and Courier	7,985	15,345
Printing and Stationery	33,472	27,543
Rental Expense on Operating Lease	22,059	23,113
Repairs, Maintenance and Occupancy Costs	84,529	202,343
Security Service	5,626	8,840
Training and Development	293,536	267,969
Travel Expenses	674,517	886,216
Telephone	75,779	73,075
	4,224,927	**4,127,604**

NOTES TO THE FINANCIAL STATEMENTS

For the year ended 30 June 2018

NOTE 4 – CASH AND CASH EQUIVALENTS	2018 $	2017 $
Cash at Bank	588,803	(4,497)
Cash on Hand	8,000	8,000
	596,803	**3,503**

The Company has secured a $200,000 overdraft facility with the Commonwealth Bank to be used as a working capital. It is secured by First Registered Mortgage by Aboriginal Health Council of South Australia Ltd over non-residential real property located at 220 Franklin Street, Adelaide SA.

NOTE 5 – TRADE AND OTHER RECEIVABLES	2018 $	2017 $
Grant Funding Receivable	1,083,377	869,058
Other Receivables	–	–
	1,083,377	869,058
Less: Provision for Doubtful Debts	(272,000)	–
	811,377	**869,058**

The Company normal credit term is 30 days.

The group writes off a trade receivable when there is available information that the debtor is in severe financial difficulty and there is no realistic likelihood of recovery, e.g. when the debtor has been placed under liquidation or has entered into bankruptcy proceedings, or when the trade receivables are over two years past due, which occurs earlier. None of the trade receivables that have been written off is subject to enforcement activities.

a) Movement in the provision for impairment of receivables is as follows:

	$
Provision for impairment as at 1 July 2016	–
Charge for the Year	–
Written Off	–
Provision for Impairment as at 30 June 2017	**–**
Charge for the Year	272,000
Written Off	–
Provision for Impairment as at 30 June 2018	**272,000**

NOTE 6 – OTHER CURRENT ASSETS	2018 $	2017 $
Prepayments	74,502	191,904
	74,502	**191,904**

NOTES TO THE FINANCIAL STATEMENTS

For the year ended 30 June 2018

NOTE 7 – PROPERTY, PLANT AND EQUIPMENT	2018 $	2017 $
Computer Equipment at Cost	516,419	495,484
Less: Accumulated Depreciation	(403,278)	(329,517)
	113,141	**165,967**
Medical Equipment at Cost	263,479	263,479
Less: Accumulated Depreciation	(225,465)	(217,689)
	38,014	45,790
Other Plant and Equipment at Cost	557,194	546,235
Less: Accumulated Depreciation	(330,172)	(296,940)
	227,022	**249,295**
Artwork at Cost	**37,638**	**28,941**
Land at Independent Valuation	5,500,000	5,000,000
Building at Independent Valuation	1,550,000	2,680,000
Building at Cost	97,877	40,063
Less: Accumulated Depreciation	(40,229)	(67,000)
	7,107,648	**7,653,063**
	7,523,463	**8,143,056**

An independent valuation of the above land and building is undertaken on 4 July 2017 by Michael Schwarz (B Bus Property Valuation AAPI, Certified Practicing Valuer).

The independent valuer assessed the value to be $7,050,000.

Reconciliation Reconciliations of the carrying amounts for each class of asset are set out below:	Computing Equipment $	Medical Equipment $	Other Plant and Equipment $	Artwork $	Land and Building at Independent Valuation $	Total $
Balance at 30 June 2017	165,967	45,790	249,295	28,941	7,653,063	8,143,056
Additions	20,935	–	10,958	8,697	97,877	138,467
Revaluation	–	–	–	–	(603,063)	(603,063)
Disposals	–	–	–	–	–	–
Depreciation Expense	(73,760)	(7,776)	(33,232)	–	(40,229)	(154,997)
Carrying Amount at 30 June 2018	**113,142**	**38,014**	**227,021**	**37,638**	**7,107,648**	**7,523,463**

The Company has secured a market rate loan for $4,044,512 with the Commonwealth Bank for the purchase of land and building located at 220 Franklin Street, Adelaide SA. The loan is secured by a first registered mortgage by the Aboriginal Health Council of South Australia Ltd. over the property.

