

Danila Dilba Health Service

ANNUAL REPORT

2017–2018



Danila Dilba
Health Service

Our name, our people, our region

Our full name, Danila Dilba Biluru Butji Binnilutlum, was given by the Larrakia people, the traditional owners of the land where Darwin and Palmerston are situated. In the Larrakia language, Danila Dilba means 'dilly bag used to collect bush medicines' and Biluru Butji Binnilutlum means 'blackfella (Aboriginal people) getting better from sickness'.

Aboriginal and Torres Strait Islander people from around Australia have visited Larrakia country for generations. Some of the visitors stayed and we are now blessed with a rich cultural diversity.

When we describe ourselves in the 2015–2016 Annual Report, we use the words Biluru, Aboriginal, Torres Strait Islander and Indigenous.

Our logo



Our logo was designed by Larrakia elder Reverend Wally Fejo. The story of the logo is: *the fish being in a school are excited when jumping around and convey to us our exciting, healthy life. The turtle going back to lay her eggs represents the people. The stick represents a hunting tool on how to find her eggs. The overall circle is like looking inside a dilly bag from above. The snake brings the threat of danger to our wellbeing and reminds us that we should always sustain ourselves and be on guard for our health.*

Our Vision

That Aboriginal and Torres Strait Islander peoples' health, well-being and quality of life equals that of non-Indigenous Australians.

Our Purpose

Our purpose is to improve the physical, mental, spiritual, cultural and social wellbeing of the Biluru community in the Yilli Rreung (Greater Darwin) area. We achieve this through innovative comprehensive primary health care programs, community services and advocacy.

Our work is based on principles of equity, access, empowerment, self-determination and collaboration.

Our Values

- Respect
- Trust, honesty and integrity
- Fairness, transparency and accountability
- High professional standards, ethics and quality

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Danila Dilba Biluru Butji Binnilutlum
Health Service Aboriginal Corporation
ABN 57 024 747 460 / ICN 1276





Chairperson's report

2017-18 was another exceptional year for Danila Dilba, with the addition of two clinics, further strengthening of our Board and staff, and great work in outreach and community engagement.

Danila Dilba's Board has leadership responsibility for a big community owned and controlled organisation that now manages seven primary health care clinics across the Greater Darwin region.

This year we opened our new clinic at Rapid Creek and welcomed the Bagot Community Clinic under DDHS management. The Bagot Community Health Centre has served Bagot, Kulaluk and Minmarama Park communities for some 40 years. We are confident that by working together we can build up this service for long-term sustainability and a secure future.

The Board

I thank the directors for their hard work this year. As well as directors' general responsibilities, everyone contributed to building up the Board's capacity and skills, including:

- attending an executive masterclass for healthcare boards on Responsibilities for Leading Quality and Safety,
- corporate governance training with the Australian Institute of Company Directors, and
- five day directors' course with the Australian Institute of Company Directors, undertaken by two Board members.

An independent review in 2017 found our Board is performing well and improved in every area compared with the previous review in 2015. The review of our CEO, Olga Havnen, also ranked her highly on each measure of her performance.

There were changes to the Board this year. Former Chair, Braiden Abala, former Larrakia Officer, Phyllis Mitchell and Independent director, Priscilla Atkins (formerly, Collins), retired this year. On behalf of the Board and staff, I thank the former Chair and retiring Board members for their commitment and service to Danila Dilba.

Continuing Directors were myself (Chairperson), Nicole Butler (Deputy Chair), Vanessa Harris, Mark Munnich, and independent non-member director David Pugh.

We welcome new directors Timmy Duggan, Shannon Daly, Malcolm Hauser, and Larrakia Officer, Wayne Kurnoth. Our new independent non-member director Dr Bronwyn Rossingh, brings valuable high-level financial expertise to the Board.

This year we were greatly assisted again by our Audit and Risk Management Committee, which provides independent advice to the Board on risk, control and compliance and financial responsibilities.

Our staff

The Danila Dilba Board values the great work of our staff and supports professional development of all staff. We especially encourage our Aboriginal and Torres Strait Islander staff to step up to take on training and career development.

Aboriginal Health Practitioners (AHPs) have a vital role in primary health care and this year, we initiated four AHP traineeships, an important step in 'growing our own' skilled clinicians. Four trainees were employed from a strong field of nearly 40 applicants.

I am pleased to report that the DDHS Human Resources Strategy and Indigenous Employment and Career Pathways Strategy have been very successful, increasing Indigenous staffing at all levels. The outcomes reflect a growing Indigenous professional staff in our organisation. In 2017-18, Indigenous staff were:

- 65% of our leadership team (CEO, General Managers, all Clinic Managers), and
- 63% of non-GP clinicians and community/social and clinical support staff (AHPs, RNs, clinical administration, community services and client support).

Our vision is to ensure continuing leadership by a well-qualified, skilled Indigenous management team. The Board approved creation of a new identified position of Deputy CEO as part of long term succession planning, aiming to make an appointment to this position in 2018-19.

Community

As this Annual Report shows, Danila Dilba works to support our community – getting involved in community events, outreach and health education for all ages, with active social media on Facebook, YouTube videos and regular quarterly newsletters.

Special thanks go to our Community Services team and manager Joseph Knuth. DDHS now provides regular breakfasts for the homeless and people sleeping rough, with support from Orange Sky who provide an additional portable clothes washing service.

On behalf of the Board, I also acknowledge and thank our staff who volunteered their time to work with the 'breakfast team' and with the Youth Support Team working with young people in detention.

Mrs Carol Stanislaus
Director / Chairperson



Chief Executive Officer's report

2017-18 was a year of solid growth, expansion and consolidation for Danila Dilba.

This year we expanded our clinical services with the addition of two clinics – a new DDHS clinic at Rapid Creek, and the inclusion of the Bagot Community Clinic under Danila Dilba management.

We now operate seven clinics in the Greater Darwin region and have achieved substantial growth in the number of clients, shown by a 20% increase in the number of episodes of care to more than 55,000 this year.

Investing in our people

Danila Dilba continues to grow our workforce and invest heavily in our staff and their professional development. We aim to make Danila Dilba an employer of choice, both to attract talented staff and to increase professionalism and capability of staff at every level of the organisation.

Investment in training and development has shown enormous returns this year. Most importantly, we now have a much more stable workforce to provide the continuity of care for our clients that is essential to their well-being and health. In addition, our more stable workforce means we are less reliant on agency and short-term staff, generating savings of about \$400,000 per year.

Australian Nurse Family Partnerships

One of the great success stories this year was the Australian Nurse Family Partnership Program (ANFPP). This home visiting service strengthens families and gives first time mothers the nursing and social support they need until their child is two years old.

ANFPP only began to take clients in January 2018, and after three moves, settled in its permanent home at Malak in April this year. Despite these hurdles, in the first year, the program has received 50 referrals, closing the year with 27 active clients and 13 babies!

Our ANFPP home visiting team of Home Nurse Visitors and Family Support workers is unique. It is made up entirely of Indigenous women and is the only all-Indigenous ANFPP team in Australia. Early intervention to support healthy parenting and stronger families is critically important to our community and Danila Dilba is looking for ways to expand and strengthen Aboriginal-led child and family services.

Advocacy for children and families

Since the 2016 Four Corners TV program on Aboriginal youth in detention in Darwin, Danila Dilba has been active in advocacy for children in the NT Child Protection and Youth Justice systems.

As the Royal Commission that followed has shown, there is a hugely disproportionate level of contact with Aboriginal families and children in both systems, and far too many Aboriginal children taken into out of home care. DDHS is now hosting a project to develop Aboriginal-led and managed out of home care and family support services in the NT.

We made submissions to the Royal Commission and following its recommendations, have advocated for legislative change and partnered with peak bodies to call for a tripartite Commonwealth-Territory-NGO forum to lead the strategic response.

In May-June 2018, Danila Dilba was delegated on behalf of AMSANT¹ to conduct extensive community consultations to hear about community experiences of the current systems and ideas about proposed changes to the legislation.

Although we have only a small dedicated team of policy and research workers, Danila Dilba has been recognised and has achieved a solid reputation for high quality, well informed research and the capacity to influence and drive long overdue changes in these areas.

Finally, I warmly thank and acknowledge all of our Danila Dilba staff for embracing yet another year of change and for your commitment to our shared goal – to achieve a dynamic health service that respects Aboriginal cultures, is committed to the world's best practice, and has a passion to make a difference to the well-being of Aboriginal people.

Olga Havnen
Chief Executive Officer



¹ Aboriginal Medical Services Alliance Northern Territory (AMSANT)

Our board



Directors



Carol Stanislaus
(Chairperson)

Carol is a Tiwi woman, born and raised in Darwin. She has worked in a variety of Indigenous positions in alcohol and other drugs, tourism, local government and justice throughout the Northern Territory and holds a Bachelor of Applied Science in Aboriginal Community Management and Development. Carol currently works with the Department of Prime Minister and Cabinet.



Nicole Butler
(Deputy Chairperson)

Nicole is a Larrakia/Wadjigan (Top End) and Eastern Arrernte (Central Australia) woman. Nicole is a qualified social worker, having completed a Bachelor of Social Work at the Royal Melbourne Institute of Technology (RMIT), graduating with Honours. She has defined her career in child and family welfare, with experience in child protection, out-of-home care, residential care services, youth at risk (street work-outreach), secure care and juvenile justice. She has undertaken research in care and protection, and program and policy development in Victoria and now in the Northern Territory. Nicole is currently Assistant Children's Commissioner with the Office of the Children's Commissioner, Northern Territory.



Shannon Daly (nee Grant)

Shannon is employed by the Top End Health Service as the Consumer and Cultural Consultant at Royal Darwin Hospital. Shannon has 13 years' experience as an Aboriginal Health Practitioner (AHP, previously AHW), educator and lecturer, having completed her AHP training through Danila Dilba in 2001. Shannon has worked in various roles that gave her an opportunity to see Aboriginal Health through different lenses. She is passionate about the AHP's vital role in providing culturally safe and competent care to Aboriginal people and is committed to growing the profession and engaging the profession at various tiers within Health. She is a team player who values respect, professional support, impartiality and ethical practice. Her strengths are in evidence-based strategic thinking, critical thinking, innovation and practicality.

Directors



Timmy Duggan

Timmy is currently Healthy Living Manager at the National Heart Foundation, NT Division. Timmy has had a long and varied career, starting as a professional basketball player with the Cairns Taipans. He has worked variously as a health promotions officer, as youth trainer with the Council for Aboriginal Alcohol Program Services (CAAPS), and as youth worker and mentor for Indigenous youth at Malak Re-engagement Centre and Diversity Dimensions. Timmy is the founder of the Hoops 4 Health program. He received the Top End NAIDOC Person of the Year Award in 2012 and has many other awards and achievements.



Vanessa Harris

Vanessa is the Executive Officer of the Northern Territory Mental Health Coalition. She holds a Bachelor of Health Science, majoring in Management, from Flinders University. Vanessa's career has included employment with the Commonwealth Government Office of Aboriginal and Torres Strait Islander Health (OATSIH), the Katherine West Health Board, an Aboriginal Community Controlled Health service, the Cooperative Research Centre for Aboriginal Health and the Lowitja Institute.



Malcolm Hauser

Malcolm is a Senior Project Officer in the Minerals and Energy Branch of the Northern Land Council. He has a background in environmental and resource management and has worked with the Northern Territory Government as an Assistant Mining Officer. He has also worked with the Commonwealth Department of Health on a Senate Inquiry into the Hearing Health of Australia.



Directors



Wayne Kurnoth
(Larrakia Officer)

Wayne is a Larrakia man of the Fejo family group. He is currently employed as the Aboriginal and Torres Strait Islander union organiser for United Voice, supporting members with workplace issues and workers' rights across the Northern Territory. Previously, he worked as a boiler maker/welder for 17 years in the shipbuilding, construction and oil and gas industries. In 2018, Wayne won the ACTU Organiser of the Year award.



Mark Munnich

Mark Munnich is a Gunggandji and Yawuru man, born and raised in Darwin. Mark holds a Bachelor of Laws and is currently undertaking his Graduate Diploma in Legal Practice. Mark is employed as a Law Clerk with the Solicitor for the Northern Territory in the Attorney-General's Department (AGD) and he is a former Indigenous Fellow with the Office of the High Commissioner for Human Rights with the United Nations. Mark is also a former staff member of DDHS.



Directors appointed until 2019 AGM

- **Nicole Butler**
Deputy Chairperson
- **Vanessa Harris**
- **Mark Munnich**
- **Timmy Duggan**

Directors appointed until 2020 AGM

- **Carol Stanislaus**
Chairperson
- **Wayne Kurnoth**
Larrakia Officer
- **Malcolm Hauser**
- **Shannon Daly (nee Grant)**

Independent non-member directors

- **David Pugh**
term expires December 2019
- **Bronwyn Rossingh**
term expires March 2021

Independent non-member directors



David Pugh
(non-member)

David is the CEO of NT Anglicare and has over 35 years' experience in leadership roles within NGOs. He holds a Master of Business degree. He was previously the CEO of St Luke's Anglicare in Bendigo, Victoria, has served on a number of government advisory councils and has worked in Milngimbi and Nhulunbuy. David is a member of the Anglicare Australia Board, the Children and Families Tripartite Forum and the NT Government NGO Consultative Committee.



Bronwyn Rossingh
(non-member)

Bronwyn has been working and living in the NT for over 20 years. She has a strong background in accounting and governance. She is a Fellow of the Certified Practising Accountants of Australia and has a PhD in accounting. Bronwyn has worked extensively in remote Aboriginal communities in the Northern Territory and Western Australia in the areas of financial management, governance, community engagement, enterprise development, financial capability and well-being, education and pathway development. Bronwyn is passionate about supporting the vision of Aboriginal communities and organisations.

Since 2014, the Danila Dilba constitution has allowed for the appointment of non-member directors who can bring special expertise or experience to add to the skills of the elected directors. Non-member directors are independent – they and their family members may not have financial or other interests in Danila Dilba. Their specialist skills may include areas such as community development, health, finance, law or accounting. In 2017-18, the non-member directors were David Pugh and Bronwyn Rossingh.



1

Health FOR LIFE



Danila Dilba was built by a community that empowered itself to establish, manage and deliver health services to its own people.

1.1 Introduction

In 1991, after some 15 years of lobbying and agitation by Aboriginal community members, Danila Dilba Health Service was established to serve the health needs of Biluru (Aboriginal and Torres Strait Islander people) in the Yilli Rreung (greater Darwin) region.

Since then, we have grown in size and capacity from one building and seven staff, and seven clinics and 170 staff. However, the themes of empowerment, self management and building our capacity to deliver high quality health services and improve the health of our community remain as important as ever.

Aboriginal and Torres Strait Islander health

Despite improvements on some measures, there are still huge disparities between Aboriginal and non-Aboriginal health. In the Northern Territory, life expectancy is 16-17 years less for Aboriginal people, and the burden of disease for the Aboriginal population is nearly 3.6 times the national average.¹

The leading causes that contribute to the gap in years of life lost are:

- cardiovascular disease,
- cancer,
- diabetes and
- kidney disease.²

Burden of disease

Burden of disease is a measure of the health impact of disease over a given year—both through dying from, and living with, disease and injuries.

- The NT overall has substantially higher burden of disease than other jurisdictions,
- Lower socio-economic groups have a higher burden of disease than people with higher incomes,
- Socio-economic group accounts for 21% of differences in burden of disease in Australia.

Years of life lost (YLL) because of dying younger is one way to measure burden of disease.

Over 2004-2013,

- the YLL rate for the NT Aboriginal population aged 30-44 years was 8 times higher than the non-Aboriginal population 30-44 years
- The NT Aboriginal total YLL rate was 3.4 times the NT non-Aboriginal rate.
- YLL rate in the NT Aboriginal population was 58% higher than the national Aboriginal average.

Sources: Australian Institute of Health and Welfare (AIHW), Australia's Health 2018; Zhao et al, 2016, NT Burden of Disease Study 2004-2013

¹ Zhao et al, NT Burden of Disease Study, 2016 p.4

² Zhao et al, NT Burden of Disease Study, 2016 p.20





Social determinants of health

The major factors that contribute to poor health outcomes are called the **social determinants of health**. These include living conditions, education opportunities, employment, working conditions and income, access to transport and health care, and community and social support.

Social determinants are 'the causes of the causes' of poor health.

Socio-economic disadvantage contributes as much as half of the difference in life expectancy³ and more than one-third (34%) of the overall difference in health (the 'health gap') between Indigenous and non-Indigenous Australians.⁴

Other factors that contribute to the health gap are:

- differences in health risk factors — such as higher rates of smoking, risky alcohol consumption, not enough exercise;
- poor access to appropriate health services—Indigenous Australians report greater difficulty in accessing affordable health services that are nearby.⁵

Social determinants - the 'causes of the causes'

The World Health Organisation describes the social determinants of health as "the conditions in which people are born, grow, live, work and age", the circumstances that are mostly responsible for *unfair and avoidable differences in health, between nations and within countries*.

These are the underlying issues that cause or contribute to other health risk factors like low birthweight or unhealthy behaviours such as smoking, poor nutrition or harmful drinking. For example, people with low income may not be able to afford to eat well or go to a doctor; people who have not had much education may not have 'health literacy'; people who are unemployed or live in poor housing may be highly stressed.

The higher a person's socioeconomic position, the healthier they tend to be. People in the lowest socio-economic level have the poorest health. In other words – the people who are the poorest are generally the sickest, and this is largely due to factors beyond their control.

Sources: World Health Organisation, http://www.who.int/social_determinants/sdh_definition/en/; Australian Institute of Health and Welfare (AIHW), Australia's Health 2018

³ Georges et al., "Progress in closing the gap in life expectancy at birth for Aboriginal people in the Northern Territory", 1967–2012 MJA 2017; 207 (1): 25-30

⁴ Household income is the largest individual contributor to the overall gap (14%), followed by employment status (12%), Australian Institute of Health and Welfare, Australia's Health 2018, p.307 and pp 339-352

⁵ Australian Institute of Health and Welfare, Australia's Health 2018, p.307

1.2 Why an Aboriginal community controlled health service?

As an Aboriginal community controlled health service, Danila Dilba has an important role to address health inequality by making high quality health services available to our community, and by delivering comprehensive primary health care that is easy to access and culturally respectful and safe.

Our vision is to see Aboriginal and Torres Strait Islander peoples' health, well-being and quality of life achieve equality with that of non-Indigenous Australians.

We take a holistic approach to health and well-being that is not only about medical services, but includes prevention, health promotion and education, and supporting our clients to manage their health.

About Danila Dilba

What makes us different is our focus on clients and their care, starting from birth and looking after our clients' needs as their lives and health changes.

Our approach is 'person-focused', rather than 'program focused' or 'disease focused'.

The core of our philosophy and approach can be summed up as:

- Know our community
- Know our clients
- Know our clients' health
- Care for our clients' health across their lifetime.

Knowing our community, clients and their health means we can plan ahead and prepare for the future. For example, we know that the Darwin population is unlikely to increase, but there will be increase in the Aboriginal population and the proportion of older Aboriginal people. Among our older clients, a high proportion have chronic disease issues such as diabetes. Knowing our clients' health means we can plan for their future care needs and services.

In 2017-18, Danila Dilba opened a new clinic in Rapid Creek, and agreed to manage the Bagot Community clinic starting with a twelve month trial, increasing access to primary health care to our clients and community. This year saw an increase of more than 1,000 regular clients, and Danila Dilba provided 55,712 'episodes of care'.

Regular clients

	2016-17	2017-18
Female	3811	4405
Male	3047	3510
Total	6858	7915

Danila Dilba's regular clients have increased by 15% in the past 12 months. 'Regular clients' are the people who have used our services at least three times in the past two years.

Episodes of care*

	2016-17	2017-18
Female	27,423	32,856
Male	18,592	22,856
Total	46,015	55,712

This table shows the number of episodes of care provided to clients. Each episode may be with more than one staff member if related to the same issue. The 20% increase in the last year reflects a significant increase in new clients.

*New counting rules implemented in 2016/7 allow only one episode of care per client per day.

Annual health checks

Annual health checks are a valuable tool to help us know about our clients' health.

A Danila Dilba health check is comprehensive and can identify childhood developmental problems, risk factors for disease or actual disease.

This year DDHS implemented a new, streamlined health check template that greatly simplifies the process and is designed so that it asks fewer questions that are not relevant to particular clients. This helps the team doing the health check and improves the process so we can gather better health data.



Delivering good quality health care and health services means

- building our clients' trust
- working in partnership with others (other organisations, health providers, researchers)
- building relationships, and
- striving to meet or exceed national targets.

Danila Dilba knows our client's health, so that we can work with people to improve health, by completing a health check annually. Overall the percentage of our regular clients who have had a health check in the previous year has increased, with a big improvement in the over 55 age group in the past year.

1.3 Comprehensive primary health care

Comprehensive primary health care is a holistic approach to health. It includes accessible and culturally appropriate medical services and treatment, but more than that, it tackles illness prevention, health education and promotion to empower individuals and engage the broader community to improve and manage health and well-being.

Working this way means working in interdisciplinary teams and integrating services in one location wherever possible – so that services are easily accessible and meet the full range of our clients' health needs at every stage of life.

With the addition of the new clinic at Rapid Creek, and management of the Bagot Community Clinic, Danila Dilba now operates seven clinics across Darwin and Palmerston. Our clinics are all managed by senior Aboriginal staff.

Danila Dilba service model

Accessible health services are critical to good health care. The service model we developed and have implemented in the past two years is designed to provide **integrated services** – that is, a full range of needed services such as Aboriginal Health Practitioners (AHPs), general practice, counselling, specialist clinics, antenatal and child health, all in one place and in a culturally safe environment.

