ACKNOWLEDGEMENTS

Miwatj Health acknowledges the support of the Australian Government and the NT Government in the provision of funds for a number of our primary healthcare programs.

*Cover photo courtesy of Pep Phelan.*
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Welcome everyone to the Miwatj Health Aboriginal Corporation Annual Report of 2017/18.

In November 2017 Miwatj Health held its AGM and a new Board was elected. The following members were voted in for the next two years.

John Morgan Chairperson Bara Ward
Thomas Amagula Deputy Chairperson Mamarika Ward
Wukun Wanambi Director Bulunu Ward
Djuwalpi Marika Director Bulunu Ward
Timmy Burarrwanga Director Bulunu Ward
Andrea Collins Director Bulunu Ward
Banambi Wunungmurra Director Bulunu Ward
David Munyarryun Director Bara Ward
Ross Mandi Wunungmurra Director Bara Ward
Serena Wunungmurra Director Bara Ward
Gordon Lanyipi Ranymalpuy Director Bara Ward
Rhonda Simon Director Mamarika Ward
Tony Wurramarba Director Mamarika Ward
Nesman Bara Director Mamarika Ward
Bernie Yates Independent Director – non voting

I would like to thank the directors for their continued work to ensure the successful delivery of services. We are fortunate to have stability within our Board, with long term commitment from;

• Tony Wurramarba 10 years service
• David Yangarriny Munyarryun 11 years service
• John Morgan 18 years service
• Rhonda Simon 18 years service
• Ross Mandi Wunungmurra 20 years service

A highlight of the year saw the CEO Eddie Mulholland, attending the Garma Festival VIP Dinner, meeting with Former Prime Minister Malcolm Turnbull, Opposition Leader Bill Shorten and Andy Cowan (representing NT Chief Minister Michael Gunner), having conversations and further building relationships with key stakeholders for continuing support in the delivery of primary health care within the East Arnhem Region.

At Garma, Miwatj Health again ran the “Bush Clinic”, TIS program activities and a health forum at Gukula. The clinic was staffed by health practitioners and administrative staff, the clinic was busy this year, with more than 100 people seen over the four days. The forum discussed matters of renal health, social and emotional wellbeing and mental health.

On the business side it was a year of significant expansion of services with income growing by 16% over the previous year and all grants spent or anticipated to be spent in the relevant program areas. Capital expenditure for the year was $1,380,095 including;

• The completion of the Triplex in Galiwin’ku,
• A new four bedroom house in Nhulunbuy for staff
• Replacement of various computers, equipment and vehicles in the organization.

The accumulated funds of Miwatj remain healthy despite a year where the costs of providing services in the remote clinics materially exceeded budget due to a lack of permanent doctors and nurses.

The high standards and commitment of the board, CEO and staff has continued to build Miwatj health’s capability and reputation, and given the ability to take control of community health services across the East Arnhem Region. As a community controlled organisation, Miwatj Health continues to reflect on community needs.

Thank you

John Morgan
Chairperson

John Morgan | Chairperson

John is a Brinkin man from the Upper Daly Region who has lived in Yurrwi for the past 20 years and has worked in a variety of roles in the community, to do with legal aid, education, youth and men's issues, sport and community services. He has undertaken studies and training in such areas as business governance, health promotion, community services and suicide intervention. John's skills, leadership ability and dedication have made him a strong and effective Chairperson for the past ten years.

Thomas Amagula | Deputy Chairperson (Nov-Jun)

Thomas has been a board member since 2011. He is an advocate for the people of his community, Groote Eylandt, and he is currently a mentor at the Gulkula Regional Training Centre.

Dennis Wukun Wanambi | Deputy Chairperson (Jul-Nov)

Wukun plays an important role in his family and as a community member. Wukun works at the Mulka Project in the Buku Larrnggay Arts Centre and has established a high profile career as an artist heavily involved in major community projects including the Sydney Opera House commission, the opening of the National Museum of Australia and the local Yolŋu films, Lonely Boy Richard, The Pilot’s Funeral and Dhakiyarr Versus the King to name a few.
Timmy Djawa Burarrwanga
Board Member
Yirrkala - Bulunu Ward
Timmy is a prominent community member and holds many positions including Chairperson of Lirrwi Yolŋu Tourism Aboriginal Corporation, Director of Gumatj Industrial Pty Ltd, and Managing Director of Bawaka Cultural Experiences Pty Ltd.

Banambi Wunungmurra
Board Member
Yirrkala - Bulunu Ward
Banambi is a prominent member of the Dhalwangu clan, and has played a leadership role among Yolŋu for many years. He currently works for the East Arnhem Shire, based in Nhulunbuy.

Djuwalpi Marika
Board Member
Yirrkala - Bulunu Ward
Djuwalpi is a senior member of the Rirratjiŋu clan. He has lengthy experience in local government, and is a dedicated community leader.

David Yagarriny Munyarruyun
Board Member
Marthakal - Barra Ward
David is a prominent community member and is also a senior staff member of Marthakal Homelands Association.

Andrea Collins
Board Member
Nhulunbuy - Bulunu Ward
Andrea was a founding member of Miwatj Health, and has worked with Yolŋu in this region for decades. She is currently employed at the Department of Prime Minister’s Office in Nhulunbuy.