NOTES TO THE FINANCIAL STATEMENTS

For the year ended 30 June 2018

NOTE 8 – INTANGIBLE ASSETS	2018 $	2017 $
Computer Software at Cost	758,550	713,320
Less: Accumulated Amortisation	(683,523)	(581,467)
	75,027	131,853
RTO Training Resources	505,225	505,225
Less: Accumulated Amortisation	(454,789)	(326,968)
	50,436	178,257
	125,463	**310,110**

Reconciliation Reconciliations of the carrying amounts for each class of asset are set out below:	Computing Software $	RTO Training Courses $	Total $
Balance at 30 June 2017	131,853	178,257	310,110
Additions	45,230	–	45,230
Revaluation	–	–	–
Disposals	–	–	–
Amortisation Expense	(102,056)	(127,821)	(229,877)
Carrying Amount at 30 June 2018	**75,027**	**50,436**	**125,463**

NOTES TO THE FINANCIAL STATEMENTS

For the year ended 30 June 2018

NOTE 9 – TRADE AND OTHER PAYABLES	2018 $	2017 $
Current		
Trade Creditors and Accruals	993,673	1,294,818
Unspent Grants	323,000	296,324
	1,316,673	**1,591,142**

(a) Financial Liabilities at amortised cost classified as trade and other payables	2018 $	2017 $
Trade and Other Payables		
Total Current	1,316,673	1,591,142
Total Non-Current	–	–
	1,316,673	1,591,142
Less: Other Payables (Net Amount of GST Payable)	(323,000)	(296,324)
Financial Liabilities as Trade and Other Payables	**993,673**	**1,294,818**

NOTE 10 – EMPLOYEE BENEFITS	2018 $	2017 $
Current		
Salary Sacrifice Fees	381	364
Social Club Clearing	–	40
Annual Leave	287,218	272,898
Long Service Leave	98,785	85,681
Superannuation and Workers Compensation On-Costs	59,237	57,282
	445,621	**416,266**
Non-Current		
Long Service Leave	153,494	127,925
Superannuation and Workers Compensation On-Costs	17,377	14,482
	170,871	**142,407**
TOTAL EMPLOYEE BENEFITS	**616,492**	**558,673**

Reconciliation of Provision Movement Reconciliations of the provision for employee benefits are set out below:	Employee Benefits $
Opening Balance at 1 July 2017 Annual Leave and Long Service Leave	558,673
Additional Provisions Raised During the Year	346,563
Amounts Used	(288,744)
Closing Balance at 30 June 2018 Annual Leave and Long Service Leave	**616,492**

NOTES TO THE FINANCIAL STATEMENTS

For the year ended 30 June 2018

NOTE 11 – SECURED LOANS	2018 $	2017 $
Assets Finance		
Current		
CBA Assets Finance 1	2,933	8,944
CBA Assets Finance 2	32,317	37,396
TOTAL	**35,250**	**46,341**
Non-Current		
CBA Assets Finance 1	–	3,117
CBA Assets Finance 2	53,028	93,491
TOTAL	**53,028**	**96,608**

The Company entered into a three year and a five year assets finance arrangement with the Commonwealth Bank of Australia to finance its equipment needs including, ICT, elevator and audio visuals.

Bank Loans		
Current Loan	99,299	275,500
Non-Current Loan	4,044,512	3,794,850
TOTAL	**4,143,811**	**4,070,350**
Borrowings		
Current Loan	134,549	321,841
Non-Current Loan	4,097,541	3,891,458
TOTAL BORROWINGS	**4,232,090**	**4,213,298**

The Market Rate Loan is obtained for the purpose of purchasing a commercial property located at 220 Franklin Street, Adelaide, SA. This is an interest only facility for a period of three (3) years. The facility matures on 1 October 2020. The loan repayment will be renegotiated at maturity.
The Better Business Loan is obtained for the purpose of refurbishing the commercial property at 220 Franklin Street. This is an interest only facility for a period of two (2) years, The facility matures on 3 October 2019. The loan repayment will be renegotiated at maturity.