The key elements of our service model are:

- provide services close to where people live
- integrated services – a 'one stop shop'
- permanent staff allocated to each clinic to build team stability and improve continuity of care for our clients
- cultural safety
- extended hours
- 'SQI' – safety, quality improvement
- data collection – informs what we do and how we do it.

2017-2022
Strategic Priority 4
Achieving continuous improvement and integration of services



Danila Dilba Staff at the Larrakia Family Day.

1.4 Care across the life course

2017-2022
Strategic Priority 1
Improving health and wellbeing across the life course

Care across the life course means ensuring that our clients receive the kind of information, services and health care they need for the best health outcomes at every stage of life – starting even before birth.

Start of life

Antenatal care for women, starting early in their pregnancy, is important for their own and for their baby's health. Ideally, Danila Dilba links pregnant women with their health professionals (midwife and GP) as early as possible when pregnancy is confirmed.

Women who have their first antenatal visit before 13 weeks are better able to prepare for the birth physically and emotionally, and health staff are better able to support the mother with her health and make sure the pregnancy is going well.

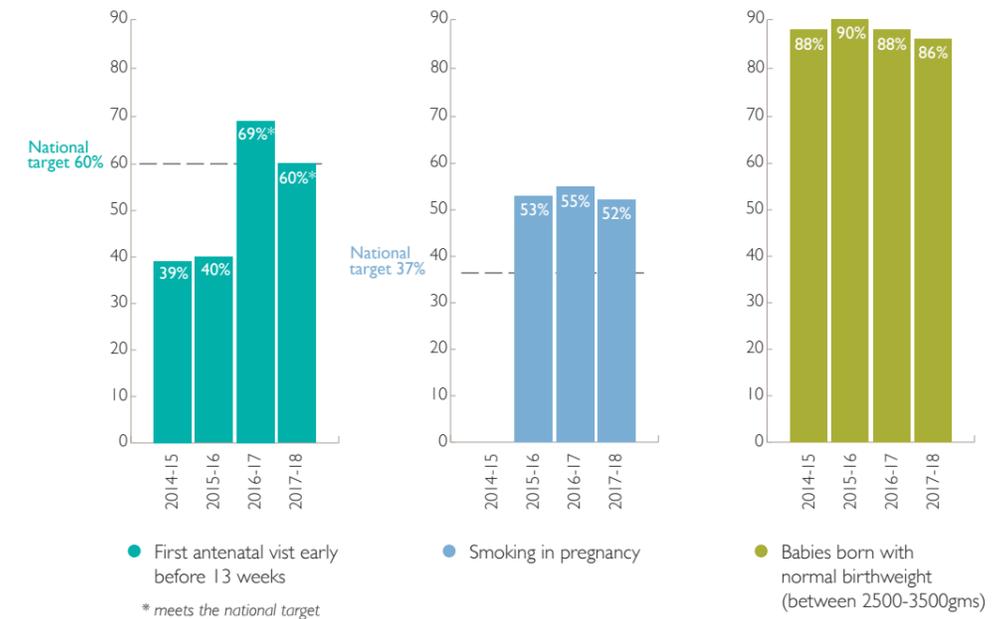
A healthy birthweight is a good start to life, and especially important for future health. Babies born with low birthweight (less than 2500 grams) have higher risks of health problems in early childhood and are at greater risk than healthy weight babies of developing chronic disease as adults – such as diabetes, cardiovascular disease, high blood pressure, and kidney disease.

Women who have their first antenatal visit before 13 weeks are better able to prepare for the birth physically and emotionally



Joyce Farrow-Thomas and baby Jaxon May with trainee Aboriginal Health Practitioner Kiara Peacock.

Pregnancy and birth weight



DDHS met the national target for first antenatal visit before 13 weeks (60% of clients) in 2016-17 and 2017-18. There has been some improvement in rates of smoking during pregnancy in the past year (52%), however the national target is 37%.

Pap smear screening

	2014-15	2015-16	2016-17	2017-18
Had screen in last 2 years	802 33%	858 35%	1108 45%	1185 43%
Had screen in last 3 years	1008 41%	1073 43%	1294 53%	1443 52%
Had screen in last 5 years	1260 51%	1279 52%	1411 57%	1602 58%
Total no. of eligible women	2448	2479	2455	2784

Pap smear tests for women are important to prevent cervical cancer. More eligible women are having women's health checks and pap smears.

New directions in maternity care

Danila Dilba has adapted and consolidated special services and maternity care to support women in pregnancy and help their babies to get a healthy start in life.

The DDHS Maternal Service has implemented the Midwifery Model of Care, incorporating midwives in the primary health care team, and in 2017-2018 Danila Dilba also began the Australian Nurse Family Partnership Program (ANFPP).

The Midwifery Model of Care ensures continuity of care by the same midwife

Midwifery Model of Care

In 2016, Danila Dilba adopted the Midwifery Model of Care – a ‘shared care’ model where clients receive most of their pregnancy care with their midwife, reviewed by a GP when needed.

When pregnancy is confirmed, clients are linked with the midwife who will lead their care until and after birth, ensuring good post-natal care. The model’s great strength is the continuity of care and the relationship the client develops with their midwife.

“The positive is when the client walks in, like today, and says, ‘I need my midwife, Tennille’, reflects nurse / midwife, Elle Crighton. “Then I just think the program is working, because they are referring to the midwife as their midwife. They’ve got that relationship and the client doesn’t have to tell their story every time they come.”

Pregnancy care

Pregnancy care includes glucose tolerance testing, which has shown excellent results in early detection of diabetes in pregnancy, followed up by early intervention from our Diabetes Educator. The midwives also coordinate monthly High Risk Pregnancy Clinics with a visiting obstetric specialist. These are very well attended and clients do not have to attend hospital for this service.

throughout pregnancy, while ANFPP for first time mothers provides wrap around nursing and social support. Our diabetes educator monitors and provides education to pregnant women with existing or gestational diabetes, working with 37 clients in the past year.

These programs work together to support mothers and their babies during their pregnancy and into early childhood.



Client Umima Austral (left) and midwife Tennille Macdonald holding baby boy Beau Dukes.

“They are coming to those meetings with the consultant, working, planning and having high risk reviews within Danila Dilba, and getting good outcomes,” Elle said. “We are reducing our ‘prem’ births and our birthweights are looking good.”

The midwives work collaboratively with the Family Nurse Partnership (ANFPP) teams that support first time mothers until their baby is two years old (see next page).

Midwifery services have now been expanded to Malak, Knuckey Street, the Bagot clinic and the new clinic at Rapid Creek. This means more services, closer to our clients. Our midwives currently have 100 clients across the Darwin and Palmerston region.



ANFPP workers Colleen Voss, Katarina Keeler, Kay Gehan, Karen Geer.

Australian Nurse Family Partnerships (ANFPP)

In 2018 Danila Dilba implemented Nurse Family Partnerships, a new home visiting social support service funded under the Australian Government’s ANFP program.

The service is for first time mums having an Aboriginal and/or Torres Strait Islander baby, supporting new mothers to improve their and their baby’s health. Clients receive continuity of care through regular home visits from a Nurse Home Visitor and a Family Partnership Worker from 16 weeks into the pregnancy until the baby is two years old.

Our ANFPP workers are all Aboriginal and Torres Strait Islander women, the only team in Australia to have an all-Indigenous visiting team. “I’m a strong believer in Aboriginal health in Aboriginal hands and I believe our team can deliver really great health outcomes to our mob. We really tailor the care to the needs of our community,” says Nurse Katarina Keeler.

Client profile: Tamara Noakes

Tamara is an ANFPP client who first engaged with the program at a home meeting. She has enjoyed the support of the program, and the relaxed, casual approach of going to a park or having a coffee whilst being informed about pregnancy, healthy eating and exercise.

Tamara has enjoyed getting to know the staff and found the information about breastfeeding especially helpful.

New mothers can get many mixed messages and advice about what to do, so having a trusted

“You can really see the changes in the client when you have an Aboriginal team coming through. They’re really happy, they’re really confident and they’re open to having you within their home and working with you and their family.”

The program can work with other family members too, with the mothers’ consent, bringing fathers, siblings and other family on the journey.

Since starting the first clients in January 2018, the team has grown and moved to a newly refurbished location attached to Malak clinic. It is a friendly and welcoming space, and is geographically closer to most clients.

The team attended a national ANFPP conference in June in Brisbane and was very well received. After only six months of operation, ANFPP is going from strength to strength with about 80% of Danila Dilba’s current pregnant and new mother clients using the service.

View Video:
https://youtu.be/6GmxWg6_2cE



ANFPP client Tamara Noakes (left) with Nurse Home Visitor Katarina Keeler.



source of information in the ANFPP staff – “having the one place to go to and you know that those mothers have experienced it” – was one of the most valuable aspects of the program for Tamara.

The chance to meet other new mothers was one of the best aspects of the program, “getting out to meet new mums and speaking to other young women who have had other experiences so you don’t feel so alone,” she said. “It is scary being a new Mum because you don’t know what to expect – children don’t come with manuals!”



Clontarf Academy students at Dripstone Middle School.

Children and youth

Care of children is a high priority in whole of life care and at Danila Dilba we encourage families and the community to see our services as a key source of friendly help and support.

For children in their first five years, Danila Dilba follows the NT Health Under 5 Kids (HU5K) model for health checks and immunisation schedules, to identify problems early and address them. Some key issues that we monitor carefully are testing for anaemia and continually improving immunisation rates.

Anaemia in children

Overall the rate of testing for children under five is 59% and of those, 89 % of regular clients are not anaemic (suffering iron deficiency). Rates of anaemia are higher in children under two years, when brain development is critical, so active management is especially important.

Our goal is to reduce anaemia by:

- treating mothers' anaemia in pregnancy
- education about diet, and
- managing anaemia and faltering growth in children by follow up reminders and supporting parents to engage in care.

Immunisation

The rate of children in the NT who are up to date with immunisations is high, but difficulties in recording and tracking mean this is not always reflected in DDHS data. We are exploring a research partnership to trial a reminder program for upcoming immunisations to help carers keep up to date.

Paediatric care

DDHS supports weekly paediatric clinics for children and adolescents at Palmerston clinic and a monthly clinic at Bagot clinic with the Top End Health Service (TEHS). These mainly focus on assessing learning and behaviour problems. The TEHS Child Development team also consults at Palmerston.

In 2017-18 there was an increase in referrals of 27% and a 96% attendance rate at paediatric clinics.

This year DDHS partnered with PATCHES Paediatrics, which specialises in diagnosis of FASD, with the aim of facilitating development of a FASD multidisciplinary assessment clinic to enhance our current service and ensure much needed local access to this service.

In 2017, the Child Health program that had been based at the Palmerston clinic was integrated into other Danila Dilba clinics.

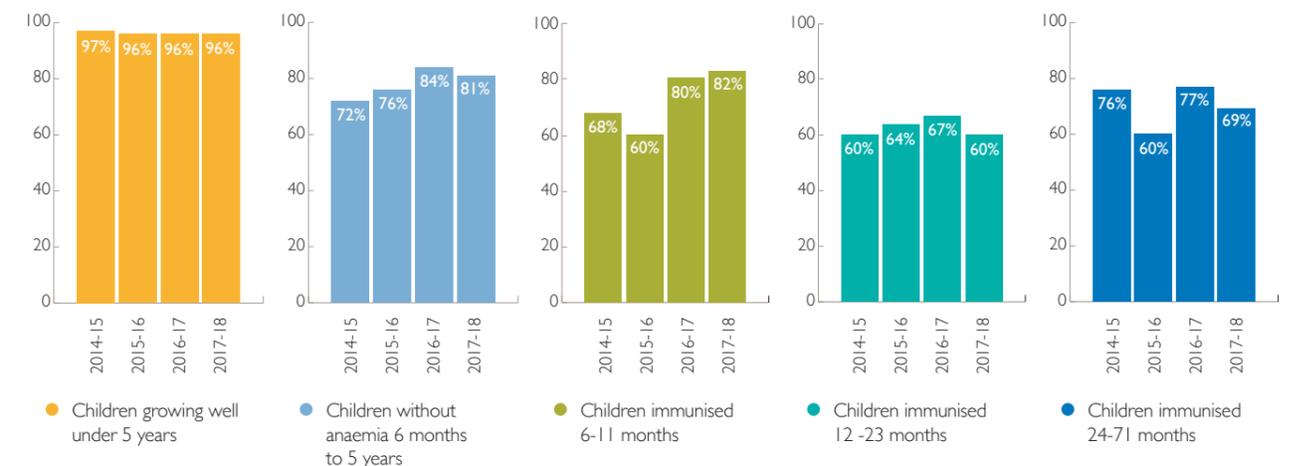
This change has resulted in a noticeable increase in the number of 0-5 year health checks, but we still need to see more children under 5 returning to keep their health checks up to date. We expect to see this improve through staff training and more family-friendly clinics closer to where our clients live.



Deadly Choices team leader Tracey Thompson at a health education session with students at Moulden Park Primary School.

Comprehensive Health Check data is critical to early detection and prevention of illness and provides essential information about our clients and their health. Health checks also provide a great vehicle for outreach and health education.

Child health



This table shows key indicators for children (current clients) who are being seen at Danila Dilba clinics. The majority of children under five years are growing well. While child immunisation rates appear lower this year, the data shown may not accurately show the actual rate. Children can receive their immunisation from other providers or services and our records may not be updated. To be safe, we check the immunisation register before giving a child immunisation.

School based health checks

Danila Dilba began school-based health checks from the Palmerston clinic in 2010, initially working with the Clontarf Academy in schools where the academy was located.

Since then, the Palmerston clinic has reviewed and refined the service and expanded to additional middle and senior schools. As well as Clontarf Academy, the program also works with the Stars Foundation, which aims to improve health and education outcomes for Indigenous girls. In 2018, the service expanded further to include Humpty Doo Primary School.

The approach of the program is to engage and build rapport with Indigenous children and adolescents in a familiar environment and encourage them to access primary health care at an early age. The team, made up of clinical and non-clinical staff, attend the school and carry out culturally and age appropriate primary health checks. This year oral health, delivered by DDHS Oral Health Therapist, Jess Hallewell, was added to the program.

Early intervention

While evidence based health checks are valuable in early detection of preventable chronic disease, they are also important in providing information about the causes of chronic illness.

Through delivering this service we have found that children and young people learn about and become more interested in their health through their early years. Students get to identify their health concerns early on and learn about preventative measures that could help them avoid costly medication or long-term treatment in later life.

Many schools have requested health checks for students, but at this stage our capacity is limited to the Palmerston Middle and Senior schools and Humpty Doo Primary School. We hope to expand this service in coming years to support more young people to build a lifelong interest in their health.



L-R: Trainee Aboriginal Health Practitioner Darren Braun with Phoenix Joe Pool, Tyrelle Berryman, and Registered Nurse Michael Dornan.

This service helps children and young people learn about, and become more interested in their health through their early years.



Menzies School of Health Research Indigenous Reference Group Members
Back Row - Katherine Couthard, Sian Graham, Adelinesja Goodrum, Leona Holloway (DDHS), Sumaria Corpus (DDHS) and Heather D'Antoine **Front Row** - Ashley Tipungwuti, Frances Turner, Marlenna James, Maxine Fry, Eyvette Hawthorne and Vanya Webster.

Youth diabetes

Educating young people about taking care of their health is a high priority for Danila Dilba, and especially for young Aboriginal and Torres Strait Islander clients who develop type 2 diabetes early in life.

The Menzies School of Health Research in Darwin reports that incidence of type 2 diabetes in young Indigenous people is growing rapidly across Northern Australia. This illness is quite difficult to manage and can have further long term health consequences over time.

Danila Dilba has started a monthly multidisciplinary clinic at Palmerston to support young people who have diabetes and help them manage their care, including case management and group work with families.

The Youth Diabetes clinic is a result of close collaboration between our Diabetes Educator, Sumaria Corpus, the Royal Darwin Hospital (RDH) paediatrician and the Menzies School of Health endocrinologist. Together we advocated for a specialist clinic at Danila Dilba to overcome barriers to access care and to meet the increasing demand.

Through this clinic, our Diabetes Educator provides culturally appropriate education and advocates for clients to ensure they receive the best treatment for their diabetes.

As well as initiating the specialist clinic, Danila Dilba is supporting and working with Menzies and other community controlled Aboriginal health organisations (ACCHOs) in a major research project to

- gather research information about type 2 diabetes in young Aboriginal people across northern Australia,
- develop effective education and prevention materials,
- learn about and develop best practice models of care for young Indigenous people who have this condition.

Danila Dilba has started a monthly multidisciplinary clinic at Palmerston to support young people who have diabetes and help them to manage their care.



DDHS staff member Karina Kassman with client Iesha Poyner-Gambley.



Cultural safety

Cultural safety means being treated with respect and dignity and made to feel welcome, safe and secure.

Our clients have the right to health care that respects their cultural needs and wishes, including the right to choose whether to see a male or female doctor or health practitioner, and to professional interpreters if help with language is needed.

Danila Dilba is strongly committed to ensuring that our services are culturally appropriate and make our clients feel comfortable. Our clinics are designed to feel friendly and welcoming, with Aboriginal staff well represented as a vital part of our clinical teams – including clinic managers, reception staff and Aboriginal Health Practitioners and nurses.

In addition to general clinics in various locations, Danila Dilba also has a Men's Clinic and the Gumilebirra Women's Health Service which provide more specific focus on the different needs of male and female clients.



DDHS staff Nathan Jones-Cubillo and Joseph Fitz talking Quit strategies.

Aboriginal staff are well represented as a vital part of our clinical teams



Adrienne Fejo (right) updating client information for Iesha Poyner-Gambley at Malak Clinic.



Karina Lalara, greeting Harry Barriya at Darwin Clinic.



Chronic disease self management group at Jingili Water Gardens.

Chronic disease care and management

A significant proportion of Danila Dilba's clients suffer from chronic disease and have complex care needs.

Among our regular clients over 15 years, nearly one quarter have diabetes and 12% have cardiovascular disease. Nearly half of our clients over 55 years have diabetes.

Care coordination services provide intensive support for these clients, incorporating allied health support services, specialist attention, outreach workers and general clinical services according to our clients' needs.

As part of implementing our new integrated service model in 2016-17 we changed our approach to chronic disease care, which was previously centralised at the Knuckey Street

Clinic in central Darwin. Chronic disease care coordination became a core part of each clinic's primary health care team. The benefits from these changes continued this year with increased capacity for outreach and home visits, better engagement with local partner services, improved continuity of care and improved access as more services are closer to where clients live.

Care Coordinated clients at 30 June 2018

Malak	40
Palmerston	56
Knuckey St	62
Bagot Clinic	31
Rapid Creek	16
Total clients	205

Chronic illness regular clients

	%	Number
Percentage of clients 15 years plus with Cardiovascular Disease	12%	684
Percentage of clients 15 years plus with Diabetes	22%	1265
Total regular clients over 15 years of age		5707
Percentage of clients 55 plus with Diabetes	49%	613
Total regular clients over 55 years of age		1296

This table shows the percentage of regular Danila Dilba clients over 15 with specific chronic conditions as a percentage of regular clients. Diabetes is more common as people get older. Regular clients are clients who have used our services at least three times in the past two years.



Care Coordination

Care Coordinator, Maida Stewart, is based at the new Rapid Creek clinic, working with clients to manage some of the complexities around their chronic conditions.

One of the service's main aims is to help clients to manage their health to stay well and out of hospital.

"It's all about getting their health back on track again, giving people assistance as well as giving them the tools to be able to do that," she explained.

Care Coordinators work with clients who not only have complex health issues, but quite often complex social issues as well:

"Things like housing or homelessness. [Helping] people where their education is limited, where English isn't their first language and who may have difficulty in trying to navigate the healthcare system, such as the hospital system, or any of those tertiary care systems that can be really, really hard for people to find their way around and to be able to understand how things work."

As an example of how clients may be assisted, the Care Coordination team worked with a client living in a second floor unit who had mobility issues that made it very difficult for them to walk up and down the stairs.



Maida Stewart, Care Coordinator.

A Danila Dilba social worker was able to secure a ground floor unit for the client and working with occupational therapists, the team arranged medical equipment and medical aids, and organised modifications to the home.

"Changes like these actually made a really big difference for their health and also for their life in general. It made their life so much easier," Maida said.

A number of the Care Coordination clients also take part in Danila Dilba's weekly self management exercise and hydrotherapy programs under the supervision of physiotherapist Phillipa Cotter. This gives our clients an opportunity to get out and about and socialise, while exercising safely.

Care coordination is funded by the Australian Government Department of Health through the NT Primary Health Network.

Chronic disease management plans

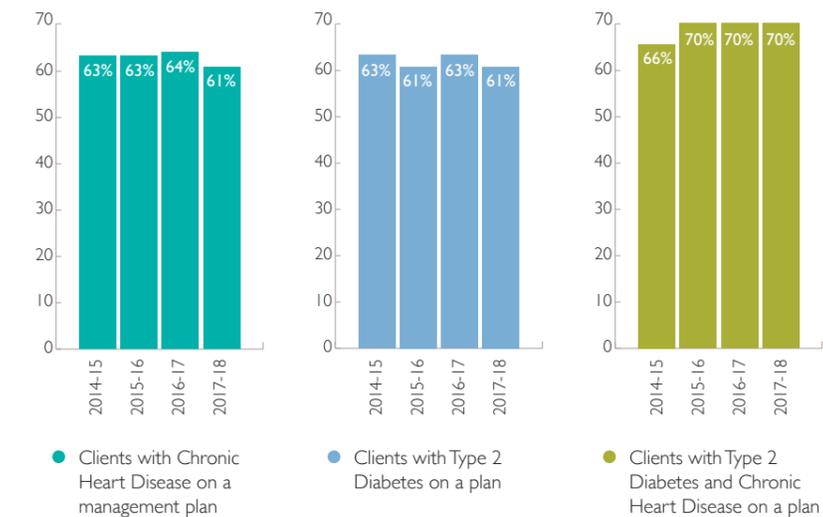
One of the most important parts of chronic disease care is to educate, support and empower our clients in their own care.