Ross Mandi Wunungmurra
Board Member
Yirrkala - Bulunu Ward
Ross has been a member of the Miwatj board for over 15 years. Prior to Miwatj, Ross was the Chair of Shepherdson College in Galiwin’ku followed by the Chair of the Yurrwi School Council. Ross worked with Sport & Rec at the local council and now works with the Shire as a member of the Night Patrol. He was also a Mala leader for the Marthakal Council from 2012 to 2014.

Rhonda Simon
Board Member
Numbulwar - Mamarika Ward
Rhonda has been on the Miwatj Board for over 10 years. Rhonda holds an extensive background as an Aboriginal Health Practitioner for the Northern Territory Government. She completed her studies at the Katherine Institute in 1984, and began working as an Aboriginal Health Care Practitioner for the East Arnhem Shire for 10 years. Since 2004, Rhonda has been a dedicated Child Health Worker for the Numbulwar Health Development Team (East Arnhem Shire) and is actively involved in the ‘Healthy under 5 Kid’s Check’ Program.

The Board of Miwatj Health meets 4 times a year. Their duties include overseeing the activities and affairs of Miwatj Health including strategy, planning and budgets.
Medicare income significantly increased from the previous year by $633,227 due to vastly improved billing practices and the delivery of training and enhancements with Communicare.

Grant funding increased by 22% from the previous year showing the extent to which Miwatj program activity is growing. The grants received during the year were fully utilized in providing culturally appropriate Comprehensive Primary Health Services in the region as expenditure increased along with increases in grant funds leaving minimal grant funding unspent at balance date.

Salaries and wages did not see a large increase but the increase in locum fees and agency fees more than tripled compared to the previous year. Such an increase reflected the challenges running the new Malmaldharra Health Clinic but also the difficulty in getting medical staff to work permanently.

To address this need to attract and retain a permanent workforce, one of Miwatj’s strategic objectives is to become an employer of choice. A key driver of our organisations future success, and of our ability to fulfill our mission and goals, is the quality and readiness of our people. It is increasingly challenging to attract the very best talent, and we have a dual need to both inspire and educate prospective candidates about the opportunity we offer, and about the reality (warts and all!) of working with Miwatj Health. In doing this, we must be proactive in driving a unique and authentic employer brand.

Having an employer brand will promote Miwatj as an employer of choice to the people we need and want to recruit and retain. We know it is no longer a ‘nice to have’. The 2017 job market is candidate-driven, and it is harder than ever to attract and retain the best people. We are working with marketing and branding specialists to build on the work we have already done to further develop our brand and improve on engagement, motivation and retention of the Miwatj Health workforce and attract quality staff.

Eddie Mulholland | Chief Executive Officer
Miwatj Health Aboriginal Corporation

The past financial year has given Miwatj Health many reasons to celebrate. The year was again characterised by consistent growth which has been steadily improving for a decade. The transition of the Malmaldharra Clinic at Yurrwi (Milibinji), to Miwatj Health, from Top End Health Service was completed on 1st July 2017. The new clinic at Yurrwi is now going through the process of integrating into the Miwatj Health model and organisational culture. As a result the Miwatj Health vision of Yolŋu control and community empowerment in East Arnhem Land is progressing well.

Miwatj Health has opened discussions with the Northern Territory, Top End Health Service and Commonwealth Departments of Health regarding the next clinic transitions, at Gapuwiyak and Ramingin thus further expanding community control in East Arnhem. With all parties committed to the principles of Pathways to Community Control, Miwatj Health anticipates successfully transitioning these two clinics at the same time in 2019.

Miwatj Health celebrated its 25 year anniversary, a huge milestone for the organisation, on May 26th in Nhulunbuy. We also launched our new Health Centre at Galiwin’ku to coincide with our 25 year celebrations. The launch of this clinic saw members of the community come together and celebrate the expansion of Miwatj Health’s infrastructure and services in Galiwin’ku.

As part of our regional service expansion in 2016/17 Miwatj Health commenced the provision of respite renal dialysis services on Groote Eylandt and Galiwin’ku and continues to provide full time renal dialysis in Yirrkala. The Regional Renal Program expanded to Groote Eylandt in partnership with the Anindilyakwa Land Council (ALC) who provided the funds.

The ALC and Western Desert (WDNWPT) are essential to the expansion and success of our renal program in East Arnhem. WDNWPT are contracted by Miwatj Health to deliver our renal dialysis services. We plan to grow this service to enable people with renal disease to return to country across all East Arnhem Land and receive appropriate health care.

With advocacy from community and organisations like Miwatj Health, the model for nurse-assisted dialysis is changing to reflect the need to provide services closer to home. 2017/18 was another positive year for Miwatj Health. The Miwatj Health service is in sound financial shape and the organisation operating five clinics to a satisfactory level. Overall, these trends have resulted in Miwatj Health finishing the year financially stable as evidenced by a key financial ratio, the quick assets ratio of 1.5 (where a ratio of over 1 is considered to be good). Medicare income significantly increased from the previous year by $633,227 due to vastly improved billing practices and the delivery of training and enhancements with Communicare.