NOTE 12 – COMMITMENTS	2018 $	2017 $
Operating Lease Commitments		
Motor Vehicle	136,299	77,339
Office Equipment	35,582	44,097
TOTAL OPERATING LEASE COMMITMENTS	**171,881**	**121,436**
Operating Lease Commitments are payable:		
Not Later Than 1 Year	132,613	65,248
Later Than 1 Year But Not Later Than 5 Years	39,268	56,188
TOTAL OPERATING LEASE COMMITMENTS	**171,881**	**121,436**

Operating Lease commitments are shown at GST inclusive values. Office Rent commitments relate to the initial 5 year or 3 year period of the relevant leases. There are options to renew the leases for a further 5 years or 3 years respectively at the conclusion of the initial lease periods.

NOTES TO THE FINANCIAL STATEMENTS

For the year ended 30 June 2018

NOTE 13 – RESERVES	2018 $	2017 $
Asset Revaluation Reserve The asset revaluation surplus records changes in the fair value property, plant and equipment.		
Analysis of Items in Other Comprehensive Income		
Opening Revaluation Reserve	2,226,375	2,226,375
Movement in Revaluation Reserve	(603,063)	–
Closing Revaluation Reserve	**1,623,312**	**2,226,375**

The property was revalued to $7,050,000 as at 4 July 2017. The loss on revaluation reserve was debited to the asset revaluation reserve. Decreases in the fair value arising on the revaluation of land and buildings are debited to the asset revaluation reserve. Increases that offset previous decreases of the same asset are recognised against the asset revaluation reserve.

NOTE 14 – RELATED PARTY DISCLOSURES

Board of Management

The Board of Management for the year ended 30 June 2018 comprised:

Shane Mohor (Public Officer)	Leeroy Bilney
Polly Sumner-Dodd	Josephine Warrior
Les Kropinyeri	Mark Lovett
Vicki Holmes	Kym Thomas
Roderick Day	Madeline Grant
Jamie Nyaningu	Vicki Hartman
Wilhelmine Lieberwith	Beth Turner

The Chairperson of the Company is paid an honorarium. The amount is determined by decision of the Board. No other member of the Board received remuneration from the Company in their capacity as member in relation to the year ended 30 June 2018. No other entity that the above members are associated with has received funds other than through dealings with the Company in the ordinary course of business and on normal commercial terms and conditions.

	2018 $	2017 $
TOTAL REMUNERATION RECEIVED BY BOARD MEMBER	**15,000**	**15,000**
Number of Board Members Receiving Remuneration	**1**	**1**

Key Management Personnel Compensation		
Short Term Benefit	962,834	835,796
Post Employment Benefit	87,531	79,401
TOTAL COMPENSATION	**1,050,365**	**915,197**

NOTE 15 – CONTINGENT LIABILITIES

There were no contingent liabilities as at 30 June 2018.

NOTES TO THE FINANCIAL STATEMENTS

For the year ended 30 June 2018

NOTE 16 – FINANCIAL RISK MANAGEMENT

The Company's financial instruments consist mainly of deposits with banks, accounts payable and receivable.
The Company does not have any derivative financial instruments as at 30 June 2018.
The carrying amounts for each category of financial instruments, measured in accordance with AASB 139: Financial Instruments: Recognition and Measurement as detailed in the accounting policies to these financial statements are as follows:

	2018 $	2017 $
Financial Assets		
Cash and Cash Equivalents	596,803	3,503
Loans and Receivables	811,377	869,058
	1,408,180	**872,561**
Financial Liabilities		
Financial Liabilities at Amortised Cost		
Trade and Other Payables	1,316,673	1,591,142
Borrowings	4,232,090	4,213,299
	5,548,763	**5,804,441**

Refer to Note 16 for detailed disclosures regarding the fair value measurement of Company's financial assets.