Chronic Disease Management Plans are team-based care plans that the GP, nurse and Aboriginal Health Practitioner prepare with clients who have a chronic disease. The plans aim to work with clients to provide long-term care and help prevent complications that can occur when people have chronic diseases.

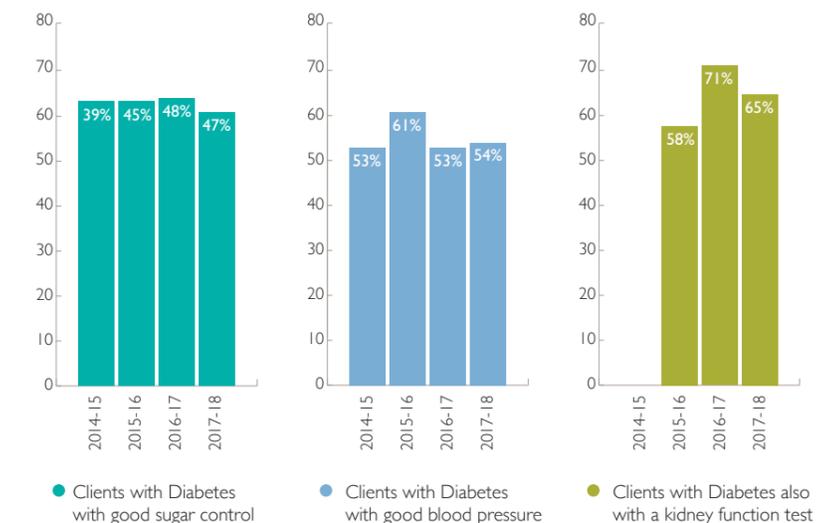
The plans also include goals that the client sets for their own care as they learn how to manage and take responsibility for managing their health.

In early 2018 we implemented a more client-focused care plan template. While we have the same number of clients on a management plan at any time, there has been a better flow-through of clients.

Chronic Disease Care Plan



Diabetes



These tables show two measures (sugar control and blood pressure) that tell us how well clients with diabetes are. Despite an increase in the number of Danila Dilba clients diagnosed with diabetes, the proportion of clients with good sugar and blood pressure control remains steady.

Chronic Disease Self Management exercise group

Every Wednesday, Danila Dilba runs an exercise group at Jingili Water Gardens for people who have a range of chronic illnesses.

Membership of the group is not limited to chronic disease sufferers and others can come along if they are assessed as being physically able to take part. Physiotherapist, Philippa Cotter assesses clients and runs the exercise program, working out what exercises suit each client and helping them to go at their own pace at the right intensity.

Phillipa points out that one of the benefits of the group is that *“For a lot of people, it makes them realise their health conditions don’t have to stop them doing regular exercise.”*

The clients enjoy the group and look forward in taking part. It provides a social outing for people who normally can’t get out and about, and some great friendships have developed.

“We care for each other, watch for each other and contact each other if we need to,” said regular client Delma Holt. *“We love it, we all enjoy it and it’s great to be in the outdoors instead of watching four walls.”*

For client Josephine Clarke, it provides support to help her to be a role model to others and has great benefits for her mental health.

The regular program includes a walk for cardiovascular fitness, and strengthening, balance and flexibility exercises tailored to the group. At the end of the session the group enjoys a healthy lunch prepared by the Danila Dilba Chronic Disease Self Management team.

Visiting speakers also provide health education and information, such as a renal dietician who came to promote kidney health and advise on the best foods for kidney health.

Danila Dilba is proud to support this group which is helping people with chronic illness and older people to gain a new lease on life through exercise and social interaction.

“For a lot of people, it makes them realise their health conditions don’t have to stop them doing regular exercise.”

Keep up keeping strong!
Video Link: <https://youtu.be/B08xHVVJINo>



Client profile: Josephine Clarke

Josephine has been a client for 18 years and regularly attends the Chronic Disease Self Management group at Jingili. Clients appreciate that Danila Dilba keeps this program going and hope it will continue for a long time.

“We really look forward to it because it’s something that gives us joy, and we laugh and talk while we exercise. It’s helping me to stay strong in my belief that I can look after my health and try to be an example to the younger generation,” Josephine said.

“It helps us to take care of our self and be positive in our state of mind. It’s too easy to get disappointed about our health which we can get over by learning to self manage, and just being here with the others is a boost to our mental health as well.”



The Chronic Disease Self Management exercise group at Jingili Water Gardens.

Pulmonary Rehab trial a Danila Dilba first

In late 2017 Danila Dilba became the first Aboriginal Medical Service to trial home-based pulmonary rehabilitation – a national first.

Pulmonary rehab is an effective treatment for people with chronic obstructive lung disease. It combines education with a personalised exercise program and support to improve clients’ fitness and wellbeing, contributing to better quality of life, longer life expectancy, and fewer hospitalisations.

Despite this, the rate of taking up and completing a pulmonary rehab program is low at less than 10% for both Indigenous and non-Indigenous clients.

“It’s the number one treatment for lung disease, but almost no one takes it up” said Danila Dilba physiotherapist, Philippa Cotter. *“We want people to get it, or at least be able to offer it to them. Some decline the full rehab program but will come along to the Wednesday group – which is a good outcome because it is improving their physical activity levels.”*

The home-based approach helps to overcome some of the barriers that discourage people from attending a hospital or centre-based program, like lack of transport, inconvenient timing or distrust of unfamiliar services.

The trial of 20 participants ran over 10 weeks. The aim is to help clients improve at the everyday tasks important for them; the main exercise is usually walking. Clients in the trial took a short exercise test and were set an individual program. They were helped to understand their condition and how to manage it, and supported to keep up their program by home visits or phone calls.

One client (5%) fully completed their program and there were other important outcomes in improvement of health and fitness of the other participants.

“Even if people didn’t take up the full program, there were still beneficial outcomes for many of the people who took part in the trial,” Philippa said.

“Me going and seeing someone, checking their medications, checking they are following a program – that supports all the primary health stuff that we do. Giving them education around lung disease – they might not take it up this time but they might take it up next time.”

“It shows it can be done,” physio Philippa Cotter said. *“It’s still a work in progress, but it’s looking really promising.”*

Philippa is pictured on the far right in the photo of the exercise group above.

“It’s the number one treatment for lung disease, but almost no one takes it up”



Client profile: Linda Pulmonary Rehab

Linda is a Kamillaroi woman who has been with Danila Dilba for four years and has been working with physiotherapist, Philippa Cotter on a physiotherapy program, and self-physiotherapy exercises.

Building relationships is crucial to help clients to take control of their own health, and for Linda, “the relationship is the important thing, because it’s a one on one, no judgement, individually tailored to your specific illness.”

Linda took part in the first Pulmonary Rehab trial at Danila Dilba and found it really helped her. “Going out of the surgery, doing it in nature with one on one collaboration – I really feel I’ve got a mentor who understands my overall health.”

In Sydney, Linda had attended the Royal Prince Alfred (RPA) Hospital for specialist physio care, but the service was not ‘one-on-one’. “They have a huge auditorium with all the machines, with all the bells and whistles. Even though I was at the RPA, I think I’ve really got more benefit out of being in Darwin and meeting up with Philippa,” she said.

“I’ve learnt more because it is relaxed. I feel that Philippa really cares about myself, almost as much as I do. It’s a teamwork thing. As individuals we have to take control of our own lives. If you’ve got somebody there, or the AMS there with all these services, it’s a gift really isn’t it?”

Integrated specialist and allied health services

The service model introduced at Danila Dilba in 2016-17 has enabled expansion of specialist medical and allied health clinics so that more of these services are more easily accessed and available to our clients. Locating more of these special services at Danila Dilba improves the quality of care for clients and better management, especially for complex conditions.

The table below shows the number of clients who saw a specialist or allied health professional this year and over the previous three years, and demonstrates how the location of services at DDHS under the new service model has improved our clients’ access to these services.

Integrated specialist and allied health services

	2014-15	2015-16	2016-17	2017-18
Diabetes Educator	862	1032	1504	1476
Obstetrician and Gynaecologist	122	86	106	105
Optometrist	253	112	81	152
Paediatrician	89	251	274	449
Physiotherapist	239	243	335	411
Specialist Medical Practitioner	357	320	339	308
Total	1922	2044	2639	2901



Residential Care Service staff: Onika Paolucci, Aboriginal Health Practitioner, Dr Saidah Haron, General Practitioner, Christina Dizon, GP Registrar, Selena Brown, medical student.

Residential care in later life

For over ten years, Danila Dilba clinical staff have been visiting nursing homes to provide ongoing patient care for clients who are physically unable to travel into our clinics.

For these clients, this service is about more than medical care: it provides a vital link to support their overall wellbeing.

Visiting doctor Saidah Haron, explains, “They need advocates to attend their needs. It’s unlikely they would come into the clinic. Who is going to care for them, if not us?”

Our teams visit Regis Tiwi nursing home in Tiwi, Juninga Centre in Coconut Grove and Terrace Gardens in Palmerston on a weekly basis. The teams include General Practitioners and Aboriginal Health Practitioners, sometimes accompanied by trainee AHPs and GP Registrars.

At each nursing home, the team attends to a doctors’ ‘to do’ list, as well as providing ongoing management care for clients. All patients are listed and reviewed regularly, including current health plans and advanced care plans (what the patient wishes for their care in the future). They provide health checks, dementia screening, medication

reviews, and discuss current medical-social issues, establishing whether the client is up to date with their current health plan. The team actively manage the patients, not only looking at patients listed in the doctors’ list, but other patients as well, so their health doesn’t slip. Clients are referred by the family, the hospital or themselves.

“One day we are going to be old as well. How are we going to be cared for?”

Working in nursing homes involves a special kind of care and patience, and our staff are gifted in providing holistic care that aids clients’ physical health and overall wellbeing. This means providing care that is respectful and overcomes some of the isolation felt by patients in nursing homes. The Nursing Home Care visiting program gives these clients a sense of being listened to, cared for and understood.

As Dr. Haron observed, “One day we are going to be old as well. How are we going to be cared for? If you are in a nursing home, how are you going to want to be treated yourself?”



2

Outreach, education, engagement & PARTNERSHIP



Community outreach, health promotion and education complement our clinical services and are a vital part of Danila Dilba's role as a community health service.

2.1 Health promotion and education

Our Community Services teams are active in getting out to engage with people where they live and get together – to explain the services available through Danila Dilba and advise and educate to improve health, well-being and quality of life.

Much of our work in health promotion, community education and outreach is done in partnership with other Indigenous and non-Indigenous people and organisations. We also work with health bodies and researchers to advance Indigenous health research and in public advocacy.

All health promotion falls under the Deadly Choices banner, and all Community Services staff are involved in promoting DDHS and individual program services.

'Deadly Choices'

Deadly Choices is a health promotion and education program to help people of all ages make positive, informed decisions about their health and wellbeing. Deadly Choices is delivered by all community services staff as part of their programs.

In 2017–18, Deadly Choices provided health education through schools to 200 students and took part in nine health promotion events and expos, reaching 775 individuals.

Children and youth

As part of our vision to promote healthy choices across the full range of people's lives, Deadly Choices targets education to young people. The goal is to help them develop the strength and knowledge to make their own positive choices about health and wellbeing. We partner with the Clontarf Foundation to deliver the program at Dripstone and Nightcliff Middle Schools, and also work with youth at the Don Dale Youth Detention Centre and at Malak Re-engagement Centre.



Clontarf Academy students undertaking the Deadly Choices program get their health checks at the Rapid Creek Clinic.

2017-2022
Strategic Priority 3

Strengthen
partnerships and
relationships



The main focus is leadership, to encourage and support the students as potential future leaders. The program tackles smoking, harmful substances, nutrition, physical activity and relationships. Comprehensive health checks are included, as early indications of illness such as diabetes can be picked up, and students are learning from the program that changes in diet and exercise can prevent far greater problems down the track.

In high schools, this healthy life program runs for 10 weeks. In 2018 a six-week program for primary schools (Moulden and Manunda) has been very successful and schools are signing up for coming school terms.

Tackling Indigenous Smoking (TIS)

The Tackling Indigenous Smoking (TIS) Program shifted focus this year to population health, promotion and education, as opposed to clinic-based practice.

We particularly target young people, pregnant women and mothers. Clients who want to quit are now referred to the Alcohol and Other Drugs (AOD) team but can choose to work with a male or female TIS worker for information or help to develop strategies for quitting. Our clinicians are also upskilling to provide smoking cessation information to clinic clients.

As part of the Deadly Choices program, the TIS team works with young people in partnership with Clontarf Academy at schools in Darwin and Palmerston and with the Stars Foundation at Sanderson Middle School and Palmerston Girls Academy. With the Danila Dilba media team, we produced *Make a Choice*, a video by local performer Warlu Harris, rapping about his own journey to quit smoking.

A short video about the effects of passive smoking was also developed in partnership with the Palmerston Girls Academy. These videos have gained strong engagement from the youth audience, with *Make a Choice* receiving 4,800 views on Facebook. DDHS contributed to a Menzies School of Health Research project to gather information about social media and deciding to quit smoking. The insights gained will inform our population focused approach to Tackling Indigenous Smoking.

A key performance outcome for TIS is to encourage other organisations to put smoking policies in place and take up a smoke free culture. National TIS Coordinator, Professor Tom Calma, suggests Board members take up the challenge to champion a smoke free organisation. Funding for the TIS Program has been extended until 2022.



Senior Tackling Indigenous Smoking Officer, Jenon Batty, is pictured at Close the Gap Day 2018.

The TIS team takes part in health promotion at community events. Using 3D models that demonstrate the impact of smoking on lungs, the team delivers health messages about smoking and the benefits of quitting.

Scan the code or see the *Make a Choice* video online at https://youtu.be/_Xq8nkSttUM



Alcohol and Other Drugs (AOD)

The Alcohol and Other Drugs (AOD) service operates from our clinics and in the community, following up clients who have engaged with the clinic service and need more support to reduce or stop their substance use.

The AOD clinic stream is available at most clinics, with Bagot and Men's Clinic on an on-call basis. Clinic clients are referred by our doctors, clinicians or by self-referral for a confidential talk with an AOD worker about their options.

The TIS team also links with this service, providing information sessions at CAAPS (Council for Aboriginal Alcohol Program Services), FORWAARD and Stringy Bark Rehabilitation Centres and facilitating weekly Quit groups at these facilities.

The homeless are the most vulnerable to health issues but the least likely to go to a clinic: through this outreach, more are engaging and accessing medical services.



Danila Dilba Alcohol and Other Drugs team with the Darwin Safer City Patrol.

Scan the code or see the video online at <https://youtu.be/JyIDhnL64OY>

AOD homeless outreach

The AOD team works in partnership with Darwin City Council's Safer City Program to engage with homeless people who are affected by alcohol or other drugs, offering brief interventions about the effects of substance misuse and linking people to services that support their immediate needs. Working with the homeless can be particularly difficult as they have no fixed address, but many can be followed up at St Vincent De Paul's Ozanam House in Stuart Park which provides a drop-in centre for people who are living rough. The AOD team attend Ozanam House regularly, providing information sessions and motivational interviewing to disengaged clients.

In 2018 we also began a regular weekly breakfast outside the Darwin Clinic that now draws about 70 homeless people. An Orange Sky van is now also there, providing additional shower and laundry facilities. The homeless are the most vulnerable to health issues but the least likely to go to a clinic: through this outreach, more are engaging and accessing medical services.



DDHS Community Services and Orange Sky volunteers at the Darwin Clinic weekly breakfast.

AOD Aftercare:

The Department of Health has approached DDHS to take on an AOD Aftercare program for people leaving rehabilitation, previously run by St Vincent De Paul. AOD Aftercare is managed under the Senior Program Officer AOD, and at the end of this year we were recruiting two Indigenous outreach workers to join the team.



2.2 Counselling and social support

Emotional and Social Well Being (ESWB)

The Community Services ESWB Program includes a range of funded programs that work under the scope of therapeutic services.

Our ESWB team of six includes two psychologists, two mental health social workers and two social workers who work from strengths-based and trauma-informed approaches. Our clinicians have varied backgrounds and experience and between them, have specialties in play therapy, narrative therapy, cognitive behaviour therapy, mindfulness, art therapy, drama-movement, drum beat and dance therapies, motivational interviewing and group therapy.

In 2017-18, for the first time we implemented a male-female ratio at all clinics (except Bagot community clinic) so clients can choose a male or female if they have a preference.

Counselling

Counselling services are now provided at each Danila Dilba clinic, making these services more accessible to our clients. In the six months from January to June 2018 there was a significant increase in clients accessing this service, with a total of 914 individuals referred for counselling over the year.

The ESWB program takes a holistic approach to client care, giving counsellors direct access to clinical professionals to ensure clients receive complete wraparound services tailored to their individual needs.

NT PHN Mental Health and AOD service:

This service is part of the ESWB counselling service and provides services to clients who have higher mental health needs coupled with substance misuse issues.

Royal Commission Support Service

Funding for the Royal Commission Support Service for people affected by the Royal Commission into the Protection and Detention of Youth in the Northern Territory ended in June 2018. The Royal Commission Support Service worked closely with Relationships Australia (also funded to provide these services) to provide cultural connection activities to a number of young people who had or were at risk of contact with the justice system. Funding for the national Royal Commission into Institutional Responses to Child Sexual Abuse has been extended until December 2018.

Bringing Them Home

Bringing Them Home is an ESWB group that supports senior women who were part of the Stolen Generation and have experienced the intergenerational impact of this Government policy (see story opposite).

In the six months from January to June 2018 there was a significant increase in clients accessing counselling services, with a total of 914 individuals referred over the year.



Bringing Them Home

Danila Dilba's Bringing Them Home seniors' group was established more than ten years ago to support members of the Stolen Generation.

This group of 15-30 older women meets fortnightly, providing a social support network and addressing the social isolation that many members feel. It offers a healing environment, where members come to enjoy sharing stories, culture and knowledge in a safe space.

"Not a lot of people know those stories," said member Evonne Payne. "It's good that we can share that experience, and we're on the same level."

Shelley Hampton, a member of our ESWB team has been with the group for nine years. She says members "pretty much run the group – what they like to do, where they want to go." They choose activities, excursions, art and educational activities that interest them.

Members say the most valuable aspects are "caring and uplifting" support and companionship of the group.

"I needed an outlet. I needed somewhere to go," said Caroline Spicer.

"I was recommended to join a group, and I did, and it was the best thing I ever did. Have a good laugh, have a good feed. It's really beautiful. I really love it. It's the best thing that ever happened to me."

"It's really beautiful. It's the best thing that ever happened to me."



Members of the Bringing Them Home Group visiting the Royal Flying Doctor Tourist Facility in Darwin.



Members of the Bringing Them Home Group (from left) Yvonne Payne, Florence Nicholls, Alma Cadell and Caroline Spicer.

Video link <https://youtu.be/l4FkcyET41Y>



Youth Social Support Program

The Youth Social Support Program supports youth in the Don Dale Youth Detention Centre and other young people at risk.

This program was reactivated in 2016 at the request of Territory Families, following ABC TV's Four Corners revelations about mistreatment of young people at Don Dale.

This program has a dual role as independent advocate to Centre management (and the NT Government) on issues such as living conditions and treatment of detainees, and working closely with the young people through educational programs and support activities.

An important part of the program is to prepare young people for release, working with them to identify goals and develop a personal plan. This fills an important gap: "That's the thing that's been missing here for a long time – once they walk out they're left to their own devices and the support hasn't been there in the past," said Senior Youth Engagement Officer, Delsey Tamiano.

The team's experienced Aboriginal and Torres Strait Islander youth workers have worked hard over time to build rapport, strong relationships and trust.

"A lot of the young people have been let down by adults their whole life. We're about bringing them up and enabling and empowering them," Delsey said.

This year activities included Yarning Circle, Drumbeat, Geese Theatre, and 'Hoops', led by Timmy Duggan, a former NBL player with the Cairns Taipans and currently a member of the Danila Dilba Board, who has made a huge contribution to our work at Don Dale. Our team also worked with the NAAJA Healing Project and Relationships Australia to provide outdoor cultural engagement activities.

An unstructured program that had great success was Saturday cooking with Danila Dilba volunteers. "Cooking sessions with the kids had them working together, developing skills, learning how to cook. That has been really positive!"

An important part of the program is to prepare young people for release, working with them to identify goals and develop a personal plan.



Senior Youth Engagement Officer, Delsey Tamiano and Youth Engagement Officer, Jahmayne Coolwell.

2.3 Events and outreach

Throughout the year our Community Services teams engage in events such as

- NAIDOC week
- School health expos and sports days
- Closing the Gap Day
- Health promotion events.

Amongst special events this year was the celebration of the Tenth Anniversary of the National Apology to the Stolen Generation, hosted by Larrakia Nation.

Rugby League World Cup

In November 2017, the World Cup game between Australia and Samoa offered a great opportunity to inspire our community and staff. Members of the Kangaroos Australian Rugby League team visited our Malak Clinic and the Malak Re-engagement Centre for youth at risk – a visit that was inspiring for youth and staff. At the World Cup game, players James Maloney and Steve Renouf joined DDHS staff to engage with some 250 people.

Disaster relief

In the wake of Cyclone Marcus in Darwin, Danila Dilba staff assisted with distribution of vouchers donated by the Salvation Army to families at Palmerston Indigenous Village and Knuckey Lagoon Community.



L-R: NT Government Alcohol and Other Drugs Service, Bill Ivory and Danila Dilba staff, Tracey Thompson, Joseph Knuth, Jenon Batty and Joseph Fitz attending Close the Gap Day hosted by Stuart Park Pharmacy.