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On 4 November 1991, the Regional Manager of ATSIC sent a memo to community representatives across the East Arnhem region:

The Executive of Miwatj Regional Council have recently endorsed a proposal to form a Regional Aboriginal Health Association possibly involving a representative from each Community/Association within the East Arnhem Region.

I understand that ATSIC field officers have discussed this issue with your organisation and invite a representative from both your elected governing body/council and your Health Service to attend the above meeting.

So Miwatj Health began life. The concept of a health organisation covering the whole region was the creation of Aboriginal people from all communities and associations across East Arnhem Land. Originally it was the brainchild of the elected Aboriginal members of the ATSIC Regional Council, which proposed the concept and advocated for its acceptance.

Miwatj Health’s first funds, to enable the acquisition of staff and equipment, were provided by ATSIC through the National Aboriginal Health Strategy. At the time a number of the Board members of Miwatj were also elected members of the ATSIC Board, reflecting the community-based origins of the organisation, and giving complete representation/coverage of the region.

The Prospectus of the organisation at the time stated:

Miwatj Health has been established under the auspices of the Miwatj Regional Council, to promote the extension of health and related services to the residents of homeland centres in the East Arnhem Region, in line with the recommendations of the National Aboriginal Health Strategy.

The need to extend health service provision to homeland centres (also known as outstations) is apparent in the fact that Miwatj Health was initially established under the Laynhapuy Homelands Association, prior to being established as a separate body in 1992.

Over the years this has become a longer-term pattern – overall, the motivation behind the formation of Miwatj Health, and the programs pursued by Miwatj over the years, has been the need to fill gaps in primary healthcare service provision left by the NT Government.

The early Constitution of Miwatj Health emphasised, as an aim, to assist Aboriginal people in gaining control of healthcare resources – “to provide resources and support to Yolŋu people to enable them to assume control over the delivery of health services to the people of the Miwatj region.” This is clearly a regional community control agenda, and it has existed since Miwatj was first established.

In 1992 Miwatj employed its first staff, including a Medical Officer; commenced an audit of homelands residents’ health needs; installed computer terminals at Laynhapuy, Galiwin’ku and Gapuwiyak and immediately commenced loading patient data onto them (as early as 2,500 patient files had been established on the system). At the time Miwatj took the lead in computerised patient information systems with the early installation of Healthplanner in the region (adapted to carry ‘live’ data).

The orientation of Miwatj Health towards a primary health care perspective was made clear in the 1992 Prospectus:

The excessive costs inherent in the first step recourse to major institutional health care may be addressed in terms of primary health provision and preventative health education.

At that time there was almost no primary care provision by doctors in the bush in the region. If someone needed to see a doctor, they would be evacuated out to a hospital in a city, treated briefly, and then sent back to the environment which had often been the cause of their illness. There was little emphasis on prevention or education. In this situation the need for an organisation such as Miwatj to represent the needs of Aboriginal people from the bush – to advocate for the right of
Aboriginal people to access highly-skilled medical care close to where they live – was clear. For many years Miwatj was the driving force in the provision of doctors at bush communities across the region.

Initially, Miwatj Health did not operate a clinic of its own, but sent doctors from its office in Nhulunbuy to those communities where the need was greatest. These included all the Laynhapuy homelands, Galiwin’ku, Gapuwiyak community and homelands. Gunyangara (Gunyangara did not have its own clinic until 1996), Yirrkala and Numbulwar. For a significant time Miwatj employed the full-time resident GPs at Numbulwar and Gapuwiyak.

Of course doctors could not be employed in remote communities without somewhere to live. The construction of the first houses for doctors throughout the region in the mid-1990s was a direct result of advocacy by Miwatj to the Commonwealth Government.

1997-2000

Around late-1997 Miwatj Health constructed its own small clinic in Nhulunbuy. The rationale at that time was that patients from the Laynhapuy homelands with complex problems needed a properly-equipped facility where they could be seen by doctors. At that time neither the NT Department of Health clinic in Yirrkala nor the Laynhapuy Association employed doctors, so Miwatj was the only option.

In 1999-2000 Miwatj established itself as a registered training organisation and set about training Aboriginal Health Workers, in response to the need expressed by community elders for a local training facility. The first graduates of that still hold prominent positions in their respective organisations.

2016-2018

Rrambaŋi djäma – working together

Miwatj Health – Today

The pace of change in healthcare provision has quickened even more in recent times. Input from community members, developments in government policy and changes in the region’s health have all meant Miwatj Health has had to change and adapt.

The major change to which Miwatj has had to adapt since 2008 is rapid exponential growth. As the population serviced by Miwatj has increased, and as new Commonwealth programs are announced, so staff numbers and budgets have increased dramatically. Managing this rapid change has been a challenge for both Board and staff members, but Miwatj has risen to the task and currently enjoys the minimum risk rating possible for a Commonwealth-funded organisation.