NOTE 17 – FAIR VALUE MEASUREMENTS

The Company has the following assets, as set out in the table below, that are measured at fair value on a recurring basis after initial recognition. The Company does not subsequently measure any liabilities at fair value on a recurring basis and has no assets or liabilities that are measured at fair value on a non-recurring basis.

	2018 $	2017 $
Recurring Fair Value Measurements		
Non-Financial Assets		
Land and Buildings	7,050,000	7,680,000
	7,050,000	**7,680,000**

Revaluation Decrement	**(630,000)**

(i) For freehold land and buildings, the fair values are based on directors' valuation taking into account an external independent valuation.

NOTE 18 – COMPANY DETAILS

The registered office and principal place of business for the Company is: Aboriginal Health Council of SA Limited (Limited by Guarantee) 220 Franklin Street, Adelaide SA 5000.

NOTE 19 – EVENTS AFTER THE REPORTING PERIOD

There have been no material events after the reporting date that have not been recognised in the financial report.

STATEMENT BY THE BOARD OF DIRECTORS

Aboriginal Health Council of South Australia Limited

The Directors of the registered entity declare that, in the Directors' opinion:

1. The financial statements and notes, as set out on pages 72 to 88, are in accordance with the *Australian Charities and Not-for-profits Commission Act 2012* and:
   a. Comply with Australian Accounting Standards – Reduced Disclosure Requirements; and
   b. Give a true and fair view of the financial position of the registered entity as at 30 June 2018 and of its performance for the year ended on that date.
2. There are reasonable grounds to believe that the registered entity will be able to pay its debts as and when they become due and payable.

This declaration is signed in accordance with subs 60.15(2) of the *Australian Charities and Not-for-profits Commission Regulation 2013.*

Polly Sumner-Dodd
Director

Vicki Anne Holmes
Director

Signed at Adelaide, SA this 13th day of November 2018.

INDEPENDENT AUDITOR'S REPORT 2017-2018

To the Members of Aboriginal Health Council of South Australia Limited

Opinion

We have audited the financial report of the Aboriginal Health Council of South Australia Ltd, which comprises the statement of financial position as at 30 June 2018, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and the directors' declaration.

In our opinion, the accompanying financial report of the Aboriginal Health Council of South Australia Ltd, is in accordance with the Australian Charities and Not-for-profits Commission Act 2012; including:

(i) giving a true and fair view of the entity's financial position as at 30 June 2018 and of its financial performance for the year then ended; and

(ii) complying with Australian Accounting Standards – Reduced Disclosure Requirements and Division 60 of the Australian Charities and Not-for-profits Commission Regulation 2013.

Basis for opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Report section of our report. We are independent of the entity in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 Code of Ethics for Professional Accountants (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

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

Other Matter

The financial report of the Aboriginal Health Council of South Australia Ltd for the year ended 30 June 2017 was audited by another auditor who expressed a qualified opinion on that financial report on 30 October 2017. The qualification was based on an amount owed by the Department of the Prime Minister and Cabinet that had a significant level of uncertainty on the level of recoverability, and no provision had been made to allow for potential shortfall of the total amount owed.

Other information

The members are responsible for the other information. The other information comprises the information in the Aboriginal Health Council of South Australia Ltd.'s annual report for the year ended 30 June 2018 but does not include the financial report and the auditor's report thereon.

Our opinion on the financial report does not cover the other information and we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial report, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial report or our knowledge obtained in the audit or otherwise appears to be materially misstated.

If, based on the work we have performed, we conclude that there is a material misstatement of the other information we are required to report that fact. We have nothing to report in this regard.