NACCHO Ochre Day Men's Health Conference 2017

Danila Dilba hosted the 2017 National Aboriginal Community Controlled Health Organisation (NACCHO) Ochre Day Men's Health Conference. This national two-day conference is an opportunity for men to come together, network, share ideas and get involved in discussions and workshops. Twenty-one guest speakers, including the Hon. Ken Wyatt, national Minister for Indigenous Health, renowned broadcaster Charlie King, and Associate-Professor James Ward gave moving insights into issues of Indigenous men's health.

For Danila Dilba, a highlight was the Jaydon Adams Memorial Award to staff member Nathan Jones-Cubillo for his outstanding contribution to the health and wellbeing of our community, both within and outside of his work.



'Kangaroos' Cameron Munster and Felise Kaufusi with Danila Dilba Medical Receptionist Carmel Rantanen at Malak Clinic.



Nathan Jones-Cubillo, receiving the Jaydon Adams Memorial Oration Award, with Mark Adams (left) and Lizzie Adams, CEO of Goolburri Aboriginal Health Service.



NT Government Alcohol and Other Drugs (AOD) Services and NT Police with Danila Dilba staff at our information and education stall at Bagot Community on World No Tobacco Day.



Danila Dilba Health Service staff at the NAIDOC March in Darwin, July 2017.



Danila Dilba staff attending National Homelessness Week events hosted by Somerville Community Services at Mindil Beach, August 2017.



DDHS Community Services and Malak Re-engagement Centre staff couch surfing in National Youth Week, April 2018.

2.4 Health research partnerships

Danila Dilba's vision is to achieve equality in health, wellbeing and quality of life between Indigenous and non-Indigenous Australians. Working strategically with other organisations to support research in Indigenous health and advocate on behalf of our people are essential to achieving our vision.

Danila Dilba's Research Working Group regularly reviews requests for our support and participation in research. In practice, these do make demands on staff time and resources and present some risks, such as lack of adequate funding for the project (and so poor or ineffective participation) and risks to our effective service delivery.

These challenges are faced by the Aboriginal community controlled health sector in the

Northern Territory in general, and we are partnering with AMSANT to help address them.

In 2017-18 we also worked with AMSANT to promote Indigenous data sovereignty – that is, the right of Indigenous peoples to govern the creation, collection, ownership and application of data.¹



Telethon Kids Institute researcher, Dr Rob Hand, with Danila Dilba Health Service CEO Olga Havnen, Darwin Clinic General Manager, Malcolm Darling, and Indigenous Outreach Worker/Recalls Officer, Margaret O'Brien.

Partnerships in health research Research projects and partnerships 2017-18

Telethon Kids Institute	Penicillin Levels for Rheumatic Heart Disease (RHD) Study – investigation of penicillin levels in Rheumatic Heart Disease prevention with the eventual goal of developing an alternative method of delivery rather than needles. This nine month project was supported by a research nurse and Indigenous Outreach Worker and enrolled over 20 participants. From this study we identified the potential of a peer support model to improve adherence for young people and a partnership ethics application is in process.
PATCHES Paediatrics	Employment of a part time facilitator to develop locally accessible Foetal Alcohol Spectrum Disorder training and assessment clinics. This project is ongoing as we aim to build local service partnerships.
Aboriginal Medical Services Alliance NT (AMSANT)	Participated in AMSANT research into the career pathways of Aboriginal clinicians in health services to support our work in developing career pathways in DDHS for all Aboriginal staff.
National Aboriginal Controlled Community Health Organisation (NACCHO) and James Cook University	IPAC project (Integrating Pharmacists within Aboriginal Community Controlled Health Services to improve Chronic Disease Management) and pharmacists will engage with participants over twelve months to support their use of medicines while the impact on their chronic disease is researched. If improvements in health are established, this research will support funding for ongoing services.
South Australian Health and Medical Research Institute (SAHMRI)	Dr James Ward engaged us to undertake the second GOANNA survey of knowledge, risk, sexual health attitudes and health service access for sexually transmitted infections and blood borne viruses among young Indigenous people.

Menzies School of Health Research

In 2017-18, Danila Dilba also supported several research projects of the Menzies School of Health Research:

- expansion of the PANDORA diabetes in pregnancy study into youth diabetes. We will participate in a service delivery case study and identify Northern Australia cases in the hope that more information about the prevalence of youth diabetes will improve funding to primary health care.
- a research project, 'Social media Indigenous tobacco control' which utilised Danila Dilba's social media channel and audience and produced insights into the influence of social media on the decision to quit smoking. (To see more click on link or scan QR code.)
- the Territory Kidney Care project to support clinicians to improve identification and management of people who are at risk of end stage kidney disease (ESKD).

(<https://academic.oup.com/heapro/advance-article/doi/10.1093/heapro/day018/4973719>)



Ongoing or completed projects supported by DDHS in 2017-18 include:

- Sleep disorders in people with MJD (Machado-Joseph Disease)
- Evaluation of DDHS contraception clinic service model
- 'Me and My Kidney' – consumer feedback on renal services
- Traumatic Brain Injury project supported by DDHS is now completed
- Lighthouse Project, evaluation of culturally safe care in hospital – DDHS staff presented at a Lighthouse conference in Brisbane
- PANDORA – long term outcomes for women with diabetes in pregnancy
- SISTAQUIT (Supporting Indigenous smokers to assist quitting) project on smoking cessation in pregnancy
- SAHMRI NIMAC study (Novel Interventions for Methamphetamines users in Aboriginal Communities) to develop and trial community solutions to reduce methamphetamine use.

The following projects are under consideration:

- University of NSW – Family Violence study
- Menzies School of Health Research – trial reminder program for childhood immunisations
- Pneumococcal vaccine in pregnancy to prevent chest infection in babies.

2.5 Research for advocacy

The main focus in this area in 2017-18 was again on youth justice and child protection related to the Royal Commission into the Protection and Detention of Young People in the NT.

The Commission's final report, released in November 2017, made 228 recommendations for reform of the Northern Territory youth justice and child care and protection systems.

Working in cooperation with Northern Territory peak bodies APONT (Aboriginal Peak Organisations NT) and AMSANT (Aboriginal Medical Services Alliance Northern Territory), Danila Dilba has continued to advocate for wholesale reform to the overarching legislation and for evidence-based solutions to improve outcomes for young people and their families.

Community consultations

In May-June 2018, Danila Dilba (on behalf of AMSANT) conducted a series of community consultations with Aboriginal communities in the NT's major population centres (Katherine, Tennant Creek, Alice Springs, Darwin), and in three remote communities in East Arnhem. The workshops provided information about the outcomes of the Royal Commission and gathered information about community members' views on the proposed reforms and their experience of the child protection system. Serious concerns about the current system were raised and these were incorporated into a report on the consultation outcomes to Territory Families called *Listening and Hearing are Two Different Things*.

(<https://ddhs.org.au/resources/listening-and-hearing-are-two-different-things>).



Policy and Strategies Team
L to R: Natalie Whyte,
Tess Kelly and Joy McLaughlin.

Tripartite forum

With APONT and AMSANT, Danila Dilba advocated for the establishment of a tripartite forum to provide high level leadership and direction to the strategic response to the Royal Commission. Comprising representatives of the Australian Government, Northern Territory Government and non-government sector, the Children and Families Tripartite Forum has a particular focus on areas that cross both Commonwealth and Northern Territory responsibilities to facilitate joined up planning and resourcing. Danila Dilba CEO, Olga Havnen, is a representative on the Tripartite Forum.

Support for families

On behalf of APO NT, Danila Dilba is hosting the Top End Out of Home Care Project, led by Natalie Whyte, on secondment from Territory Families. Recognising the high proportion of Aboriginal children in the child protection system, this project is developing a strategy to establish Aboriginal-led and managed out of home care and family support services.

DDHS is also leading a project on early intervention family support services for Aboriginal families who are identified as at risk by Territory Families, or who self-identify as needing support in their parenting.

3

ABOUT DANILA DILBA



A growing and dynamic health service committed to the world's best practice

3.1 Overview

2017-18 was a year of successful consolidation and expansion.

Danila Dilba now employs 170 staff and operates seven clinics in the Greater Darwin area, including a new clinic opened this year at Rapid Creek and the Bagot Community Clinic, now auspiced under DDHS management.

These clinics strengthen delivery of our new service design, which is built around access to a full range of integrated health services, close to where our clients live.

Building our organisation

Our new strategic plan, 'Keeping well, getting stronger', was completed in 2017 and implementation was well under way this year. This theme refers not only to our clients – it also sums up our approach to continuous improvement and organisational development.

'Building organisational capacity and strength' is one of the four strategic priorities and includes outcomes in:

- Effective governance and management
- Financial sustainability
- Investment in our people
- Strong evidence base – good data collection to inform service and system improvements.

Investing in our people

Danila Dilba aims to be an 'employer of choice' – to attract and keep talented staff and support our staff to achieve their career goals.

2017-2022
Strategic Priority 2

Building
organisational
capacity and
strength

Good staff retention means a stable workforce. For clients this means high quality, reliable services and continuity of care from people they know. Stability in our workforce is also highly cost effective, reducing expenditure on casual or agency staff by as much as \$400,000 per year.

We also 'grow our own' by investing in all our staff and their professional development, especially encouraging Indigenous clinicians and managers. DDHS spent approximately \$139,000 in learning and development training this year, a 55% increase in spending on this area two years ago.

This year we initiated Aboriginal Health Practitioner traineeships and appointed four trainees from a competitive field of nearly 40 applicants. We have also improved training opportunities by introducing on-line training modules and partnering with PwC Indigenous Consulting to provide mentoring and career planning to our staff.

Indigenous employment and leadership

The new Human Resources Strategy and our Indigenous Employment and Career Pathways Initiative have been very successful so far, increasing Indigenous staffing at all levels. In 2017-18, Indigenous staff made up

- 65% of our leadership team (CEO, General Managers, all Clinic Managers), and
- 63% of non-GP clinicians and community/ social and clinical support staff (AHPs, RNs, clinical administration, community services and client support).

3.2 Our services

Clinics

Danila Dilba now operates seven clinics in the Greater Darwin area. This strengthens our service model by providing more clinics with a range of integrated services close to where our clients live.

Darwin Clinic

The Darwin Clinic in Knuckey St has a long history, and over the past year we have refreshed and updated the premises. This included a new roof, new waiting room chairs and water proofing the central courtyard to make the area more comfortable.

Although there is not a large resident population in the city and surrounding suburbs, the clinic is used by regular clients, visitors to Darwin, working people and homeless people. Our clients told us in the consumer survey that providing services to all of these groups is important to them.

We started negotiations with Orange Sky, a mobile laundry and shower service, to jointly provide facilities for our monthly breakfasts for homeless people. This is an addition to our long-standing morning service of showers, tea and coffee and news. This aims to create a supportive environment and encourage homeless clients to attend to their health needs, including chronic disease management, when they visit.



Darwin Clinic
32-34 Knuckey St, Darwin

A new clinic manager was appointed and with greater service stability, we have seen improved uptake, particularly of social and emotional wellbeing counselling and the monthly legal service (see story p. 52).

The mobile clinic continues to operate from Knuckey St and supports clients living in town communities and the homeless to engage with services. In mid-2017 the mobile clinic took the lead in response to an increased incidence of syphilis in Darwin, helping to follow up people who had contact with the infection and provide education and support with their treatment.

L to R: Dr Mostafa Zaman with Mobile Outreach Workers Karly AhFat and Lyall Braun.



Men's Clinic

Over the past year, the Men's Clinic has continued to provide a culturally safe place for men to receive primary health care, including chronic disease management that looks at 'whole of client' health needs.

The staff also provide support for men engaged in community alcohol and other drugs rehabilitation.

Our services have been expanded throughout the year with the addition of tele-health facilities that enable consultation with a psychiatrist in NSW for psychiatric assessments. This has improved the Men's Clinic ability to assess and diagnose men with social and work-related disability and consequently improve their access to services.

Access to these facilities has also given the male GPs and GP registrars working at the Men's Clinic an opportunity to learn and build their skills by working with these specialists.

Staff at the Men's Clinic have also been active in community promotions and presented at the NACCHO Ochre Day Men's Health Conference about the work that they do.



Men's Clinic
42 McLachlan St, Darwin



L to R: Men's Clinic Coordinator David Adams, Dr. Nathan Zweck and Customer Service Officer, Wesley Carolin outside the Men's Clinic.

Rapid Creek Clinic

This year saw the establishment of a new, fully refurbished Danila Dilba clinic at Rapid Creek.

The clinic opened its doors in early February and the opening was celebrated by our Chairperson, Carol Stanislaus, on 16 February. Jeanine McLennan gave the Welcome to Country and spoke about the history of Danila Dilba and contribution of past Board members.

Rapid Creek Clinic Manager Fran Baird said, "Rapid Creek clinic is now business as usual with clients wanting to attend from other clinics. Rapid Creek is also working on Saturday mornings with clients attending those services."

Rapid Creek clinic is part of the new service model to bring comprehensive primary health care close to where our clients live. The clinic has welcomed 79 clients who are new to DDHS as well as clients who previously used other clinics.

Fran leads a team of four doctors, two AHPs (one is a care coordinator), a registered nurse, an outreach worker, two medical receptionists and a safety and community liaison officer. DDHS visiting services include social and emotional wellbeing and tobacco and AOD counselling. The service has expanded to include a midwife, dental therapist and diabetes educator.



Rapid Creek Clinic
Rapid Creek Business Village,
Shop 35, 48 Trower Rd, Millner

As it is close to Nightcliff Renal Unit, Danila Dilba's preventive specialist renal service was relocated from the Darwin clinic. We know that many people on dialysis do not have good access to quality primary health care, and we aim to engage with them from Rapid Creek clinic.

The clinic also has a community room equipped with an industrial kitchen and shower facilities which will be used by various groups such as our diabetes group, fitness and seniors' groups.

'See a video of the opening at <https://www.youtube.com/watch?v=JupuBZYSWso>'



Community members and DDHS staff with NT Health Minister Hon. Natasha Fyles (left) at the opening of Rapid Creek Clinic.



DDHS staff Tracey Thompson, Mathews David and Fiona Tyson cooking up a storm at the Deadly Choices Healthy Food Steak Sizzle at the Rapid Creek opening.

Malak Clinic.

In its second year of operation it is no surprise to us that Malak clinic is now one of our busiest clinics.

The team endured renovations this year, while continuing to provide services. The resulting extension of space is now the home base for the Australian Nurse Family Partnership Program (ANFPP) team, while additional clinic rooms and office space accommodate the Care Coordinator and outreach worker and visiting midwife and counselling services. The addition of the Safety and Community Liaison Officer to the team helps ensure people's safety and supports people to give us feedback to improve services.

Malak Clinic has signed up as a Health Care Homes site as part of a national trial of funding team-based care for chronic disease in block payments rather than fee for service. This aims to provide seamless care for people with chronic disease and give our service more flexibility in how we provide care. At the end of the year, initial work to identify clients with chronic disease had begun, with the trial due to commence when IT issues have been resolved..



Malak Clinic
3/1 Malak Place, Malak



Staff Profile: Nathan Jones-Cubillo, Malak Clinic Manager

Nathan's career began with a placement at Danila Dilba for his studies in Aboriginal Health, but quickly progressed to a traineeship as an Aboriginal Health Practitioner (AHP) at the Men's Clinic in the Darwin CBD.

His first mentor was Malcolm Darling, who was once an AHP himself, and is now the Darwin General Manager.

After completing his qualification as an Aboriginal Health Practitioner, Nathan started work at the Malak Clinic, where he was supported by then Clinic Manager, Sharni Cardona.

Nathan trained in the managerial work and acted as Clinic Manager in Sharni's absence. When Sharni

moved on to progress her career working in CQI at Danila Dilba, Nathan was offered a six month contract as Malak Clinic Manager.

"Working at Danila Dilba has given me the most opportunity and supported me all the way. It's probably the most supported job I've ever had," he said.

Nathan appreciates the great team at Malak clinic. "I was lucky enough to have the support of the staff that I was working with. They were always helpful." He particularly likes working with Aboriginal people, helping his mob. For any potential or new employees at Danila Dilba, Nathan said, "If you are nervous about starting a new job, come to Danila Dilba and by the end of the week you'll be feeling good about where you are."

Palmerston Clinic

The Palmerston clinic was refurbished this year, with fresh paint and new decals, adding light and brightness to the clinic, and bringing it to the same standard as our other clinics.

Throughout 2018 Palmerston Clinic has maintained strong relationships and high levels of engagement with our local boys' and girls' academies, ensuring we provide quality and culturally safe health checks and continuing health education for young people in our region.

Palmerston Clinic has expanded the school-based health check service to primary school students in the area. DDHS oral health therapist, Jessica Hallewell, also developed and delivered 'hand and oral hygiene' education to classes at Humpty Doo Primary School and at other school health expos and community events.



Palmerston Clinic
1/7 Rolyat St, Palmerston



Gumilebybirra Clinic
4/7 Rolyat St, Palmerston

Gumilebybirra

Gumilebybirra has a long history of providing a welcoming place for women and is still the one stop clinic for women's health.

The Gumilebybirra clinic focuses on women's health and is the home base for our midwives who work collaboratively with GPs and obstetricians to provide the Midwifery Collaborative Model of Care. Women with diabetes in pregnancy and high risk pregnancies receive extra care. A contraception clinic is run by staff who have advanced training and experience in this area.



Oral health therapist, Jessica Hallewell teaching the hand hygiene method to students at the Rosebery Middle School Health Expo.

Bagot Community Clinic Partnership

In early 2017, Danila Dilba was approached by the Bagot Community and AMSANT to auspice its clinic.

This request followed extensive community consultations about the clinic, which although providing a vital service was not sustainable.

The proposal required financial investment and presented some risks, but the DDHS Board saw an opportunity under our service design to help Bagot clinic realise its potential and thrive in the DDHS clinic family. This year Bagot clinic was accredited as an AGPAL (Australian General Practice Accreditation) clinic for three years.

"Bagot is grateful to Danila Dilba Health Service for responding to our call for assistance to keep the Bagot Clinic open and operational," said Bagot Community Inc. President, Helen Fejo-Frith.

"Community know the clinic staff and the clinic staff know the community and that's important for us to feel safe and comfortable," Helen said. *"It remains a key service provider and resource for Bagot Community."*



Bagot Clinic
133 Bagot Rd, Ludmilla

Extended hours

The extended hours service trialed in 2016-17 was continued in 2017-18, with some minor changes, and has been expanded to the new Rapid Creek Clinic.

Extended hours received strong support in last year's consumer survey and is especially important for clients who find it difficult to attend a clinic during regular work hours. Palmerston Clinic remains open until 7.30 pm, Monday-Thursday, and Saturday morning opening has been extended to the Rapid Creek clinic to join Palmerston and Malak clinics in operating half days on Saturdays.

Safety and Community Liaison Officers

In December 2017, Danila Dilba introduced Safety and Community Liaison Officers to our clinics, creating five full time positions for local staff to replace the previous arrangement of contracting a third party security firm. Three of the successful candidates required additional training and were supported by Danila Dilba to gain their Certificate II in Security Operations.

The Safety and Community Liaison Officers' role is to ensure the safety and security of clients, visitors and staff at DDHS clinics and premises. As community liaison officers, they offer a friendlier interface for our clients and foster and promote positive relationships and engagement. They also assist clinic administration staff and occasionally provide assistance with transport. (See Alain Kiza staff profile, p.64.)



NT Legal Aid Commission lawyers Shelley Landmark and May Mooka.

Legal 'health' checks

As part of our overall approach to holistic care, Danila Dilba works with the NT Legal Aid Commission to offer clients a visiting Legal Aid service at some of our clinics.

Our clinicians and counselors often learn that clients have worries about legal issues and we encourage our clients to ask at the clinic for a referral or come and talk to the Legal Aid team.

"We work along with doctors and clinicians, which is the really important aspect of this service – it truly helps people link in with other services," said Legal Aid lawyer, Shelly Landmark. *"There's always options, it's always worth talking to someone, that's what I tell people."*

The team can advocate or advise clients on civil law matters like:

- problems with Centrelink and other government departments
- issues with housing, rent, repairs and maintenance

- employment
- fines and debts
- mobile phone contracts
- hire purchase contracts
- scams and fraud – fake letters, phone calls and social media
- discrimination.

For criminal or family law matters, they can also link clients to services that can help.

The legal aid team is available at the Darwin Clinic in Knuckey St for half hour appointments every fortnight, and monthly at the Palmerston and Malak clinics. The client can be referred for a further four hours of free legal advice if needed.

There's always options, it's always worth talking to someone

Pharmacy

Danila Dilba Health Service's Pharmacy Service helps ensure quality use of medicines and supports clients to understand their prescribed medicines and follow their management plan.

Danila Dilba subsidises the cost of medications for our clients under the oversight of our Medicines Review Committee. We work closely with three contracted pharmacies and in September 2017 a competitive tender process awarded a further three year contract to these three pharmacies.

The total expenditure on medications in 2017-18 was \$332,385, a cost lower than the previous year due to a fee reduction by one of our contracted pharmacies.

In 2018, DDHS was selected as a trial site for the 'IPAC' project.¹ This large project will look at whether including a pharmacist in the primary health care team leads to improvements in the quality of the care and the client's health. Participation in the trial will provide funding for an additional pharmacy position from mid-late 2018 and we hope to also employ an Indigenous outreach worker to assist clients.

Continuous quality improvement (CQI)

Two CQI audits were conducted this year:

- A follow up drug use evaluation of proton pump inhibitors (PPIs) with further review scheduled for mid-2018,
- an audit to identify problems in continuity of care for DDHS clients on discharge from hospital. The audit recommended that the hospital pharmacy be asked to send discharge medication lists to Danila Dilba's pharmacist for follow up. A further audit will be conducted at the end of 2018.



Aboriginal Health Practitioner trainee, Sarah Quong, in the pharmacy room at Palmerston Clinic.