Today Miwatj continues to answer the calls of communities in need. Since 2008, when the local councils were abolished, Miwatj has taken on full management of the health centres at Gunyangara and Galiwin’ku. The newly formed Shire councils changed the model of service for local government to the exclusion of primary health care and NT Government did not want to take on service delivery due to insufficient resourcing. Specifically, NT Government had been providing a grant in aid to the Galiwin’ku Council for $900,000 per annum for a clinic that now looks after around 3,000 people. Concerned for the health of the community, Miwatj agreed to take over responsibility and liability for Ŋalka nbuy Health Centre and successfully took control with just 4 weeks’ notice. Miwatj then lobbied for increased funding and has raised the budget for Galiwin’ku to over $5million in the intervening years, and transformed the way that service operates.

Developments in government policy in the past decade have also had a big impact on the current operations of development, built up through the work of successive Social Justice Commissioners, was challenged by the Commonwealth as it unrolled the NT Emergency Response (the NTER, or Intervention). In Arnhem Land, the initial exclusion of the NTER measures from the Racial Discrimination Act brought about widespread anger among Aboriginal people, and the community planning undertaken by the Commonwealth as part of the NTER has been problematic in many places, particularly in regard to health.
Miwatj Health Aboriginal Corporation was established in 1992. It is an independent, Aboriginal-controlled health service administered by a Board of Directors representing communities across East Arnhem Land.

Miwatj Health has its administrative base in the town of Nhulunbuy, in the Northern Territory of Australia. Our clinics are located in Nhulunbuy, Gunyangara (also known as Marngar), Galiwin’ku, Yirrkala and Yurrwi, providing a walk-in service for all acute and preventive care needs. In addition to these fixed clinics, our outreach teams provide a regular visiting service to a number of nearby communities including Birritjimi, Gunyangara, Yirrkala, and within the Galiwin’ku community. These services are Men’s Health, Chronic disease and Complex Care Coordinators. Our Eye Health coordinator visits the whole region. Sites include: Alyangula, Angurugu, Gapuwiyak, Gunyangara, Marthakal, Galiwin’ku, Millingimbi, Nhulunbuy, Yirrkala, Numbulwar, Ramingining and Umbakumba.

OUR VISION
Building the capabilities of Miwatj mala so they can take control of their lives, and direct their own futures.

OUR MISSION
Miwatj Health’s mission is to ensure and expand Aboriginal community control of quality healthcare services and public health programs across the East Arnhem region.

OUR VALUES
Miwatj Health implements its core functions using our organisational Values. These Values are:

- showing compassion, care and respect for our clients and staff;
- taking pride in the results of our work;
- ensuring cultural integrity and safety, while recognizing cultural and individual differences;
- being fair, accountable and transparent in all our dealings, both internally and externally; and
- recognizing the importance of building both the capacity of our organisation and the capabilities of our people and their communities.

OUR APPROACH
The underlying philosophy of Miwatj Health is the fundamental right of Aboriginal people to control their own health services. This supports the Alma Ata Declaration of the World Health Organisation, which emphasised people’s right to participate in the planning and implementation of primary healthcare services, and supports the long-accepted principle of self-determination for Indigenous peoples.

We implement this through our Board governance structure, and through our daily involvement in health issues at a grass-roots community level. Miwatj believes the way forward in Aboriginal health lies in the implementation of comprehensive primary health care. This includes primary medical care, but also goes beyond that to emphasise a wide-ranging and holistic approach.

Effective Health Care for Aboriginal People in the Miwatj Region should involve:

- Local ownership and involvement;
- A population health approach—that is, addressing the health of populations and groups, not only individuals;
- An emphasis on prevention;
- A wide range of services including allied health and mental health, linked together so that primary health care becomes a system;
- Recognition of the role of traditional culture;
- Strong cross-cultural communication to promote patient self-management;
- The flexibility to deliver services as close as possible to where people live; and
- Action to address the social determinants of health.

Miwatj Health sees primary health care as an interlinked system, not just a series of unconnected events. In the East Arnhem Land region culture and tradition are important considerations for delivering comprehensive primary health care. The role of cultural leadership, traditional kinship structures, and the connection between land and health which is embedded in the world view of the people of this region provide challenges which impart a unique identity to Miwatj Health.
From our external and internal analyses, and taking into account our Mission, Vision and Values, we have identified a number of priorities and have brought these together in our strategic goals.

THE STRATEGIC GOALS FOR MIWATJ HEALTH FOR 2018-2020 ARE:

• We will continue to deliver best practice, evidence-based services following a comprehensive, population health and rights-based approach.

• We will extend our service coverage across the region, responding to community needs and strengthening capabilities, consistent with our Mission.

• We will respect and engage with Aboriginal forms of authority and decision-making in all our activities and extend community involvement to empower Miwatj mala to guide how healthcare is provided.

• Further develop and demonstrate organisational culture and systems to drive efficient performance.

• Become an employer-of-choice to attract and retain quality staff.