Members' responsibility for the financial report

The members of the Aboriginal Health Council of South Australia Ltd are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards – Reduced Disclosure Requirements and the Australian Charities and Not-for-profits Commission Act 2012 and for such internal control as the directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

INDEPENDENT AUDITOR'S REPORT 2017-2018

To the Members of Aboriginal Health Council of South Australia Limited

In preparing the financial report, the directors are responsible for assessing the entity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the directors either intend to liquidate the entity or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibility for the audit of the financial report

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

As part of an audit in accordance with the Australian Auditing Standards, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit 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.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by those charged with governance.
- Conclude on the appropriateness of the directors' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the entity's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the entity to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

We communicate with the directors regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Auditor's Independence Declaration To The Board Members Of The Aboriginal Health Council Of South Australia Ltd

In accordance with the requirements of subdivision 60-40 of the *Australian Charities and Not-for-profits Commission Act 2012*, I declare that, to the best of my knowledge and belief, during the audit of the Aboriginal Health Council of South Australia Ltd for the year ended 30 June 2018 there have been no contraventions of the independence requirements of the Accounting Professional and Ethical Standards Board's APES 110 Code of Ethics for Professional Accountants in relation to the audit.

Nexia Edwards Marshall
Chartered Accountants

Noel Clifford
Partner

Adelaide
South Australia
13 November 2018

AHCSA MEMBER DIRECTORY 2017-2018

Aboriginal Community Controlled Health Services

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www.plahs.org.au

Tullawon Health Service

Administration Office (Yalata)
Tel 08 8625 6255
Fax 08 8625 6268

Postal
PMB 45, Ceduna, SA 5690
www.tullawon.org.au

Aboriginal Sobriety Group Indigenous Corporation

182-190 Wakefield Street
Adelaide, SA 5000
Tel 08 8223 4204
Fax 08 8232 6685

Postal
PO Box 7306, Hutt Street
Adelaide, SA 5000
www.aboriginalsobrietygroup.org.au

Umoona Tjutagku Health Service Aboriginal Corporation

Lot 8, Umoona Road
Coober Pedy, SA 5723
Tel 08 8672 5255
Fax 08 8672 3349

Postal
PO Box 166
Coober Pedy, SA, 5723
www.uths.com.au

Pangula Mannamurna Aboriginal Corporation

191 Commercial Street West
Mount Gambier, SA 5290
Tel 08 8724 7270
Fax 08 8724 7378

Postal
PO Box 942
Mount Gambier, SA 5290
www.pangula.org.au

Ceduna Koonibba Aboriginal Health Service Aboriginal Corporation

1 Eyre Highway
Ceduna, SA 5690
Tel 08 8626 2500
Fax 08 8626 2530

Postal
PO Box 314
Ceduna, SA 5690

Pika Wiya Health Service Aboriginal Corporation

40-46 Dartmouth Street
Port Augusta, SA 5700
Tel 08 8642 9904
Fax 08 8642 6621

Postal
PO Box 2021
Port Augusta, SA 5700

Oak Valley Health Service

Maralinga Tjarutja
Administration Office
43 McKenzie Street
Ceduna, SA 5690
Tel 08 8625 2946
08 8670 4207 (Clinic)
Fax 08 8625 3076