Home medication review visits

Sixty-two home medication reviews (HMRs) were completed in 2017-18. An HMR checks that the client is taking the right medicines in the right way, asks the client about side effects and makes sure that medicines are stored safely. This year, QUMAX² funding enabled us to include an Aboriginal Health Practitioner in HMR visits.

Prescriptions issued under Closing the Gap program

	2014-15	2015-16	2016-17	2017-18
CTG	22927	25470	27700	31323
Total	32048	33548	39108	45066
% CTG	72%	76%	71%	70%

The Closing the Gap prescription program (CTG) improves access to medicines for Indigenous clients who live with chronic illness. Clients registered by DDHS are eligible for further reductions in prices of medicines beyond standard Pharmaceutical Benefit Scheme (PBS) rates. In many cases there is no cost to the client for their medicines.

¹ Integrating Pharmacists within Aboriginal Community Controlled Health Services to improve Chronic Disease Management (IPAC).

² Quality Use of Medicines Maximised for Aboriginal and Torres Strait Islander People (QUMAX) – a collaboration between NACCHO and the Pharmacy Guild of Australia to improve quality use of medicines for clients of Aboriginal Community Health Services. It is funded by the Commonwealth Department of Health.



3.3 Continuous Quality Improvement (CQI)

Service design to improve health care requires good systems, both to support the client's journey through care and to achieve consistent staff practice. Listening to our clients about what works for them, learning from mistakes and reviewing our services helps us to achieve continuous quality improvement.

The Clinical Safety and Quality Committee focuses on improvement and monitoring the detail of client feedback, safety and quality, and works closely with the DDHS Board's Audit and Risk Management Committee. A Clinical Safety and Quality Committee work plan and new safety assessment codes help the committee monitor incident trends and manage risks.

Data collection

The CQI Officer leads implementation of change and improvement action plans across the organisation. The process of 'telling the story with data' – making small planned changes and checking it works through good data collection – leads to sustainable improvement. This year whole of service clinical action improvement plans focused on immunisation, halting the syphilis outbreak, rheumatic heart disease treatment adherence and reducing childhood anaemia. Education and training are integral to maintaining quality data collection and to continuous quality improvement.

The data and performance indicator trends we collect inform the Board's Audit and Risk Management Committee about the quality and safety of our clinical and cultural practice.

2017-2022
Strategic Priority 4
Achieving continuous improvement and integration of programs and services culture

An external review of our data quality framework was conducted this year and reported our approach to data collection and use as 'optimal'.

Client feedback

A client feedback survey, including face to face interviews, was conducted this year and demonstrated strong satisfaction with the service, with a few areas for improvement in some clinics. A trial of real time client feedback using 'smiley face' scores on an electronic stand was also conducted, with analysis of this trial in progress at the end of the year. Although the effectiveness of this tool as a measure of client feedback is yet to be established, clinic staff report that kids love to play with the devices.

Accreditation and review

Australian General Practice Accreditation (AGPAL) was achieved in all clinics this year, including Bagot Community clinic, while the new clinic at Rapid Creek is preparing for an October assessment. This year we reviewed services at Bagot Clinic, the Midwifery Model of Care, our client recall and reminder processes, and our Managing Difficult Behavior manual.

Health Systems

A small Health Systems Team has worked collaboratively this year to introduce processes that support our service design and improved quality of care. Amongst the changes that have been introduced are:

- Changes to our health and practice management system, Communicare, to improve templates and provide a simpler health check process across different life stages,
- Simplified management plans that give clinic teams better tools to work with clients.

One of the important and effective improvement plans was the Syphilis Outbreak Action Plan, commenced in early 2017 in response to the spread of the infection across Northern Australia. Steady progress to understand the outbreak in Darwin and develop a planned response with the Mobile Clinic team meant Danila Dilba was well prepared when additional Commonwealth funding to respond to the outbreak became available in 2018.

Health Systems also hosted two student interns who undertook small projects this year. In collaboration with AMSANT, Danila Dilba hosted a GP Registrar to assist our work in understanding childhood anaemia.

Incident reporting and management

The Audit and Risk Management Committee have given valuable input and recommendations to the DDHS Board regarding organisational risk in clinical and Work Health Safety areas. Board Members and the Executive Officer completed the Executive Masterclass: Responsibilities for Leading Quality and Safety delivered by the Australian Council on Healthcare Standards, which focusses on approaches being taken by Boards that oversee health facilities to actively support and drive continuous improvements in health care to reduce risks of harm.

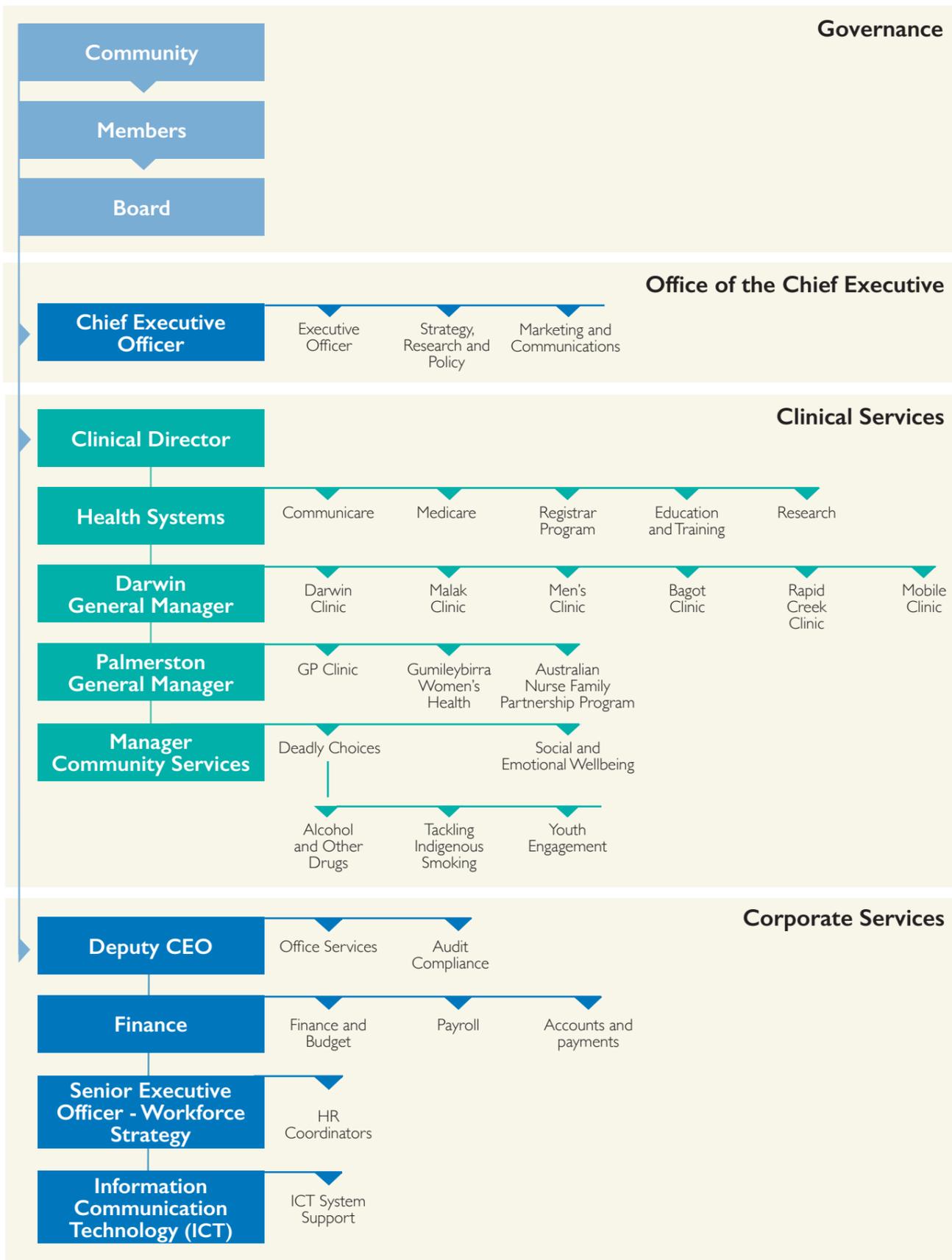
In 2017-18,

- Several staff completed the NT Anti-Discrimination Committee Train the Trainer program.
- Staff received ongoing training on internal incident reporting systems, resulting in improved staff input.
- Several staff completed Certificate IV in Work Health Safety. All clinics now have WHS representatives and fire wardens.
- 38 clinical incidents were reported and all were investigated and closed. In the previous year 81 incidents were reported.
- 71 WHS incidents were reported, compared with 99 in the previous year. 61 were closed and 10 remained under investigation or subject to action. No compensation claims resulting from any form of injury (physical or emotional) were made.
- 20 complaints were made (an increase from nine last year).

Clinical incidents	Total
Adverse reaction/event	1
Blood or bodily fluid exposure	2
Documentation error	5
Immunisation error	12
Medication error	3
Needle-stick injury	3
Other	8
Pharmacy error	4
Total	38

WHS incidents	Total	Complaints	Total
Physical injury	8	Appointments	0
Property	26	Other	3
Transport	7	Privacy & confidentiality	0
Verbal abuse to staff	22	Client eligibility	1
Emotional wellbeing	3	Staff conduct	6
Adverse or critical event	1	Service delivery	7
Other	4	External	3
Total	71	Total	20

Our Organisation



3.4 Organisational development

2017-2022
Strategic Priority 2
Financial sustainability:
Build the financial sustainability of the organisation to support the growth and development of services

Danila Dilba is committed to improving the health and wellbeing of our community and clients, and to building our own capacity and strengths in providing high quality, accessible health services.

In 2017-18, the focus of organisational development was on:

- Implementing the 2017-22 Strategic Plan
- Consolidating the new service design commenced 2016-17
- Securing financial security and staff stability
- Consolidating good governance and continual policy development
- Implementing our new Human Resources Strategy
- Expanding information and communication technology
- Continuing to develop relationships with other organisations, health providers, community organisations and peak bodies.

Our Medicare optimisation plan ensures that our internal processes and billing practice optimise the income we are eligible to earn through Medicare billed services. The plan is reviewed regularly and we have developed tools that help ensure that DDHS receives proper payment for the work our clinical staff do to support our chronic disease focus and service design.

DDHS Medicare staff support staff to bill correctly and ensure billing compliance for team care in accordance with our policy and Medicare legislation. Registering clients for practice incentive payments also earns income and enables us to constantly audit client contact information and improve data quality.

Income from delivery of health services

The further significant increase of 17.5% in income generated by Medicare and the Practice Incentive Program reflects an increase in uptake of our services, better service delivery and improved billing efficiency through staff training and better monitoring and auditing processes in 2017-18.

Danila Dilba reinvests this income to open new clinics, expand and improve services and facilities, and build our capacity as a professional community organisation.

Medicare income

2013-14	\$ 2,665,879.00
2014-15	\$ 2,987,578.00
2015-16	\$ 3,280,200.00
2016-17	\$ 4,067,364.00
2017-18	\$ 4,780,198.00

Increased Medicare income reflects a higher number of Health Checks, Chronic Disease Plans, primary health care follow up and registration of eligible clients under the Closing the Gap pharmaceutical co-payment program.



Innovation and new media

Danila Dilba is evolving to adapt to new technologies and the new media environment. This year we have made major changes in internal communications and information and communications technology (ICT) and external and social media communication.

ICT developments

In 2017-18, we expanded our video conferencing capability to all clinics and the Corporate Office. This facility aims to reduce staff travel time between clinics.

Video conferencing has been used effectively in tele-health and expanded our capacity to deliver specialist services in our clinics, especially where it is difficult to access specialists locally. The Men's Clinic engaged a NSW psychiatrist for 23 video consultations during the year. We are trialling training for GP registrars using this technology.

An additional ICT worker was recruited this year to support the expansion of our services. Our IT team has successfully set up the new Rapid Creek clinic and migrated the Bagot Community clinic into Danila Dilba's Communicare clinical management system. This system enables seamless integration and private sharing of client records within DDHS, so clients can attend any Danila Dilba clinic.

In the upcoming year an ICT review will be carried out by an external service provider to look at ways we can enhance our ICT service delivery even further.

New media and ICT outreach

Reaching out to our clients and the wider community in the social media landscape presents new challenges. This year we redeveloped our website to a more modern responsive platform that works effectively on different devices. The website now includes a searchable resources section and a media area with videos and image galleries.

Danila Dilba also expanded our social media presence through Facebook and YouTube to build an online community of clients and supporters that has more than doubled in the last twelve months. This provides an effective platform for health promotion and keeps our clients informed about the services we provide.

We plan to build on these gains in the coming year by providing more effective communications, including development of a resource portal to provide health education to our clients and the wider community.

We also plan to expand IT services for clients by developing a WiFi guest network that will offer free internet access to clients in our clinics. This will open the door to interacting with clients in real time whilst they are at our clinics, providing information on health promotion and our services.

'Our online community of clients and supporters has more than doubled in the last 12 months'

3.5 Our people

To deliver high quality health services to our community, Danila Dilba is committed to developing a capable, well qualified and stable workforce.

We aim to attract and retain talented and committed staff and empower them to reach their full potential and achieve great things for our clients and community.

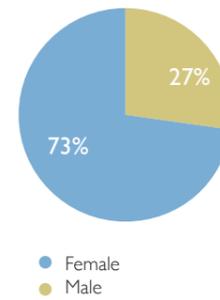
As Danila Dilba's Senior Executive Officer, Sulal Mathai, explains, "Our people embody what we stand for as an organisation: through them, their attributes, skills and capabilities, our clients really see what Danila Dilba is contributing to the community."

As an Aboriginal community organisation, we aim to maximise employment and retention of a strong Aboriginal and Torres Strait Islander workforce and build a strong learning culture that promotes professional development for all of our staff.

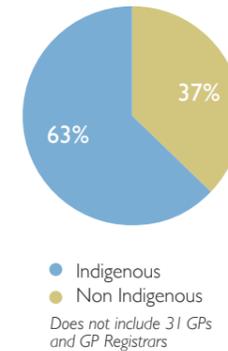
2017-2022
Strategic Priority 2
Investment in our people:
Support the cultural competence and professional development of our staff

"Our people embody what we stand for as an organisation... their attributes, skills and capabilities"

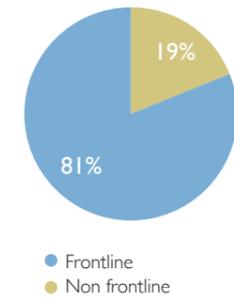
Staff gender ratio



Indigenous staff



Administrative staff ratio



Human Resource Strategy

In line with the Strategic plan 2017-2022,

Danila Dilba developed a new Human Resource Strategy built around three pillars, which we implemented this year:

- 
Talent Management Attract, recruit and retain the best people using fair, equitable and transparent processes.
- 
Engagement Encourage pride and motivation through staff communication and feedback, recognising and rewarding performance, learning and development.
- 
Learning and development Support staff to build a meaningful career and create their professional path.



Talent management

Recruitment and retention initiatives

Danila Dilba's goal is to become an employer of choice. We have become more active in the labour market to become better known and establish relationships with potential candidates.

This year we partnered with Employment Office, a recruitment and consultancy firm. We are developing and showcasing a stronger public profile, emphasising the strengths and benefits of working with us and our commitment to supporting all our staff to develop their career pathways. We published feature stories of successful staff career pathways in print and digital media and also initiated social media recruitment through LinkedIn, YouTube and Facebook.

External recruitment

Positions advertised	75
Positions Filled	62
Applications received	535
Average no. of applications per position	7.13

Indigenous employment and career pathways

Our Indigenous Employment and Career Pathways plan has been successful in increasing Indigenous staffing at all levels of the organisation.

DDHS has been promoting managerial / research positions internally as part of our Indigenous staff career development. Leadership development is a strong focus of Danila Dilba's business and talent management approach and includes identifying and offering further education and support to potential candidates.

All managerial positions were advertised internally first which has assisted in the appointment of more Indigenous staff to

senior positions. All Clinic Managers and General Managers are now Indigenous, making up 65% of the Executive Leadership team.

Internal recruitment

Positions	17
Applications received	30
Positions Filled	13

DDHS aims to contribute to our staff members' ability to develop leadership and career pathways by making the knowledge, skills, experience, and job requirements of each position within the organisation transparent.

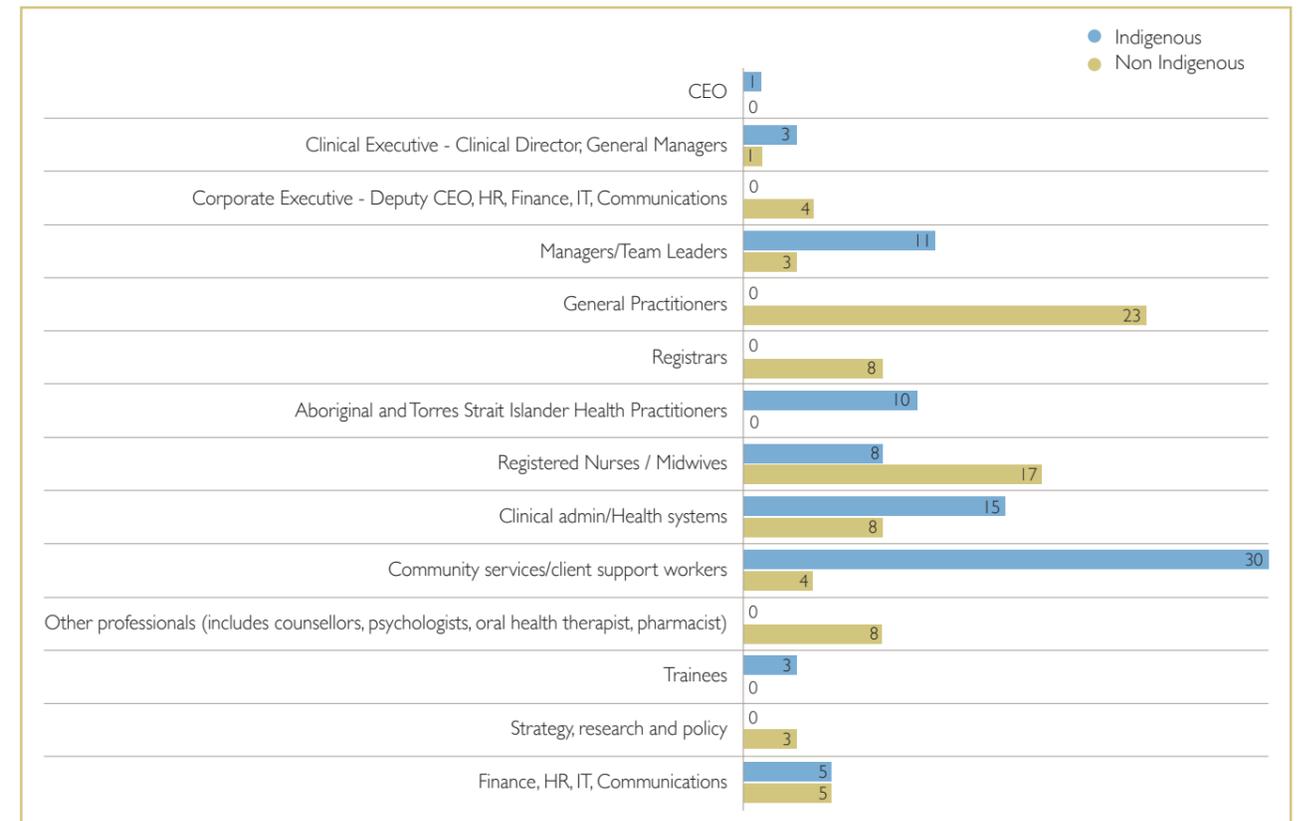
Our Career Pathways project, funded by the Northern Territory government under an Aboriginal workforce grant, is still under development. Consultation with leadership and managers began in August 2017 and staff consultations were organised in September 2017. Chris Hancock, an independent consultant, is working with our HR team. When the project is completed it will enable our staff to map out a career pathway, utilising training to achieve their personal aspirations. We expect to complete this project in November 2018.

Mentoring

A Mentoring and Coaching program has been developed in partnership with PwC's Indigenous Consulting so that Indigenous employees can be partnered with a mentor from an external organisation who can provide guidance on how to reach their career goals.

Ten Indigenous staff members were offered the mentoring program. On completion, the coaching program provides a more in-depth goal setting and planning exercise which is aimed at the managerial level.

Indigenous and non-indigenous staff by roles



In 2017-18, Indigenous staff made up

- 65% of our leadership team (CEO, General Managers, all Clinic Managers), and
- 63% of non-GP clinicians and community/social and clinical support staff (AHPs, RNs, clinical administration, community services and client support).



Mentoring our colleagues: at left, CQI Officer and experienced Clinic Manager, Sharni Cardona, and Clinic Manager, Rosemary Blake at Darwin Clinic.



Danila Dilba staff at a business planning meeting.



We have seen a significant reduction in staff turnover from 36% in 2015-16 to 22% in 2017-18.

Engagement

Staff satisfaction

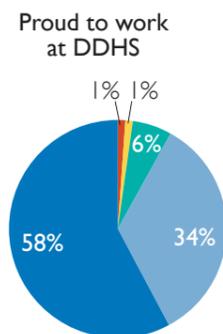
Danila Dilba conducts an annual staff satisfaction survey and uses the outcomes to develop action plans in consultation with staff.

The 2017 annual Danila Dilba staff survey reflected high levels of staff satisfaction and engagement and was followed by an action plan, *You Said, We Listened, Let's Act Together* completed in November 2017.