• Support the empowerment of the local Aboriginal workforce with meaningful career pathways and progression.
Medical Workforce and Medical processes/programs

- Dr Andrew West Principal GP – Galiwin’ku.
- Dr Sarah Chalmers part-time GP and GP Registrar Supervisor.
- Dr Matt di Palma Principal GP – Nhulunbuy
- Dr Phoenix Smith – Senior Registrar – next year GP at Nhulunbuy and Yirrkala. Also some Outreach role
- Dr Kate Henderson – Senior Registrar 0.7 Nhulunbuy & one week per month Galiwin’ku
- Dr Stephen McKernan – Principal GP Yurwi
- Dr Tanya Martinich, Dr Barry Dowell and Dr Jane Nugent 0.7 Share Principal GP Cover Yirrkala
- Dr Katie Williamson, Principal GP Gunyangara Jan 2019
- Dr Prashanti – GP – Yirrkala and New Outreach role (Chronic Disease, Home visits, School etc)
- Dr Gwendoline RN
- Dr Stephen McKernan – Principal GP Galiwin’ku
- Dr Tanya Martinich, Dr Barry Dowell and Dr Jane Nugent 0.7 Share Principal GP Cover Yirrkala
- Dr Katie Williamson, Principal GP Gunyangara Jan 2019
- Dr Prashanti – GP – Yirrkala and New Outreach role (Chronic Disease, Home visits, School etc)
- Dr Suzie Condon – senior GP Registrar – will be Principle GP Galiwin’ku
- Dr Stephen McKernan – Principal GP Galiwin’ku

We are focusing on improving our Preventative Primary Health by increasing Health Assessments and Chronic disease GP Management Plans. To do this requires a strong and dedicated GP workforce that can cover the acute presentations AND chronic disease care on a day-to-day basis in addition to the already strong RAN and AHP Miwatj team. We will deliver good preventative health care based on National Guidelines (NACCHO) and up to date evidence-based best practice.

By 2019 we will have a full complement of GP’s and Miwatj will no longer require locums. We know that 50% of good health outcomes are due to continuity of care, having the same GP over time. It is a privilege to work at Miwatj in East Arnhem Land so I am confident we will have a strong, stable medical workforce into the future.

Other Workforce: Mental Health and Social and Emotional Wellbeing

Mental Health and SEWB Workforce

In addition to the nationally awarded Miwatj Mental Health teams we have the following new positions;
- Kerrie -Senior Clinical Psychologist – Kerrie will be visiting Galiwin’ku 3 days a month and Yirrkala 2 days a month. She is a very experienced Clinical Psychologist and has already had many referrals.
- Robyn – Youth Mental Health Social Work
- In addition a new Mental Health/AOD Clinician – Ross RN
- VSA Community Workers x 3: Luke, Jason and Gwendoline

We are putting a strong emphasis on supporting the Youth age group – 10yo to 20yo and we are in the process of a broad community-consultation and partnership to provide a long-term program.

Renal Program

We are developing a robust renal program which will not only provide dialysis to bring Elders back to country, but also prevent many people from ever needing dialysis.

A Miwatj Renal Team is being developed which will include a Specialist renal physician, Renal Coordinator, DMS, Purple House, Pharmacists, Renal AHP Specialists and a Community Reference Group.

Rheumatic Fever Strategy

Miwatj was one of 2 AMS’s to be awarded funding to reduce Acute Rheumatic Fever (ARF). ARF is the precursor to Rheumatic Heart disease – when open heart surgery is often needed. We have the highest rate in the western world and one of the main causes of this illness is overcrowding and inadequate living conditions causing high infection rates.

Thus creating Environmental Health Officer role (and a trainee position for the same).

We are also requesting a handheld echo machine so that our Child health nurses can pick up early heart changes and prevent them from becoming worse.

Medicare

I have begun processes to increase Medicare revenue including:
- Monthly reports on GP’s Medicare income – regular education and discussion with GP’s and Registrars about how maximise Medicare billing.
- Some changes in workforce – i.e. adding a GP to some Outreach work/home visits means Medicare revenue is 10 fold increase – i.e. $10 to $100.
- In this quarter we have exceeded the Medicare budget expectations.

Communicare

We continue to meet monthly to improve Communicare. This means taking out some of the unnecessary information and making it accurate. This will improve the quality of medical care we can provide and also reduce the risk of medical error.

Northern Territory Aboriginal Health Key Performance Indicators (NTAHKPIs)

We are developing a process by which to continue to improve our KPI’s. This includes;
- Improving our medical care through all of the changes mentioned above, so that patient care and outcomes are better, and
- Improving our operating systems and data input so that the KPI’s accurately reflect our patient care. By data cleaning we increased the Immunisations KPI from 84% to 95%.

Clinical Governance Committee

The Clinical Governance Committee meets monthly. In these meetings we discuss the Six parameters for reporting include:

1. Openness and transparency,
2. Risk Management,
3. Clinical Effectiveness,
4. Education and Training,
5. Clinical Audits,
6. Research and Development.

This is an effective way to continue to improve the health of our communities by implementing change where needed.

Oral Health

This program has been proactive in advocating for and improving oral health for Miwatj region. We are currently recruiting to the oral Therapist position.
Enhanced Response to Syphilis Outbreak

In September, Miwatj and the Centre for Disease Control (CDC) worked together to run a community screen for syphilis in Yurrwi. Miwatj, as the lead agency, raised community awareness of the outbreak, gathered community support for the screening strategies and provided staff to lead the activities. CDC supplied additional human resources (4 staff), guidance in screening logistics, health promotion resources (radio ads and talking boards in Yolngu Matha), and the point of care test (POCTs). POCTs have potential to increase case finding leading to the prompt treatment of cases, timely contact tracing and the treatment of contacts.