Nunyara Aboriginal Health Service

17–27 Tully Street
Whyalla Stuart, SA 5608
Tel 08 8649 4366
Fax 08 8649 4185

Postal
PO Box 2253,
Whyalla Norrie, SA 5608
www.nunyara.org.au

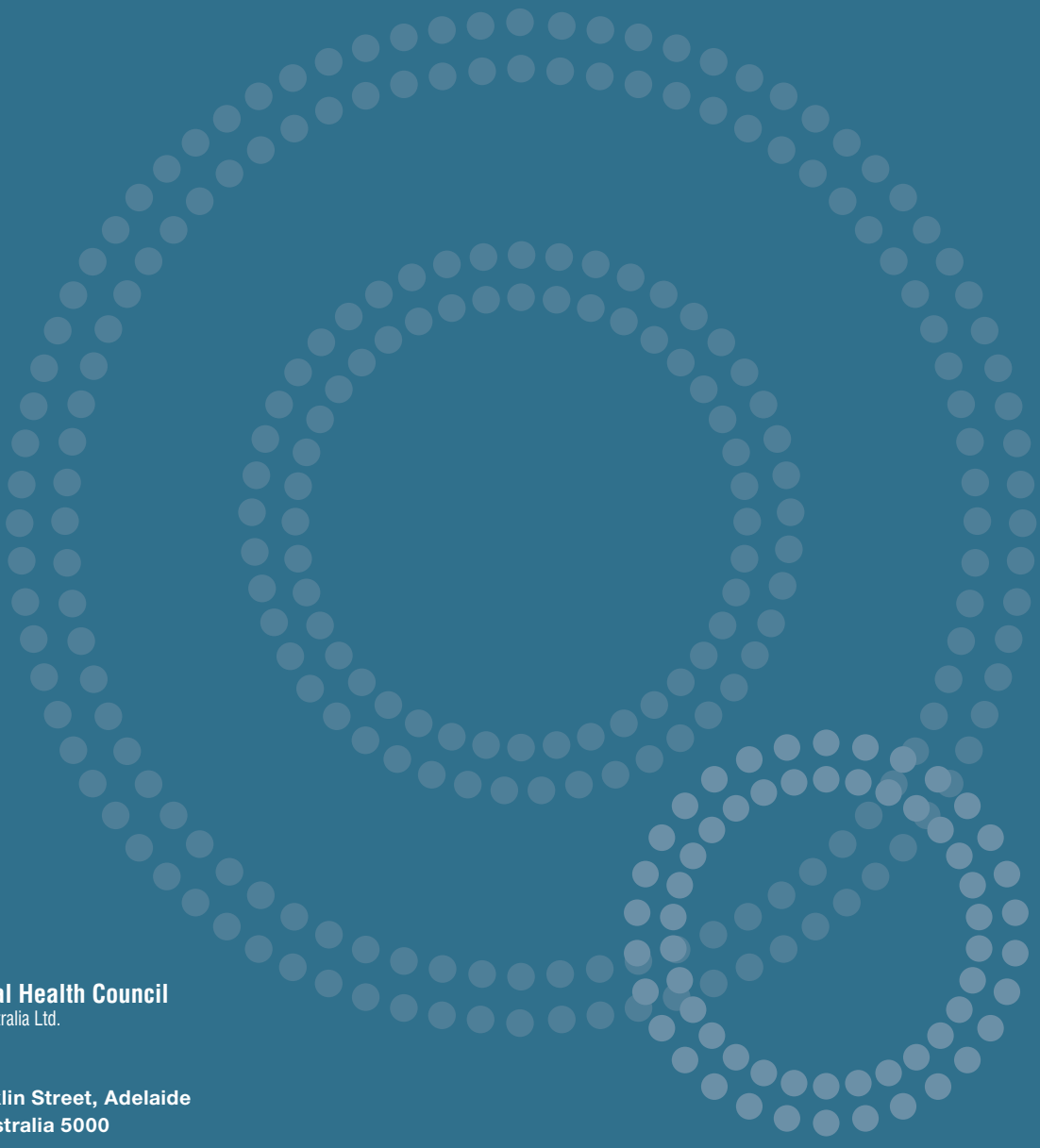
Kalparrin Community Inc.

Karoonda Road
Murray Bridge, SA 5253
Tel 08 8532 4940
Fax 08 8532 5511

Postal
PO Box 319
Murray Bridge, SA 5253
www.kalparrin.com

Moorundi Aboriginal Community Controlled Health Service Inc.

2 Clara Street
Murray Bridge, SA 5253
Tel 1800 023 846
08 8531 0289
Fax 08 7089 0450
www.moorundi.org.au



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