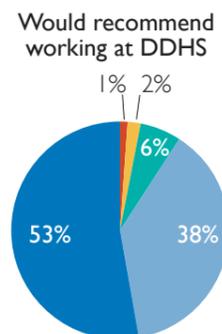
In December 2017 – January 2018, we conducted a 'pulse check' – a shorter version of the detailed staff survey. 147 staff members completed the 'pulse survey', a response rate of 94% – the highest response rate since the staff survey was established. In 2016, 84% of staff participated.

We received positive feedback and to maintain the momentum, continued to engage staff in the staff survey action plan in 2018. Engagement at Danila Dilba has increased, with 90% of our people positively engaged.

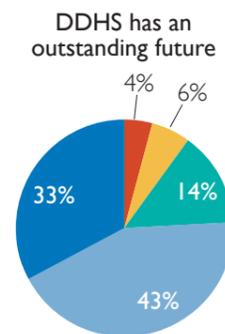
We have seen a significant reduction in staff turnover from 36% in 2015-16 to 22% in 2017-18. Absenteeism has also been reduced with the average absence rate per employee (on sick leave or unexplained absence) at 3.47 days per year.



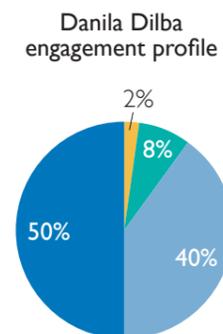
● Strongly agree
● Agree
● Neither disagree or agree
● Disagree
● Strongly disagree



● Strongly agree
● Agree
● Neither disagree or agree
● Disagree
● Strongly disagree



● Strongly agree
● Agree
● Neither disagree or agree
● Disagree
● Strongly disagree



● Highly engaged
● Moderately engaged
● Passive
● Disengaged

Learning and development

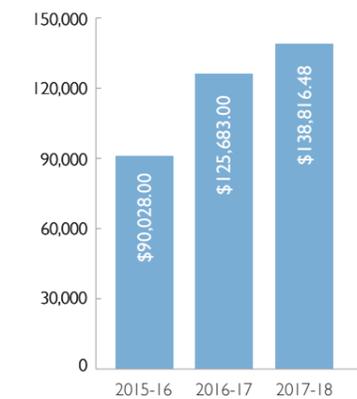
At Danila Dilba, personal development and a strong learning culture are central to our strategies for strengthening staff, offering career development and providing high quality services.

In 2017-18, DDHS increased the learning and development budget and will continue to do so in 2018-19.

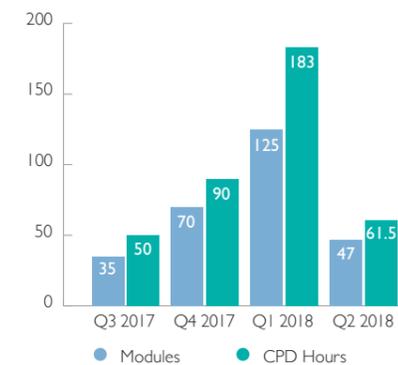
Over the past year Danila Dilba has continued to develop a continuous learning environment for all our staff, including:

- a monthly training calendar
- an online learning platform
- support from our full time Education and Training Officer

Learning and development expenditure



CPD Activity (Quarterly)



277 modules used
384.5 CPD hours
67 active employees

Build a meaningful career and create your own path

Online learning

From September 2017, Danila Dilba has contracted Aboriginal Medical Service Education 24/7 (AMSED) to provide E-Learning Continuing Professional Development. The 70 licenses for use by registered health professionals were secured for a one year trial and based on the usage of the platform, Danila Dilba will continue this investment in future.

Staff can engage with 65 learning modules, including 43 addressing client care, 12 around all staff, three administration and general interest, and nine from the Fair Work Ombudsman.

In 2017-18, 277 modules were completed, the equivalent of 384.5 continuing professional development (CPD) hours for our clinicians.

This platform provided staff with ready access to mandatory CPD and other relevant learning activities related to service delivery and client care. All AMSED modules meet Australian Health Practitioner Regulation Agency (AHPRA) criteria for continuing professional development for nurses, midwives and Aboriginal Health Practitioners.

Over time, DDHS has established relationships with local institutions such as Flinders University, Charles Darwin University, Batchelor Institute and Fox Education and Consultancy that enable us to access and utilise developed resources including structured course and training materials that meet our training needs. These relationships also offer access to a pool of experts in many fields.



Staff profile – leadership, Sharni Cardona

Clinic Manager

Sharni started with Danila Dilba as a registered nurse in the Darwin Clinic.

She quickly showed potential and was offered the role of acting clinic manager for several months before being appointed to a permanent role and has now been a clinic manager for five years.

When the Malak Clinic opened in 2016, Sharni was appointed manager. Then, after mentoring the current Malak manager Nathan, Sharni moved to work in Continuous Quality Improvement in the Corporate Office.

Sharni values the help she has been given by DDHS for training and development and the ability to move quite quickly in her career. "Danila Dilba is very supportive with education and training needs, especially if it's to do with your role," she said. Sharni has completed a Diploma of Practice

Management which has been very helpful for her career and learning. As a senior staff member, Sharni continues to support and mentor two up and coming clinic managers, meeting with them weekly to talk about their management decisions and any other concerns they have. In the future, Sharni hopes to move into Executive Management in Danila Dilba or possibly become a doctor.

"I find that it's unlike anywhere else that I've worked," Sharni said. "I find the working environment within Danila Dilba is very easy going but professional at the same time. The staff are great to deal with and very supportive. I also find the clients very interesting and it helps, because part of my goal in life is to help my own people."



Staff Profile : Alain Kiza Mushamuka

Safety and Community Liaison Officer

Alain, who is originally from the Congo, first came to Danila Dilba as a security officer employed by an outside agency.

When the new Safety and Community Liaison Officer positions were created this year, Alain applied and was successful.

Safety and Community Liaison Officers are now located at each clinic. It is an important role that works as part of the clinic team to ensure the safety of clients and staff. Alain is based at the Darwin Clinic in Knuckey Street and has undertaken further training in risk management and dealing with challenging behavior since joining Danila Dilba.

"Danila Dilba is most different from all jobs I have been working on. It is based on helping the community, helping the people," Alain said. "They are very, very friendly, they are helpful. Everyone is engaged, talking to each other, helping each other."

Alain enjoys working with clients. *"For me, I appreciate it. Many of them call me brother. I have made good relationships with the clients. There is good communication. Because they appreciate me and I appreciate them, we are connecting with each other."*



Growing our own

Aboriginal Health Practitioner Traineeships

In November 2017, DDHS created four trainee positions for Aboriginal and Torres Strait Islander Primary Health Care Practitioners (AHP's).

These are full time paid positions which require the trainee to complete a Certificate IV qualification in Aboriginal and/or Torres Strait Islander Primary Health Care Practice at Batchelor Institute. Trainees receive on the job clinical training outside of formal training blocks to consolidate knowledge, skills and experience in the health sector.

From 38 applications, 16 candidates were interviewed and four were selected. Batchelor Institute has identified our AHP trainees as amongst the highest performing students in the course – a reflection of the time and dedication our clinic staff have invested to support them. Our four trainees expect to complete their qualifications by the end of 2019.



Staff Profile: Darren Braun,

AHP Trainee

As one of nearly 40 applicants, Darren Braun was happy to be accepted as one of the four new Danila Dilba Aboriginal Health Practitioner trainees.

"So far, the traineeship has been very challenging," Darren said.

"What I enjoy about it most is the face to face contact with clients. Getting them to take care of their health and (me) taking care of their health, sending out positive messages to stay healthy."

"It's very important to build that relationship with each client and maintain that engagement and relationship and keep building on it."

Darren's goal is to qualify as a registered nurse (RN), specialising in sexual health.

"One of the things that I've learnt is the prevention and education around it. If we can get the prevention awareness and education out there about safe sex and condoms and talk about it, we can make a difference."



Staff profile: Sarah Quong, AHP trainee

Sarah recently finished school and completed Certificate II and III in Community Services.

She was working with the Community Services team at Danila Dilba when the AHP traineeship came up.

"It's a big achievement for me because I'm 18, just out of school. It's a really good opportunity I have been given and I don't take it for granted," she says. Clinic staff give the trainees a lot of encouragement and help them if they are struggling in their course.

"It was a bit rough at the start, but once I started to get into my studies and going out on the floor doing practical stuff, it's going pretty well".

"I like helping my mob and telling them to not be shame about their health – we're here to help them and fix their issues," she says.

Sarah sees clients with health conditions like diabetes and rheumatic heart disease nearly every day. *"These are really big problems with our mob and we are trying to help them get it under control."*

When she graduates, Sarah wants to work with her own community at Warramyunga, and in the long term aims to become a midwife.



Staff profile: cultural diversity

Dr Saidah Haron: GP Rapid Creek Clinic

'Dr. Saidah' joined Danila Dilba in 2007 as a GP Registrar and has stayed with us since she qualified as a GP 10 years ago.

For most of that time Dr Saidah was at Palmerston Clinic, but joined the team at the new Rapid Creek clinic in April 2018. Pursuing her interest in women's health, she has a diploma in Obstetrics and works closely with the midwife at Rapid Creek, and she is also part of the Residential Aged Care team.

Over 10 years, Dr Saidah has come to know many of the staff well and developed strong ties: "We've got the bonding, we've got the friendship, we know each other, we know the history of the last ten years."

Similarly, some of her long-term clients see her as a part of family and have followed her from Palmerston to Rapid Creek.



As a Muslim woman of Malaysian background, Dr Saidah has found Danila Dilba very welcoming towards staff of culturally diverse background. "Danila Dilba was accepting of that when I came on board, and they haven't changed in the past ten years."

"I was myself coming from different 'everything', different from everyone – different religion, culture, background, everything. They are still accepting me, and more people from different backgrounds are coming in. Danila Dilba is really welcoming for diversity, definitely."



GP Registrar to General Practitioner

Danila Dilba's most significant education commitment in 2017-18 continued to be in hosting GP Registrars, that is, doctors training to be General Practitioners (GPs).

In 2017-18, 14 GP Registrars were placed at Danila Dilba for training terms ranging from six to 12 months. These placements are coordinated by Northern Territory General Practice Education Ltd (NTGPE), the regional training provider for GPs in the Northern Territory.

We maintain a flexible learning program for GP Registrars which enables Danila Dilba Health Service to meet both legal requirements and staff expectations. Weekly registrar learning sessions provide varying content given by a range of facilitators.

Danila Dilba GPs also provide guidance in small group sessions that cover 20 topics over the registrar term.

General Practice Registrars (GPRs) are an important part of our current and future medical workforce. Over the past three years a number of our registrars, after successfully completing their qualification as GPs, have chosen to stay with Danila Dilba Health Service.

GP Registrars transition to GPs



Training

In-service training

The monthly training calendar offers clinical staff a range of learning opportunities, ranging from AMSED certificate courses, management of chronic disease, frontline 'de-escalation' training, and lifestyle and nutrition.

DDHS also employs a full time Education and Training Officer who assists staff to identify development opportunities and coordinates training, in addition to identifying potential opportunities (and risks) to the organisation that can be addressed through training.

During 2017/18, Danila Dilba provided 60 hours of in-house training to all clinical staff, including five hours' training or professional development within work hours.

We have also organised PART ('Predict, Assess and Respond To') training for our new frontline staff members to address challenging/aggressive client behaviours and assist staff to identify and respond to such challenges.

External training and professional development 2017-18

Administrative	5
Clinical	17
Leadership	3
Professional development	66
Work Health and Safety	3
Mandatory	180

Cultural Awareness training

Cultural Awareness training is mandatory for all new staff. In 2017-18 Danila Dilba organised training exclusively for staff members at our premises and 52 staff members attended the awareness training.

Student placements

As a major Indigenous primary health care organisation in the Northern Territory, we facilitate student placements and this year accepted 16 medical student placements from Flinders University NT and three nursing placements through Charles Darwin University.

DDHS partnered with the NT Government Department of Education to offer structured work placements for Indigenous students. Under this program three students completed Certificate II in Community Services.

DDHS staff pursuing/completed formal qualifications in 2017/18

	# of staff
Cert II in Security Operations	3
Cert III in Community Services	1
Cert III in Health Services Assistance	7
Cert IV ATSI PHCP	4
Cert IV in Health Administration	3
Cert IV Leadership and Management	1
Cert IV in Payroll Administration	1
Certificate IV in Work Health and Safety	2
Dip. Clinic Management	3
Dip. of Leadership and Management	2
Dip. of Human Resources Management	1
Graduate Certificate in Nursing	1
Certified Practitioner in Human Resources	1
Total	30



Nathan Jones-Cubillo, Acting Manager Malak Clinic, was honoured by being awarded the Jaydon Adams Memorial Oration award at the NACCHO 2017 OCHRE Day National Conference held in Darwin.

Staff excellence

Danila Dilba staff continue to excel in their chosen pathways. We are proud of our staff, many of whom received formal or additional qualifications, won awards and built successful career pathways this year.

The following staff members received awards at the Danila Dilba annual event in December 2017:

- Employee of the Year - **Onika Paolucci** and **Hugo Smits**
- Hall of Fame – **David Adams**
- New Arrival – **Leona Holloway**
- Team of the Year award – **HR Team**
- Shining Stars – 10 staff members who completed their formal qualifications.

Grants

Employer of Choice grant

Danila Dilba was awarded an Employer of Choice grant of \$25,000 under Aboriginal workforce grants initiated by the Northern Territory Department of Trade, Business and Innovation, for new initiatives in Human Resources such as development of career pathways and introduction of our online learning system.

Aboriginal and Torres Strait Islander Mentoring

The NT Department of Trade, Business and Innovation also supported an Aboriginal and Torres Strait Islander Mentoring service in partnership with PwC Indigenous Consulting (PIC) and this opportunity was offered to selected DDHS staff members.

Cultural competency project

Danila Dilba has been granted funding of \$94,340 from Northern Territory General Practice Education (NTGPE) to enable Danila Dilba to design and develop a Cultural Competency Framework, including competency levels for staff and in house cultural training content that NTGPE will be able to trial as a model for other Aboriginal health services in the Northern Territory. The project will commence with focus groups for staff and key external stakeholders early in 2018-19, with the aim of achieving a trial model by March 2019.

Software and system innovations

Paperless Onboarding

Danila Dilba implemented paperless onboarding in January 2018 to provide a seamless onboarding experience to new staff members. This process offers a smooth and productive start to employment that provides easy access to Danila Dilba policies from commencement of the employment contract.

New Work Partnership Agreements

We have replaced the SharePoint Work partnership agreement platform with Action HRM HR Software as the new platform for Work Partnership Agreements (WPAs). The new platform enables easy access to staff to plan and progress their career development and maximise their learning opportunities in the workplace.

HR Systems integration

Danila Dilba uses two Human Resource systems, Action HRM for recruitment, onboarding and Work Partnership Agreements, and HR3 for employee database, payroll and leave management processes. In 2017 we integrated these systems to create a unified service for staff across the two platforms.

4 FINANCIAL REPORTS

Directors' Report



Directors and Directors Meetings

The following persons were members of the Danila Dilba Health Service Management Committee for the year ended 30 June 2017 and up to the date of this report

Current Directors	Position	Meetings Attended	Term Expires
Ms Carol Stanislaus	Chairperson	7	Nov 2020
Ms Nicole Butler	Deputy Chairperson	6	Nov 2019
Ms Vanessa Harris	Ordinary Member	4	Nov 2019
Mr Mark Munnich	Ordinary Member	5	Nov 2019
Mr Timothy Duggan	Ordinary Member	1	Nov 2019
Mr Malcolm Hauser	Ordinary Member	3	Nov 2020
Mr Wayne Kurnoth	Larrakia Member	3	Nov 2020
Mr David Pugh	Independent Director / Non Member	7	31 Dec 2019
Ms Bronwyn Rossingh	Independent Director / Non Member	3	22 Feb 2021

Non-Current Directors	Position	Meetings Attended	Date Ceased
Mr Braiden Abala	Previous Chairperson	2	10 Nov 2017
Ms Phyllis Mitchell	Previous Larrakia Member	3	10 Nov 2017
Ms Priscilla Collins	Independent Director / Non Member	3	31 Dec 2017
Ms Kristy Nichols	Previous Ordinary Member	3	10 Nov 2017

Eight General Meetings were held during the financial year, and the Annual General Meeting was held on 11 November 2017.

Principal activities

During the financial year the principal activities of Danila Dilba Health Service consisted of:

- Primary Health
- Community Programs
- Care Coordination
- Pharmacy
- Health Systems
- Youth Justice Advocacy and Programs

Danila Dilba also provides for visiting specialist services as outlined within the Annual Report. Peripheral integrated services to the core business included corporate, finance, human services, marketing, client transport and information technology. The Board undertook training provided by the Australian Institute of Company Directors, Governance Institute of Australia and completed a Chief Executive Officer review process.

Review of operations

The surplus for the year of the entity was \$699,991. The Corporation is in a sound position with continued growth. The Corporations new service delivery model and the growth of the new clinics that opened in Rapid Creek (2018), Palmerston and Malak (2016) have illustrated a positive outcome. A quality approach has supported a better integration of healthcare services at all sites to provide effective and holistic care plans.

Significant changes in the state of affairs

There were no significant changes to the corporation's state of affairs during the year.

Distributions paid to members during the year

There were no distributions made to members during the year nor were there unpaid or declared distributions to members outstanding at year end.

Environmental regulations

The corporation's operations are not regulated by any significant environmental regulation under a law of the Commonwealth or of a State or Territory.

Proceedings on behalf of the corporation

There were no applications for leave to bring proceedings made during the year under section 169-5 of the Corporations (Aboriginal and Torres Strait Islander) Act 2006 (CATSI Act).

Auditors independence declaration

The Auditors Independence Declaration for the year ended 30 June 2018 has been received and can be found on page 73 of the report.

Significant events after the balance sheet date

No matters or circumstances have arisen since the end of the financial year which significantly affected or may significantly affect the operations of the corporation, the results of those operations, or the status of the affairs of the corporation in future financial years.

Likely developments

The Corporation expects to maintain the present status and level of operations and hence there are no likely developments in the corporation's operations.

Qualifications, experience and special responsibilities of directors

Carol Stanislaus (Chairperson) is a Tiwi woman, born and raised in Darwin. She has worked in a variety of Indigenous positions in alcohol and other drugs, tourism, local government and justice throughout the Northern Territory and holds a Bachelor of Applied Science in Aboriginal Community Management and Development. Carol currently works with the Department of Prime Minister and Cabinet.

Nicole Butler (Deputy Chairperson) is a Larrakia/Wadjigan (Top End) and Eastern Arrernte (Central Australia) woman. Nicole is a qualified social worker, having completed a Bachelor of Social Work at the Royal Melbourne Institute of Technology (RMIT), graduating with Honours. She has defined her career in child and family welfare, with experience in child protection, out-of-home care, residential care services, youth at risk (street work-outreach), secure care and juvenile justice. She has undertaken research in care and protection, and program and policy development in Victoria and now in the Northern Territory. Nicole is currently Assistant Children's Commissioner with the Office of the Children's Commissioner, Northern Territory.

Shannon Daley (nee Grant) is employed by the Top End Health Service as the Consumer and Cultural Consultant at Royal Darwin Hospital. Shannon has 13 years experience as an Aboriginal Health Practitioner (AHP, previously AHW), educator and lecturer, having completed her AHP training through Danila Dilba in 2001. Shannon has worked in various roles that gave her an opportunity to see Aboriginal Health through different lenses. She is passionate about the AHP's vital role in providing culturally safe and competent care to Aboriginal people and is committed to growing the profession and engaging the profession at various tiers within Health. She is a team player who values respect, professional support, impartiality and ethical practice. Her strengths are in evidence-based strategic thinking, critical thinking, innovation and practicality.

Directors' Report

Timothy Duggan

Timmy is currently Healthy Living Manager at the National Heart Foundation, NT Division. Timmy has had a long and varied career, starting as a professional basketball player with the Cairns Taipans. He has worked variously as a health promotions officer, as youth trainer with the Council for Aboriginal Alcohol Program Services (CAAPS), and as youth worker and mentor for Indigenous youth at Malak Re-engagement Centre and Diversity Dimensions. Timmy is the founder of the Hoops 4 Health program. He received the Top End NAIDOC Person of the Year Award in 2012 and has many other awards and achievements.

Vanessa Harris

Vanessa is the Executive Officer of the Northern Territory Mental Health Coalition. She holds a Bachelor of Health Science, majoring in Management, from Flinders University. Vanessa's career has included employment with the Commonwealth Government, Office of Aboriginal and Torres Strait Islander Health (OATSIH), the Katherine West Health Board, an Aboriginal Community Controlled Health service, and the Cooperative Research Centre for Aboriginal Health and the Lowitja Institute.

Malcolm Hauser

Malcolm is a Senior Project Officer in the Minerals and Energy Branch of the Northern Land Council. He has a background in environmental and resource management and has worked with the Northern Territory Government as an Assistant Mining Officer. He has also worked with the Commonwealth Department of Health on a Senate Inquiry into the Hearing Health of Australia.

Wayne Kurnoth (Larrakia Officer)

Wayne is a Larrakia man of the Fejo family group. He is currently employed as the Aboriginal and Torres Strait Islander union organiser for United Voice, supporting members with workplace issues and workers' rights across the Northern Territory. Previously, he worked as a boiler maker/welder for 17 years in the shipbuilding, construction and oil and gas industries. In 2018, Wayne won the ACTU Organiser of the Year award.

Mark Munnich

Mark Munnich is a Gunggandji and Yawuru man, born and raised in Darwin. Mark holds a Bachelor of Laws and is currently undertaking his Graduate Diploma in Legal Practice. Mark is employed as a Law Clerk with the Solicitor for the Northern Territory in the Attorney-General's Department (AGD) and he is a former Indigenous Fellow with the Office of the High Commissioner for Human Rights with the United Nations. Mark is also a former staff member of DDHS.