After only 2 weeks of screening the team managed to test 431 people. CDC have told us this was “This was a very successful screen, potentially the most successful since the start of the outbreak in 2013. Congratulations to Miwatj and the people of Yurrwi. Community engagement led by John Morgan from Miwatj has been cited as a major contributing factor. In addition Joanne Baker and Kevin, supported by Roslyn, were instrumental in explaining to members of the community why this infection was important, assuring confidentiality of test results, and using health promotion tools like the ‘talking board’ to gain an informed consent. It would not have worked at all without them”.

This has been a great example of genuine community-controlled health in action. We are now recruiting to 4 new positions in this program to continue the strong work in screening, treating and preventing syphilis and other sexually-transmitted infections. This has been a great example of genuine community-controlled health.

Below is an example of current disease profiles – note significant increase in mood disorders (5th highest disease in Yirrkala and 1st in Nhulunbuy).

Molly Shorthouse | Director Medical Services
We should be proud of the numerous successes we have achieved this year.

The Projects we have successfully engaged in:

Health Care Homes:
This is a new model of care that will support reforms to meet the health care needs of clients with chronic and complex conditions. The aim is to enable better integrated and coordinated primary health care services for the identified clients to achieve improved outcomes and ensure a sustainable health system in the future.

Maternal Early Childhood Sustained Home-Visiting Program (MECSH):
The NT Government has invested in introduction of MECSH program which is a Nurse led structured home visiting program to improve parenting and Child Health outcomes for pregnant women at any age and any stage in pregnancy. The program is adopted to suit the needs of remote communities and support workforce development while still maintaining the fidelity of the model. The program will incorporate AHPs, a train-the-trainer model and ongoing support for babies up to the age of three (3) years. The supportive relationship between MECSH nurse and family will provide a model and a mechanism for families to engage in supportive relationships with their children, family, community and broader health and social services. MIWATJ will initially role out this program out in Yurruwi followed by the Galin'ku community.

Integrated Team Care Program (ITC):
ITC is managed by Primary Health Networks (PHN). This was established to help Aboriginal and Torres Strait Islander (ATSI) people with complex and chronic diseases unable to effectively manage their conditions, to access this through a one on one system by employing Complex Care Coordinators. Since establishment of ITC, the provision of care coordination has enabled access to necessary services and developed pathways and service linkages resulting in improved quality of life for clients enrolled in the program. MIWATJ has employed three (3) Complex Care Coordinators in Yirrkala, Nhulunbuy and Galiwin’ku. We are hoping to put together a submission for another Coordinator for Yurruwi in the near future.

Integrating Pharmacists within Aboriginal Community Controlled Health Services (ACCHS’s) to Improve Chronic Diseases (IPAC) MIWATJ is involved yet again in this fifteen (15) month project to enable the organisation to include a non-dispensing pharmacist as part of the PHC team. This will enable improvement in the quality of care received by ATSI peoples for the trial period. The Sites included in this project are the Yirrkala, Yurruwi and Galiwin’ku Health services.

Leveraging Effective Ambulatory Services Project (LEAP)
The aim of taking on this project is to understand variation in response to Continuous Quality Improvement (CQI). This is vital to improve quality care on a broad scale and improve health outcomes by:-

• Building on the understanding of how local factors interact to facilitate or limit success of CQI
• Develop and test a toolkit to address barriers to improvement. This is done in partnership and through a learning community. Galiwin’ku community is the only site enrolled in this project.

The rest of the regional programs have had their own successes such as the Regional Eye Health program however, the recent resignation of the Regional Oral Health Coordinator has left an area of concern as the program was reaching out to quite a number of children and showed huge success in oral health improvement. Recruiting into the vacant position is currently underway.

Jeni Stubbs | Director of Clinical Services
Raypirri Rom Program

This year has been a very busy year for the Raypirri Rom program with a high demand for the Raypirri teams’ involvement from both service providers and Community. This involves assistance with referrals, seeking accurate information from clients and their families, advice and advocacy on culturally appropriate practices and participation in community events, workshops, camps and ongoing follow up and support for individuals and families.

Service Delivery

The program continues to respond to an average of 3-4 referrals per week consisting of requests for support, advocacy and family mediation for individuals and families with the following issues: Family and domestic violence, self-harm, VSA, youth engaging in anti-social behaviours, clan conflict and issues around mental health & AOD.

Our community workers work closely with the Mental Health/AOD team, assisting with client follow up and assessments to ensure culturally appropriate practice and security.

Both Ways Model

The Raypirri Rom program and model is increasingly gaining acknowledgment and recognition by both internal and external stakeholders within the Gove Peninsular.

Our both ways model of using our own traditional methods in conjunction with the strengths from mainstream processes is being filtered through the organisation and is now classed as a best practice model. This model is also used to support and sustain our Yolngu workforce (refer diagram below).