David Pugh (non-member)

David is the CEO of NT Anglicare and has over 35 years' experience in leadership roles within NGOs. He holds a Master of Business degree. He was previously the CEO of St Luke's Anglicare in Bendigo, Victoria, has served on a number of government advisory councils and has worked in Millingimby and Nhulunbuy. David is a member of the Anglicare Australia Board, the Children and Families Tripartite Forum and the NT Government NGO Consultative Committee.

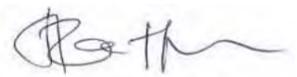
Bronwyn Rossingh (non-member)

Bronwyn has been working and living in the NT for over 20 years. She has a strong background in accounting and governance. She is a Fellow of the Certified Practising Accountants of Australia and has a PhD in accounting. Bronwyn has worked extensively in remote Aboriginal communities in the Northern Territory and Western Australia in the areas of financial management, governance, community engagement, enterprise development, financial capability and well-being, education and pathway development. Bronwyn is passionate about supporting the vision of Aboriginal communities and organisations.

This report is made in accordance with a resolution of directors on 31 August 2018.



Mrs Carol Stanislaus
Director / Chairperson



Mrs Nicole Butler
Deputy Chairperson

31 August 2018 Darwin



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DECLARATION OF INDEPENDENCE BY C TAZIWA TO THE DIRECTORS OF DANIILA DILBA BILURU BUTJI BINNILUTLUM HEALTH SERVICE ABORIGINAL CORPORATION

As auditor of Danila Dilba Biluru Butji Binnilutlum Health Service Aboriginal Corporation for the period ended 30 June 2018, I declare that, to the best of my knowledge and belief, there have been:

1. No contraventions of the auditor independence requirements of the *Corporations Act 2001* in relation to the audit; and
2. No contraventions of any applicable code of professional conduct in relation to the audit.

This declaration is in respect of Danila Dilba Biluru Butji Binnilutlum Health Service Aboriginal Corporation during the period.



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General Information

The Danila Dilba Biluru Butji Binnilutlum Health Service Aboriginal Corporation was established as an incorporated association in June 1991 under the Commonwealth of Australia Aboriginal Councils and Associations Act 1976 (Now the Corporations Aboriginal and Torres Strait Islander Act 2006). Danila Dilba Biluru Butji Binnilutlum Health Service Aboriginal Corporation operates as a provider of primary health care to Aboriginal people of the greater Darwin area of the Northern Territory of Australia.

The principal place of business is:
28-30 Knuckey Street
Darwin, Northern Territory 0800, Australia
Telephone Number: +61 8 8942 5400

Operations and Principal Activities

As an Aboriginal community controlled health organisation, Danila Dilba Biluru Butji Binnilutlum Health Service Aboriginal Corporation aims to provide a holistic comprehensive primary health care service that focuses on empowering and building the community's capacity to determine its own health needs. This means 'Aboriginal health staying in Aboriginal hands'.

Main services, programs and projects conducted through the year:

- Clinical Services
- Men's Health and Well Being
- Women & Children's Health and Well Being
- Community Outreach
- Eye and Ear Health
- Sexual Health
- Youth Services
- Counselling and Support Services

Statement of Profit or Loss and Other Comprehensive Income

	Notes	2018	2017
Revenue			
Grant income	2-4	19,946,835	15,668,453
Prior year unspent funds brought forward		-	-
Medicare receipts	5	4,805,121	4,085,383
Sundry income	6	782,442	671,303
Total Revenue		25,534,398	20,425,139
Expenditure			
Administration	7	1,765,135	1,386,023
Bad and doubtful debts	9	2,049	-
Employee expenses	8	18,130,129	14,967,624
Motor vehicle	11	518,361	432,007
Operational	12	4,224,517	3,382,420
Rental property	13	10,609	-
Travel and accommodation	14	183,607	174,246
Assets written off	15	-	-
Total Expenditure		24,834,407	20,342,320
Surplus/(Deficit) before income tax		699,991	82,819
Income tax expense		-	-
Surplus/(Deficit) for the year		699,991	82,819
Other comprehensive income		-	-
Total Comprehensive Income		699,991	82,819

The above statement of profit or loss and other comprehensive income should be read in conjunction with the accompanying notes

Statement of Financial Position



	Notes	2018	2017
Current Assets			
Cash and cash equivalents	16	275,079	1,857,310
Trade and other receivables	18	262,905	791,720
Other current assets	17	160,612	67,658
Total Current Assets		698,596	2,716,688
Non-Current Assets			
Property plant and equipment	19	11,055,249	8,026,856
Total Non-Current Assets		11,055,249	8,026,856
Total Assets		11,753,845	10,743,544
Current Liabilities			
Accrued expenses	20	157,614	140,548
Trade and other payables		892,890	320,692
Employee provisions	22	1,323,545	1,094,484
Other current liabilities	23	1,102,362	1,838,452
Total Current Liabilities		3,476,411	3,394,176
Non-Current Liabilities			
Employee provisions	22	151,491	131,377
Loan Payable	24	223,971	-
Total Non-Current Liabilities		375,462	131,377
Total Liabilities		3,851,873	3,525,553
Net Assets		7,901,972	7,217,991
Accumulated Funds			
Retained earnings		3,162,720	2,478,739
Asset replacement reserve		189,252	189,252
Land revaluation reserve		4,550,000	4,550,000
Total Accumulated Funds		7,901,972	7,217,991

The above statement of financial position should be read in conjunction with the accompanying notes

Statement of Changes in Equity

Retained Earnings	
Balance at 30 June 2016	2,395,919
Surplus/(Deficit) for the year	82,819
Transfer (to)/from reserves	-
Balance at 30 June 2017	2,478,738
Adjustment to adopt the National Standard Chart of Accounts	(16,010)
Restated Balance at 30 June 2017	2,462,728
Surplus/(Deficit) for the year	699,992
Balance at 30 June 2018	3,162,720
Land Revaluation Reserve	
Balance at 30 June 2016	5,000,000
Asset revaluation	(450,000)
Balance at 30 June 2017	4,550,000
Asset revaluation	-
Balance at 30 June 2018	4,550,000
Asset Replacement Reserve	
Balance at 30 June 2016	189,252
Transfer to retained earnings	-
Balance at 30 June 2017	189,252
Transfer to retained earnings	-
Balance at 30 June 2018	189,252
Total Accumulated Funds	
Balance at 30 June 2016	7,585,172
Surplus/(Deficit) for the year	82,819
Decrease in land revaluation reserve	(450,000)
Balance at 30 June 2017	7,217,991
Surplus/(Deficit) for the year	699,991
Opening balance adjustment	(16,010)
Balance at 30 June 2018	7,901,972

The above statement of changes in equity should be read in conjunction with the accompanying notes

Statement of Cash Flows



	Notes	2018	2017
Cash Flow from Operating Activities			
Grant income		20,548,007	15,180,413
Medicare income		4,805,121	4,085,383
Interest received		11,178	12,471
Other income		698,908	966,814
Payments to suppliers		(8,293,528)	(5,119,862)
Payments to employees		(15,847,176)	(13,200,467)
Net Cash Inflow/(Outflow) from Operating Activities	27	1,922,511	1,924,752
Cash Flows from Investment Activities			
Proceeds from sale of assets		-	-
Payments for property plant and equipment		(3,504,742)	(777,395)
Net Cash Inflows/(Outflow) from Investing Activities		(3,504,742)	(777,395)
Net Increase/(Decrease) in Cash and Cash Equivalents		(1,582,231)	1,147,357
Cash and cash equivalents at the beginning of the financial year		1,857,310	709,953
Cash and cash equivalents at the end of the financial year	16	275,079	1,857,310

The above statement of cash flows should be read in conjunction with the accompanying notes

Notes to the Financial Statements

Note 1: Statement of Significant Accounting Policies

The principal accounting policies adopted by Danila Dilba Biluru Butji Binnilutlum Health Service Aboriginal Corporation in the preparation of the financial report are set out below.

a. Basis of preparation

The financial statements are general purpose financial statements that have been prepared in accordance with Australian Accounting Standards (including Australian Accounting Interpretations) and the Corporations (Aboriginal and Torres Strait Islander) Act 2006. The Corporation is a not-for-profit entity for reporting purposes under Australian accounting standards.

New Accounting Standards

Several new standards, amendments to standards or interpretations have been promulgated by the Australian Accounting Standards Board but are effective for future reporting periods. The following standards will need to be considered by the corporation;

AASB 15 Revenue from Contracts with Customers

This standard is applicable for Not-for Profit entities on annual reporting periods beginning on or after 1 January 2019. The standard provides a single standard for revenue recognition. The core principle of the standard is that an entity will recognise revenue to depict the transfer of promised goods or services to customers in an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services. The standard will require: contracts (either written, verbal or implied) to be identified, together with the separate performance obligations within the contract; determine the transaction price, adjusted for the time value of money excluding credit risk; allocation of the transaction price to the separate performance obligations on a basis of relative stand-alone selling price of each distinct good or service, or estimation approach if no distinct observable prices exist; and recognition of revenue when each performance obligation is satisfied. Credit risk will be presented separately as an expense rather than adjusted to revenue. The corporation will adopt this standard from 1 July 2019 but the impact of its adoption is yet to be assessed by the corporation.

AASB 16 Leases

This standard is applicable to annual reporting periods beginning on or after 1 January 2019. The standard replaces AASB 117 'Leases' and for lessees will eliminate the classifications of operating leases and finance leases. Subject to exceptions, a 'right-of-use' asset will be capitalised in the statement of financial position, measured at the present value of the unavoidable future lease payments to be made over the lease term. The exceptions relate to short-term leases of 12 months or less and leases of low-value assets (such as personal computers and small office furniture) where an accounting policy choice exists whereby either a 'right-of-use' asset is recognised or lease payments are expensed to profit or loss as incurred. A liability corresponding to the capitalised lease will also be recognised, adjusted for lease prepayments, lease incentives received, initial direct costs incurred and an estimate of any future restoration, removal or dismantling costs. The corporation will adopt this standard from 1 July 2019 but the impact of its adoption is yet to be assessed by the corporation.

AASB 1058 Income of Not-for-Profit Entities

This standard is applicable to annual reporting periods beginning on or after 1 January 2019. The standard replaces the current income recognition requirements in AASB 1004: Contributions. The new standard is applicable to transactions that do not arise from enforceable contracts with customers involving performance obligations, as such transactions are accounted for in accordance with AASB 15. AASB 1058 requires the Corporation to recognise;

- Income immediately in profit or loss for the excess of the initial carrying amount of an asset over the related contributions of the corporation, increases in liabilities, decreases in assets and revenue;
- Liabilities for the excess of the initial carrying amount of a financial asset (received in a transfer to enable the corporation to acquire or construct a non-financial asset that is to be controlled by the corporation) over any related amounts recognised in accordance with the relative standards. The liabilities must be amortised to profit or loss as income when the corporation satisfies its obligations under the transfer; and
- Volunteer services or a class of volunteer services as an accounting policy choice if the fair value of those services can be measured reliably, whether or not the services would have been purchased if they had not been donated.

The corporation will adopt this standard from 1 July 2019 but the impact of its adoption is yet to be assessed by the corporation.

Currency

The financial report is presented in Australian dollars and rounded to the nearest dollar.

Historical cost convention

These financial statements, except for the cash flow information, have been prepared on an accrual 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 financial statements were authorised for issue on 31 August 2018 by the directors of the corporation.

Critical accounting estimates

The preparation of financial statements in conformity with Australian Accounting Standards requires the use of certain critical accounting estimates. It also requires management to exercise its judgement in the process of applying Danila Dilba Biluru Butji Binnilutlum Health Service Aboriginal Corporation's (Danila Dilba Health Services) accounting policies.

b. Revenue recognition policy

Revenue recognition for grant and donation income received is carried out on the following basis:

- i. it is probable that grant funding will be used for the designated purpose;
- ii. control has been obtained over the grant income;
- iii. the grant income is measurable.

Grant income that meets the above revenue recognition criteria is recorded as income in the year of receipt. A liability is recognised when there is a present obligation to repay unspent grant funds. The Directors have determined that a present obligation arises where the funding agreement specifically states that unspent grant funds must be repaid and the Corporation has not received permission from the funding body to carry forward unspent grant funds to the next reporting period. All other project related income is fully recognised in the year of receipt.

Due to the level of complexity in reconciling Medicare claims to actual Medicare receipts, Medicare income is only recognised when received.

c. Employee benefits

Provision is made for the Corporation's liability for employee benefits arising from services rendered by the employees at the end of the reporting period. Employee benefits that are expected to be settled within one year have been measured at the amounts expected to be paid when the liability is settled. Non-current employee benefits payable later than one year have been measured at the present value of the estimated cash outflows to be made for those benefits. In determining the liability, consideration is given to employee wage increases and the probability that the employee may not satisfy vesting requirements. Those cash outflows are discounted using market yields on corporate bonds rates with terms to maturity that match the expected timing of cash flows attributable to employee benefits.

d. Material estimates or judgements

In the preparation of the financial statements, management has made judgements, estimates and assumptions that affect the amounts reported for assets and liabilities as at the balance sheet date and the amounts reported for revenues and expenses during the year. Actual results may differ from these estimates. Estimates and underlying assumptions are reviewed on an ongoing basis. Management have adopted a revaluation methodology with further revaluation modelling to be reviewed in the upcoming financial year.

e. Superannuation

Employee's superannuation entitlements are principally provided through the Australian Retirement Fund. Danila Dilba Biluru Butji Binnilutlum Health Service Aboriginal Corporation pays 9.5% of an employee's salary as per the compulsory superannuation guarantee levy.

	2018	2017
Full Time Equivalent Employees as at 30 June	156.5	137.3

f. Income tax

The income of Danila Dilba Biluru Butji Binnilutlum Health Service Aboriginal Corporation is exempt from income tax pursuant to the provisions of Section 50-5 of the Income Tax Assessment Act, 1997.

g. Goods and Services Tax

Revenue, expenses and assets are recognised net of the amount of goods and services tax (GST), except:

- where the amount of GST incurred is not recoverable from the taxation authority, it is recognised as part of the cost of acquisition of an asset or as part of an item of expense; or
- for receivables and payables which are recognised inclusive of GST. The net amount of GST recoverable from, or payable to, the taxation authority is included as part of receivables or payables.

Cash flows are included in the Statement of Cash Flows on a gross basis. The GST component of Cash Flows arising from investing and financing activities, which is recoverable from, or payable to, the taxation authority, is classified as operating cash flows.

h. Trade and other receivables

Trade receivables are initially recognised at fair value. Trade receivables are generally due for settlement within 30 days.

The collectability of debtors is reviewed on an ongoing basis. Debts which are known to be uncollectible are written off by reducing the carrying amount directly at year end. A provision for impairment of trade receivables is raised when there is objective evidence that the organisation will not be able to collect all amounts due according to the original terms of the receivables.

Other receivables are recognised at amortised cost, less any provision for impairment.

i. Property, plant and equipment

Land

Land assets are valued at fair value, and are measured on the basis market value, being the revalued amount at the date of the revaluation. The last independent valuation was done 27 February 2017 by Colliers International Pty Ltd. Independent revaluations are conducted every 3 to 5 years in order to keep values current. Each year a desk top audit will also be done to ensure any unexpected increases or decreases in value are not overlooked.

Plant and equipment is stated at cost less accumulated depreciation and any accumulated impairment losses. Depreciation is provided on property, plant and equipment. Land is not a depreciating asset. Depreciation is calculated on

a straight line basis so as to write off the net cost or other revalued amount of each asset over its expected useful life. The following estimated useful lives are used in the calculation of the depreciation:

	2018	2017
Buildings	20 years	20 years
Plant and Equipment	3 - 5 years	3 - 5 years
Motor Vehicles	5 years	5 years
Clinical Software	3 years	3 years

Policy treatment of revaluation

An item of property, plant and equipment is derecognised upon disposal or when there is no future economic benefit to the Corporation. Gains and losses between carrying amount and the disposal proceeds are taken to profit and loss.

j. Impairment of assets

The corporation values the recoverable amount of plant and equipment at the equivalent to its depreciated replacement cost. Impairment exists when the carrying value of an asset exceeds its estimated recoverable amount.

Impairment losses are recognised in the income statement unless the asset has previously been revalued, when the impairment loss will be treated as a revaluation decrement.

k. Financial Instruments

Recognition

Financial assets and liabilities are recognised and derecognised upon trade date.

When financial assets are recognised initially, they are measured at fair value. In the case of assets not at fair value through profit and loss, directly attributable transaction costs are taken into account.

Financial assets are derecognised when the contractual rights to the cash flow from the financial assets expire or the asset is transferred to another entity. In the case of transfer to another entity, it is necessary that the risks and rewards of ownership are also transferred.

Financial assets

Financial assets are classified as either financial assets at amortised cost or available-for-sale financial assets.

Financial assets at amortised cost

Trade and other receivables, which generally have 30 day terms, are recognised initially at fair value and subsequently measured at amortised cost using the effective interest rate method, less an allowance for impairment.

Collectability of trade and other receivables is reviewed on an ongoing basis. Individual debts that are known to be uncollectable are written when identified. An impairment provision is recognised when there is objective evidence that the Corporation will not be able to collect the receivable.

Financial liabilities

The classification of financial liabilities depends on the purpose for which the liabilities were entered into. Danila Dilba Biluru Butji Binnitulum Health Service Aboriginal Corporation classifies its financial liabilities in the following categories:

- financial liabilities at fair value through profit or loss; and
- other liabilities.

Other financial liabilities

Other financial liabilities, including payables, are initially measured at fair value, net of any transaction costs. Other financial liabilities are subsequently measured at amortised cost using the effective interest rate method, with interest expense recognised on an effective yield basis.

Impairment

Financial assets are assessed for impairment at each balance date.

If there is objective evidence that an impairment loss has been incurred for financial assets held at amortised cost or available-for-sale financial assets, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of estimated future cash flows discounted at the asset's original effective interest rate. The carrying amount is reduced by way of an allowance account. The loss is recognised in the profit or loss.

I. Trade and other payables

Liabilities for trade creditors and other amounts are carried at cost, which is the fair value of the consideration to be paid in the future for goods and services received, whether or not billed to the Corporation.

m. Cash and cash equivalents

Cash and cash equivalents includes cash on hand, deposits held at call with financial institutions, other short-term, highly liquid investments with original maturities of three months or less that are readily convertible to known amounts of cash and which are subject to an insignificant risk of changes in value. Where accounts at financial institutions are overdrawn, balances are shown in current liabilities on the balance sheet.

n. Commitments

Commitments are recognised when the Corporation 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. Commitments recognised represent the best estimate of the amounts required to settle the obligation at reporting date.

o. Operating leases

Lease payments for operating leases, where substantially all the risks and benefits remain with the lessor, are recognised as an expense in the income statement on a straight-line basis over the lease term.

p. Nature and purpose of reserves

Land Revaluation Reserve

The Land Revaluation Reserve is to record increments and decrements in the fair value of land.

Asset Replacement Reserve

The Asset Replacement Reserve is to record funds set aside for the replacement of capital assets.

2018

2017

Note 2: Australian Government Financial Assistance

Department of Health	12,922,270	10,058,092
Department of Social Services	284,820	492,000
Dept. of Prime Minister & Cabinet	894,424	885,646
	14,101,514	11,435,738

Note 3: Northern Territory Government Financial Assistance

Primary Health Network	2,383,987	1,770,973
Northern Territory Government	1,265,914	651,131
Dept. Children & Families	687,651	628,162
	4,337,552	3,050,266

Note 4: Other Financial Assistance

Northern Territory General Practice Education Ltd	1,361,497	1,134,045
Other Grants	146,272	48,404
	1,507,769	1,182,449
Total Grant Income	19,946,835	15,668,453

Note 5: Medicare Receipts

Commonwealth Government Medicare Receipts	4,805,121	4,085,383
	4,805,121	4,085,383

Note 6: Sundry Income

Bank Interest	11,178	12,471
Reimbursements	242,101	384,506
Rent Income	82,417	28,700
Qumax	94,484	113,593
NACCHO	66,535	-
Other Sundry Income	285,727	132,033
	782,442	671,303



	2018	2017
Note 7: Administration Expenses		
Accounting Fees	29,800	38,315
Advertising	-	5,983
Bank Charges	10,684	-
Board Governance Expense	86,479	-
Business Planning Report and Evaluation	82,602	-
Depreciation	476,348	343,539
Information Technology Service	378,653	437,356
Insurance	155,161	90,904
Interest Expense	7,641	-
Lease – Plant and Equipment	64,075	37,456
Legal Service	65,670	166,966
Membership Fees	64,279	29,532
Postage	32,632	26,736
Stationery	78,303	28,493
Telephone	176,789	117,506
Other	56,019	63,237
	1,765,135	1,386,023

**Note 8:
Employee Benefits Expenses**

Fringe Benefit Tax	(10,272)	9,886
Salaries	16,185,546	13,331,647
Superannuation	1,426,776	1,167,000
Work Cover	225,143	168,368
Staff Training	138,816	125,683
Other	164,119	175,322
	18,130,128	14,977,906

**Note 9:
Bad and Doubtful Debts Expense**

Bad Debts	2,049	-
	2,049	-

	2018	2017
Note 10: Depreciation		
Buildings	244,479	148,539
Plant and Equipment	203,322	172,862
Motor Vehicles	-	-
Clinical Software	28,547	22,138
	476,348	343,539

**Note 11:
Motor vehicle Expenses**

Fuel and Oil	74,351	78,959
Lease Expense	411,295	332,525
Repairs and Maintenance	29,173	18,809
Registration	3,542	1,714
	518,361	432,007

**Note 12:
Operation Expenses**

Advertising and Promotions	218,273	46,180
Agency Staff	92,848	23,393
Cleaning	480,009	332,243
Client Services	254,667	162,367
Consultants	300,122	317,444
Consumables	-	70,550
Dental Supplies	3,566	3,322
GP Locums	49,822	55,005
Health and Safety	70,879	-
Library Services	-	8,819
Medical Supplies	508,122	592,501
Minor Equipment Purchases	269,005	89,972
NACCHO Expenditure	66,595	-
Project Expenditure	-	337,453
Publications and Resources	85,479	-
QUMAX Expenditure	94,484	-
Rent Expenditure	1,104,073	809,191
Repairs and Maintenance	208,267	154,521
Security	253,230	208,998
Utilities	156,813	134,673
Other	8,263	25,505
	4,224,517	3,372,137



	2018	2017
Note 13: Rental Property		
Rental Property	10,609	-
	10,609	-
Note 14: Travel		
Travel and Accommodation	183,607	174,246
	183,607	174,246
Note 15: Assets Written Off		
Assets Written Off	-	-
	-	-
Note 16: Cash and Cash Equivalents		
Cash at Bank	273,179	1,855,410
Cash on Hand	1,900	1,900
	275,079	1,857,310
Note 17: Other Current Assets		
Bond Paid	81,991	54,160
Prepayments	58,862	-
Other	19,758	13,498
	160,611	67,658
Note 18: Trade and other Receivables		
Trade Debtors	229,950	60,810
Other Debtors – Grants and Medicare	32,955	730,910
	262,905	791,720

(a) Trade receivables and allowances for doubtful debts

Trade receivables are non-interest bearing and are generally on 30 day terms and are expected to be settled within 12 months. The ageing of trade receivables is detailed below:

	2018		2017	
	Gross	Allow.	Gross	Allow.
Not Past Due	124,107	-	753,396	-
Past Due 0-30 Days	70,785	-	5,500	-
Past Due 31-60 Days	2,046	-	17,760	-
Past Due 61-90 Days	-	-	150	-
Past Due 90 Days & Over	65,967	-	14,914	-
	262,905	-	791,720	-

(b) Impaired receivables

As at 30 June 2018, current receivables with a nominal value of \$138,798 (2017: \$38,324) were past due but not impaired. These relate to a number of customers for whom there is no history of default.

	2018	2017
Note 19: Property Plant and Equipment		
Clinical Software – at Cost	444,479	388,308
Accumulated Amortisation and Impairment	(383,432)	(354,885)
Written Down Value	61,047	33,423
Land – at Fair Value	5,150,000	5,150,000
Buildings	6,698,378	3,882,684
Accumulated Depreciation and Impairment	(1,485,428)	(1,451,365)
Written Down Value	10,362,950	7,581,319
Plant and Equipment - at Cost	1,981,658	1,583,501
Accumulated Depreciation and Impairment	(1,379,566)	(1,171,387)
Written Down Value	602,092	412,114
Website Work in Progress - at Cost	29,160	-
Accumulated Depreciation and Impairment	-	-
Written Down Value	29,160	-
Total Written Down Value	11,055,249	8,026,856

A Land Revaluation was conducted on 27 February 2017 by an Independent Valuer - Colliers International. 32 and 36 Knuckey Street were revalued with no change in value to 36 Knuckey and a decrease in value of \$450,000 for 32 Knuckey Street. Land assets are valued at fair value, and are measured on the basis market value, being the revalued amount at the date of the revaluation. No items of Property, Plant and Equipment are expected to be sold or disposed of within the next 12 months



Year Ended 30 June 2018	Land & Property	Plant & Equipment	Work in Progress	Clinical Software	Total
Opening Net Book Amount	7,581,319	412,114	-	33,423	8,026,856
Additions	3,026,110	393,300	-	56,171	3,475,581
Disposals	-	-	-	-	-
Work in Progress	-	-	29,160	-	29,160
Depreciation	(244,479)	(203,322)	-	(28,547)	(476,348)
Closing Book Amount	10,362,950	602,092	29,160	61,047	11,055,249

Year Ended 30 June 2017	Land & Property	Plant & Equipment	Work in Progress	Clinical Software	Total
Opening Net Book Amount	7,503,524	512,311	-	27,165	8,043,000
Additions	676,334	72,665	-	28,396	777,395
Disposals	-	-	-	-	-
Depreciation	(148,539)	(172,862)	-	(22,138)	(343,539)
Revaluation	(450,000)	-	-	-	(450,000)
Closing Book Amount	7,581,319	412,114	-	33,423	8,026,856

	2018	2017
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Note 20: Accrued Expenses

Accrued Employee Benefits and On-costs	127,814	110,865
Accrued Expenses	29,800	29,683
	157,614	140,548

Accrued expenses are expected to be settled within 12 months.

Note 21: Contingencies

There are no contingent liabilities or assets in the current year.

Note 22: Provisions

Current

Employee Benefits

Annual Leave	969,956	810,087
Long Service Leave	353,589	284,397
	1,323,545	1,094,484

Non-Current

Employee Benefits

Long Service Leave	151,491	131,377
	151,491	131,377
Total Provisions	1,475,036	1,225,861

	2018	2017
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Note 23: Other Liabilities

Tax Payable	442,734	536,252
Unspent Grant Funds	59,931	720,454
Grants Funds Received in Advance	613,718	502,823
Employee Liabilities	(14,021)	78,923
	1,102,362	1,838,452

Note 24: Loan Payable Terms and Repayment Schedule as at 30 June 2018

Opening Balance 28 February 2018	241,000	-
Current	17,029	-
Non-current	223,971	-
Closing Balance 30 June 2018	223,971	-

The loan is secured against the Fit-Out Works completed. This loan is repayable in instalments over 5 years. Interest is charged on the principal sum at a rate of 7% nominal interest per annum (interest paid 2018: \$6,832) compounding monthly until the expiry date of the lease or the date on which the principal and all interest is paid in full.

Note 25: Operating Leases

Vehicle Operating Leases

Payable Within 12 Months	332,868	215,185
Payable 12 Months – 5 Years	423,812	187,498
	756,680	402,683

The motor vehicle lease commitments are non-cancellable operating leases contracted for with a two or three year term. No capital commitments exist with regards to the lease commitments at year end. The lease payments are constant throughout the term of the lease.

Premises Operating Lease

Payable Within 12 Months	1,276,793	932,172
Payable 12 Months – 5 Years	3,108,600	2,315,909
	4,385,393	3,248,081

Premises lease commitments are non-cancellable leases contracted for between three year and ten year terms in general. No capital commitments exist with regards to the lease commitments at year end. Lease payments are constant throughout the term of the lease.



	2018	2017
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**Note 26:
Reconciliation of Operating Result
to Net Cash Inflow From Operating Activities**

Operating Result	699,991	82,819
Depreciation and Impairment	476,348	343,539
Assets Written Off	-	-
Gain on Disposal of Assets	-	-
Total	1,176,339	426,358

Changes in Assets and Liabilities

(Increase)/Decrease In Trade and other Receivables	528,815	(483,406)
(Increase)/Decrease In other Current Assets	(92,953)	109,198
Increase/(Decrease) In Unexpended Grants	(549,628)	1,223,277
Increase/(Decrease) In Trade and other Payables, including accruals	573,254	(28,736)
Increase/(Decrease) In Employee Provisions	249,175	228,154
Increase/(Decrease) In Other Liabilities	37,508	449,907
Total Change in Assets and Liabilities	746,171	1,498,394
Net Cash Generated From/(used) in Operating Activities	1,922,510	1,924,752

**Note 27:
Financial Risk Management**

The main risks the Corporation is exposed to through its financial instruments are liquidity risk, credit risk, market risk, interest rate risk, and concentration of credit risk.

Liquidity Risk

Liquidity risk is the risk that the Corporation will not be able to meet its obligations as and when they fall due. The Corporation manages its liquidity risk by monitoring cash flows and also through its budget management process. Due to the nature of its business, the Corporation is able to estimate its income and expected expenditure on a seasonal basis based on grant funding release timeframes.

Credit Risk

Credit risk is the risk of financial loss to the Corporation if a customer or counterparty to a financial instrument fails to meet its contractual obligations. Exposure to credit risk is monitored by management on an ongoing basis. The maximum

exposure to credit risk, excluding the value of any collateral or other security, is limited to the total carrying value of financial assets, net of any provisions for impairment of those assets, as disclosed in the balance and notes to the financial statements.

The Corporation has a concentration of credit risk where all the Corporations cash is held with the one banking institution, Westpac Banking Corporation. Financial Assets are monitored regularly with zero financial assets past due nor impaired at balance date. Further there have been no credit terms renegotiated. Management have investigated further banking options where a second banking institution will be negotiated during 2018 financial year to allow for decreased credit risk and business interruption risks that may occur due to locational regions. Management have established business continuity plans, policies and procedures to mitigate operational banking risks.

Market Risk

Market risk is the risk that changes in market prices, such as interest rates and equity prices will affect the Corporation's income or the value of its holding of financial instruments. Exposure to market risk is closely monitored by management and carried out within guidelines set by the Board.

The Corporation does not have any material market risk exposure.

Sensitivity Analysis

At balance date, the Corporation had the following assets exposed to variable interest rate risk:

	2018	2017
Financial Assets	\$	\$
Cash At Bank	273,179	1,855,410
Total Financial Assets	273,179	1,855,410

There are no financial liabilities exposed to variable interest rate risk.

The table below details the interest rate sensitivity analysis of the Corporation at balance date, holding all variables constant. A 100 basis point change is deemed to be a possible change and is used when reporting interest rate risk.

	Effect on P&L	Effect on Equity	Effect on P&L	Effect on Equity
	2018	2018	2017	2017
	\$	\$	\$	\$
Base Points + 1%	2,732	2,732	18,554	18,554
Base Points - 1%	(2,732)	(2,732)	(18,554)	(18,554)

The table below reflects the undiscounted contractual settlement terms for the financial instruments of a fixed period of maturity, as well as management's expectations of the settlement period for all financial instruments.

30 June 2018	Within 1 year	1 – 5 years	Over 5 years	Total Carrying
Financial Assets – Cash Flow Realisable	\$	\$	\$	\$
Cash and Cash Equivalents	275,079	-	-	275,079
Trade and other Receivables	262,905	-	-	262,905
Other Current Assets	160,611	-	-	160,611
Total	698,595	-	-	698,595
Financial Liabilities Due for Payment				
Accrued Expenses	127,184	-	-	127,184
Trade and other Payables	892,890	-	-	892,890
Other Liabilities	-	-	-	-
Loan	57,265	205,200	-	262,465
Total	1,077,169	205,200	-	1,283,169



Year Ended 30 June 2017	Within 1 year	1 – 5 years	Over 5 years	Total Carrying
Financial Assets – Cash Flow Realisable	\$	\$	\$	\$
Cash and Cash Equivalents	1,857,310	-	-	1,857,310
Trade and other Receivables	791,720	-	-	791,720
Other Current Assets	67,658	-	-	67,658
Total	2,716,688	-	-	2,716,688
Financial Liabilities Due for Payment				
Accrued Expenses	110,865	-	-	110,865
Trade and other Payables	320,692	-	-	320,692
Other Liabilities	1,302,200	-	-	1,302,200
Total	1,733,757	-	-	1,733,757

Fair Value

The carrying amount of assets and liabilities is equal to their net fair value. The following methods and assumptions have been applied:

Recognised financial instruments

Cash, cash equivalents and interest bearing deposits: The carrying amount approximates fair value because of their short-term to maturity.

Receivables and Creditors: the carrying amount approximates fair value due to their short term to maturity.

Note 28: Recurring Fair Value Measurements

The following assets are measured at fair value on a recurring basis using the market approach method after initial recognition:

-freehold land

No liabilities are measured at fair value on a recurring basis or any assets or liabilities at fair value on a non-recurring basis.

i. Fair Value Hierarchy

AASB 13: Fair Value Measurement requires the disclosure of fair value information by level of the fair value hierarchy, which categorises fair value measurements into one of three possible levels based on the lowest level that an input that is significant to the measurement can be categorised into as follows:

Level 1

Measurements based on quoted prices (unadjusted) in active markets for identical assets or liabilities that the entity can access at the measurement date.

Level 2

Measurements based on inputs other than quoted prices included in Level 1 that are observable for the asset or liability, either directly or indirectly.

Level 3

Measurements based on unobservable inputs for the asset or liability.

The fair values of assets and liabilities that are not traded in an active market are determined using one or more valuation techniques. These valuation techniques maximise, to the extent possible, the use of observable market data. If all significant inputs required to measure fair value are observable, the asset or liability is included in level 2. If one or more significant inputs are not based on observable market data, the asset or liability is included in level 3.

ii. Valuation Techniques

A valuation technique that is appropriate in the circumstances and for which sufficient data is available to measure fair value. The availability of sufficient and relevant data primarily depends on the specific characteristics of the asset or liability being measured. The valuation techniques selected are consistent with one or more of the following valuation approaches:

- Market Approach: valuation techniques that use prices and other relevant information generated by market transactions for identical or similar assets or liabilities
- Income Approach: valuation techniques that convert estimated future cash flows or income and expenses into a discounted present value
- Cost Approach: valuation techniques that reflect the current replacement costs of an asset at its current service capacity

Each valuation technique requires inputs that reflect the assumptions that buyers and sellers would use when pricing the asset or liability, including assumptions about risks. When selecting

a valuation technique, priority is given to those techniques that maximise the use of observable inputs and minimise the use of unobservable inputs. Inputs that are developed using market data (such as publicly available information on actual transactions) and reflect the assumptions that buyers and sellers would generally use when pricing the asset or liability are considered observable, whereas inputs for which market data is not available and therefore are developed using the best information available about such assumptions are considered unobservable.

The Corporation has adopted the market approach which determines the appraisal value of an asset based on the selling price of similar items using direct comparison, analysed on a rate per square metre of site area. Management acknowledge and support the requirement for the selected Valuer to remain independent from the Corporation.

The following table provides the fair values of the company's assets measured and recognised as a recurring basis after initial recognition and their categorisation within the fair value hierarchy:

Freehold Land	Level 1	Level 2	Level 3	Total
32 Knuckey St	-	3,050,000	-	3,050,000
36 Knuckey St	-	2,100,000	-	2,100,000
Total at Fair Value	-	5,150,000	-	5,150,000

The fair value measurement amounts of freehold land include office buildings in Darwin in close proximity to the CBD.

Note 29: Key Management Personnel Compensation

The aggregate compensation made to directors and other members of key management personnel is set out below.

	2018	2017
Key Management Personnel Compensation		
Short Term Employee Benefits	1,429,503	1,852,771
Post-Employment Benefits	9,659	58,154
Total	1,439,162	1,910,925

**Note 30:
Related Parties**

During the financial year ended 30 June 2018, no loans or other related party transactions were made to any Board member or key management personnel. In 2017/18, no Board members were paid sitting fees (2016/17:\$nil). No sitting fees were paid from grant funds.

**Note 31:
Economic Dependency**

The management of grant funded projects by Danila Dilba Health Service is dependent on continued funding from the Commonwealth and Northern Territory Governments.

**Note 32:
Events Occurring after
Balance Sheet Date**

The directors are not aware of any significant events since the end of the reporting period.

**Note 33:
Auditors' Remuneration**

	2018	2017
Amounts Received or Due and Receivable by the auditors of Danila Dilba Health Service		
Audit or Review Service	29,800	29,683
Other Services	-	8,632
Total	29,800	38,315

**Note 34:
Statement of Funding Sources**

	2018	2017
Department of Health	12,922,270	10,058,092
Department of Social Services	284,820	492,000
Dept. Children and Families	687,651	628,162
Northern Territory Government	1,265,914	651,131
Dept. Prime Minister & Cabinet	894,424	885,646
Northern Territory General Practice Education Ltd	1,361,497	1,134,045
Primary Health Network Northern Territory Ltd.	2,383,987	1,770,973
Other Grants	146,272	48,404
Medicare	4,805,121	4,085,383
Bank Interest	11,178	12,471
Reimbursements	242,101	687,854
Sundry Income	529,163	274,326
	25,534,398	20,728,487

**Note 35:
Statement of Unspent Grants
Received during the Year**

	2018	2017
Dept. of Health		
Australian Nurse Family Partnership	-	301,916
Capital Funding Palmerston Clinic	-	22,450
Capital Funding Darwin Clinic	-	204,250
Indigenous Sexual Health	573,718	-
	573,718	528,616
Northern Territory Government		
General Practice Education	-	60,000
Mobile Clinic	-	-
Primary Health Network SEWB	-	191,838
Primary Health Network Choosing Wisely	20,890	-
Territory Families Safe, Respected and Free Violence Prevention	40,000	-
	60,890	251,838
Prime Minister and Cabinet		
Alcohol and Other Drugs	-	277,011
Emotional and Social Wellbeing	-	165,812
NAIDOC Palmerston	29,972	-
	29,972	442,823
South Australian Health and Medical Research Institute Ltd		
SAHMRI Goanna Survey	9,069	-
	9,069	-
Gross Total of Unspent Project Funds	673,649	1,223,277

Unspent Grants received during the year vary from Unexpended Grants shown as a liability in the Statement of Financial Position depending on whether the grant is 'Reciprocal' and whether a present obligation to repay the funds exists at balance date.

Directors' Declaration

The members of the Governing Committee of Danila Dilba Biluru Butji Binnilutlum Health Service Aboriginal Corporation, hereby state that in their opinion:

1. the financial statements and notes are in accordance with the Corporations (Aboriginal and Torres Strait Islander) Regulations 2007 (CATSI Regulations), including:
 - a. compliance with the accounting standards; and
 - b. providing a true and fair view of the financial position and performance of the Corporation and the Consolidated group; and
2. there are reasonable grounds to believe that the Corporation will be able to pay its debts when they become due and payable.

Made in accordance with a resolution of the Directors on 2 November 2017.



Mrs Carol Stanislaus
Chairperson



Mrs Nicole Butler
Deputy Chairperson



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INDEPENDENT AUDITOR'S REPORT

To the members of Danila Dilba Biluru Butji Binnilutlum Health Service Aboriginal Corporation

Opinion

We have audited the financial report of Danila Dilba Biluru Butji Binnilutlum Health Service Aboriginal Corporation (the Corporation), which comprises the statement of financial position as at 30 June 2018, the statement of profit or loss and other comprehensive income, the statement of changes in equity and the statement of cash flows for the year then ended, and notes to the financial report, including a summary of significant accounting policies, and the directors' declaration.

In our opinion the accompanying financial report of Dilba Biluru Butji Binnilutlum Health Service Aboriginal Corporation, is in accordance with Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012*, including:

- (i) Giving a true and fair view of the Corporation'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 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 Corporation in accordance with the auditor independence requirements of the *Australian Charities and Not-for-profits Commission Act 2012* (ACNC Act) and 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.

Responsibilities of directors for the Financial Report

The directors of the Corporation are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards and the ACNC Act, and for such internal control as directors determine is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the directors are responsible for assessing the Corporation'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 Corporation or to cease operations, or has no realistic alternative but to do so.

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The directors are responsible for overseeing the Corporation's financial reporting process.

Auditor's responsibilities 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.

A further description of our responsibilities for the audit of the financial report is located at the Auditing and Assurance Standards Board website (<http://www.auasb.gov.au/Home.aspx>) at:

http://www.auasb.gov.au/auditors_responsibilities/ar4.pdf

This description forms part of our auditor's report.

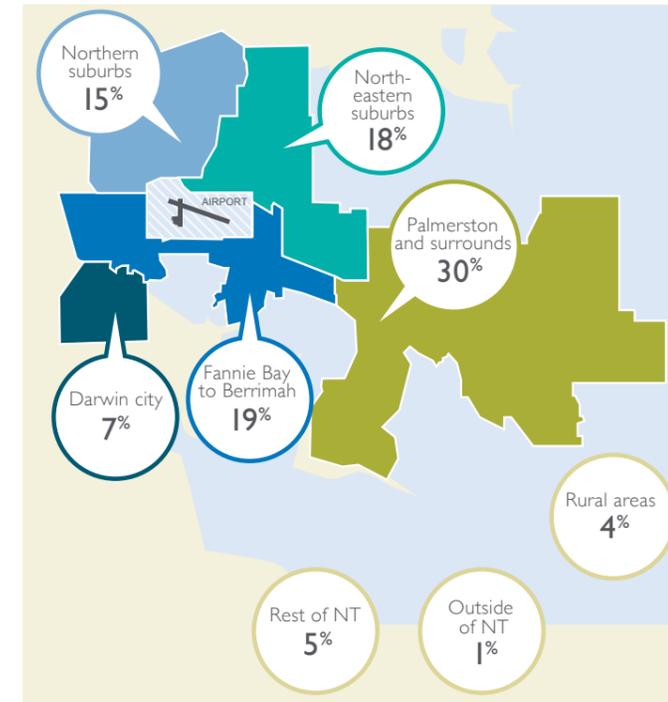
BDO Audit (NT)

C Taziwa
Audit Partner

Darwin, 27 September 2018

Danila Dilba Health Service

Regular clients



GPO Box 2125, Darwin NT 0801

info@daniladilba.org.au
www.ddhs.org.au

Corporate Services

1st Floor, 28 Knuckey St, Darwin
(08) 8942 5400

Community Services

Ground Floor, 28 Knuckey St, Darwin
(08) 8942 5400

Bagot Community Clinic

133 Bagot Rd, Ludmilla
(08) 8942 5380

Darwin Clinic

32-34 Knuckey St, Darwin
(08) 8942 5444

Malak Clinic

3/1 Malak Place, Malak
(08) 8920 9500

Men's Clinic

42 McLachlan St, Darwin
(08) 8942 5495

Gumilebirra Women's Health Service

4/7 Rolyat St, Palmerston
(08) 8931 5700

Palmerston Health

1/7 Rolyat St, Palmerston
(08) 8931 5711

Rapid Creek Clinic

Rapid Creek Business Village,
Shop 35, 48 Trower Rd, Millner
(08) 8942 5350





Danila Dilba
Health Service