Both Ways

<table>
<thead>
<tr>
<th>Yolngu Way</th>
<th>Balanda Way</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healing Ceremonies</td>
<td>Training</td>
</tr>
<tr>
<td>Kinship</td>
<td>Working in an office environment</td>
</tr>
<tr>
<td>Acknowledging culture and community obligations</td>
<td>Organisational Policies and Procedures</td>
</tr>
<tr>
<td>Regular engagement with elders</td>
<td>Collecting data</td>
</tr>
<tr>
<td>Cultural Awareness for Co-workers and service provider</td>
<td>Filling out timesheets</td>
</tr>
<tr>
<td>Mediation</td>
<td>Work obligations</td>
</tr>
<tr>
<td>Family Involvement</td>
<td>Attending meetings / networking</td>
</tr>
<tr>
<td>Connecting to Country</td>
<td>Advocacy – providing advice and guidance around culturally appropriate practices</td>
</tr>
<tr>
<td>Specific Guidelines for referral pathways and service delivery</td>
<td>Giving presentations to clinical in-service or conferences</td>
</tr>
</tbody>
</table>

Partnerships with internal programs are reflected in our Raypirri Rom referral form, where it enables the referring services to identify how they would like our service to assist the individual and/or family. We then use this information to make relevant referrals and work closely with other key stakeholders to support the needs of the client.

Training

We are proud to announce that we have had 2 Yolngu community workers successfully complete their Diploma in Leadership and Management this year, which brings it to 4 Yolngu staff successfully completing their Diploma’s in the Public Health Unit. Other achievements include:

1. Yolngu Manager identified as 1 of 3 staff currently on a Succession Plan within Miwatj Health.
2. Yolngu staff trained to be able to use Communicare.
3. Yolngu staff have successfully completed their Mental Health First Aid and Streetwise AOD First Aid Certificates.

We are always looking for opportunities to upskill our staff, which contributes to self-confidence and empowerment at the community level.

Workforce

We are currently recruiting to 3 positions for Community Workers and a Project Officer, to assist with data collection and coordinating new community initiatives. This will enable the current Team Leader to focus more on directing the community workers with daily activities, responding to referrals and completing incident reports and timesheets.

Our program currently consists of Yolngu staff only:

- SEWB Manager
- Team Leader
- 2 x Senior Community Workers
- 2 x Community workers

As a result of our success in sustaining our Yolngu workforce, we have received requests from local services, seeking advice and guidance around supporting and sustaining a Yolngu workforce within their own organisations.

The Raypirri Rom Program continue to strive on achieving best outcomes for our clients, making community accountable where necessary and giving individuals and families the tools and confidence to be able to deal with their own issues at a community level where possible.

Fiona Djerrkura | Manager, Social and Emotional Wellbeing, Public Health Unit

Above: Raypirri Rom staff often coordinate and participate in traditional ceremony to help Miwatj Health celebrate milestone Anniversaries, NAIDOC Week and other formal events.
NDIS

The National Disability Insurance Scheme is a new way of providing support for eligible people with permanent and significant disability, their families and carers. The NDIS is currently being rolled-out across Australia and the areas serviced by MHAC went live on the NDIS from 1 March 2017.

The NDIS is designed to provide people with a disability with greater choice and control in directing how their individual support funds are used to access support services.

Number of NDIS clients

In the first year Miwatj currently provides Coordination of Supports (CoS) and other support services (primarily mental health support services) to 57 NDIS participants. MHAC has been coordinating plans for clients with disabilities since July 2017.

Advantages of MHAC providing CoS services to a wider range of NDIS Clients

The board decision to provide coordination of services to Yolngu participants will ensure that they receive the best outcomes from their plans from a community – controlled model of CoS rather than from a mainstream model.

One of the main advantages of providing these services is the potential to generate funds that would assist MHAC management and board to spend funds on priority areas such as replacing vehicles, investing further into primary health, employing additional staff and refurbishing offices etc.
Yolŋu Employment

A key outcome thus far in the development of the existing CoS services has resulted in the remote employment of six trained NDIS Community Connectors across the region.

MHAC expects Participant numbers to increase over the next financial year to 100 participants. This will increase Yolŋu employment across the region through the delivery of expanded disability services.

Working together

MHAC believes that all clinics and people within our region now have an opportunity to better the lives of people living with a disability to access services, community events etc. We all can assist by identifying and informing the NDIS team if a person should be tested for eligibility to gain these services where they might not have been receiving anything previously.

Mark Kelly | Director NDIS

ABOVE: Galiwin’ku NDIS Community Connectors Yalurr Dhamarrandji & James Gumbula, Chairman of the NDIS, Dr Helen Nugent AO, CEO Eddie Mulholland
This year has been a very productive year with lots of challenges at Galiwin’ku Health Centre and Ngalkanbuy Wellbeing Centre. As the main health service on Elcho Island, we continue to provide Primary Health Care and 24 hour Emergency services for the community of Galiwinku.

The Galiwin’ku Team has a great culture of Yolngu and Balanda working together that creates a happy and inspirational work environment we are all proud of. Our staff works over a range of areas to provide health care within the Health Centres but also through Outreach and home visits to the community. During these visits, education and assistance is provided to clients at home who require treatment for health issues such as Palliative Care, special needs, high-care clients and other chronic or acute conditions.

Part of Galiwin’ku’s regular services is all the Allied Health Teams and Specialist visits who regularly report back that Galiwin’ku is their favourite Health Centre and Community to visit because of the great work culture which leads to a large number of patients being seen by all these visiting teams.

Events this year have includes an ongoing monthly, Women’s Health week, Healthy Men’s week, Diabetic week, Healthy Aged School and Early Childhood screening. We also had Immunisation campaigns where 2767 vaccines have been given to Adults and children at Galiwinku from 1st January – 12th October.

Well Done Galiwinku Team!

Anaseini Malupo | Health Centre Manager

GUNYANJARA

CLINIC REPORT

Gunyahara (also known as Marngarr or Ski Beach) is a Yolŋu community of about 200 people situated on Drimmie Peninsula, adjacent to Melville Bay, 13km west of Nhulunbuy.

The clinic provides a walk-in acute care service and operates a recall system for longer-term health problems. Outreach teams such as child & maternal health, men’s health, mental health, chronic disease and complex care provide regular and ongoing support to clients in our area.

Gunyahara also has regular visits from visiting specialists such as podiatry, physiotherapist, diabetes and cardiac educator and exercise physiologist. All of our clients access visiting medical specialists in the Nhulunbuy clinic.

Gunyahara Clinic has been getting busier over the past few months. This is in part due to the new houses that are currently being built and completed in Gunyahara.

The clinic has had a few staff changes lately and is now fully staffed. The clinic has also adopted the ‘Team Leader’ model that is used on Elcho Island. The team leader is responsible for the day to day operation of the clinic and reports to the Nhulunbuy/Gunyahara Manager. This is an exciting change to our current management structure.

Our health centre prides itself on being responsive to the needs of the community.

This is an AGPAL-accredited clinic and a teaching practice for medical students of the Northern Territory Clinical School. We also support the NTGPE program by offering positions to medical registrars to assist with their ongoing training.

Brett Parfitt | Clinic Manager

LEFT AND BELOW Garma 2018
Yurrwi Health Centre is celebrating many milestones this year!

In the last report, we introduced the new health centre following the Miwatj Health take-over from NTG. Of course now, 2 years in, we need a bigger clinic! Maybe we can go up a level to really take advantage of our ocean views!!

One of our most notable overall achievements, is our ever-expanding team of staff. We now have our first AHPRA registered Yolngu clinician!! On the clinical front, we have also needed to join forces with the Crocodile Islands Rangers in the case that an evacuation is required from one of the Homelands Communities. Regular Outreach visits to the two Homelands islands, Mooroonga and Langarra, have been able to happen now that we have a full clinical team.

An ongoing partnership with ALPA has seen the alteration in some foodstuffs being stocked in the shop. They have also sponsored several health promotion days aimed at building community capacity. Health screenings and Clean Up Yurrwi Days have seen fantastic engagement from the entire community.

The Health Centre has also been strengthening communications with other East Arnhem Communities to provide better health services to our transient population. We are hoping this will be of benefit in caring for the influx of visitors during the Gatjirrk Festival at the end of October!

Jeni Stubbs | Director of Clinical Services
It has been another good year at Yirrkala Health Centre. In September of last year we achieved AGPAL accreditation for the second time. This is a 3 yearly assessment, the accomplishment of which demonstrates the high standard of care that is delivered to the Community by Miwatj Health.

In the last year several new staff joined our ranks including a new GP and new additions to the Maternal Child Health Team. The Men’s Health team has also expanded and so we are able to offer a greater service to the male population in Yirrkala. Our new GP will be concentrating on Chronic Disease assessments and management which represents additional support to that team.

As usual space continues to be a problem and one which we try to overcome by increasing our outreach services. We have a Skin Health Program and the RHD programs, both of which are lead by our AHPs and are managed largely out in the Community. Many of the other staff manage their programs by visiting their clients in their homes. In addition to the obvious benefit of alleviating the space issues, home visits are an excellent way to include the client’s family in their care planning.

This year we have been in the planning phase for a pilot project to introduce a community pharmacist as part of our clinical team. It is anticipated that this will have a considerable positive impact on the management of our clients, particularly those on several medications or with complex chronic conditions. We have also been working on the Health Care Homes project and in the new financial year will be entering the client enrolment phase of the project.

With all of these new ventures in the pipeline we look forward to an exciting year ahead.

Linda Harrison | Manager, Yirrkala Health Centre

Our Tackling Indigenous Smoking (TIS) team is delighted to have secured a further four years of funding to address the perpetuating prevalence of smoking tobacco in our region.

Incontrovertibly smoking tobacco is one of the main contributing factors to the burden of disease and premature death within our communities (2.3 times higher for Indigenous Australians when compared to non-Indigenous), which nonetheless is preventable. Our TIS team is therefore committed to have an impact and drive positive change, and to continue to work in accordance to the current Action Plan, from which we are to deliver against the following aims:

- De-normalise tobacco in target population
- Support the creation of smoke-free homes
- Support the creation of smoke-free workplaces
- Prevent smoking in youth
- Prevent smoking during and after pregnancy
- Increase Health Literacy skills
- Collaborate with internal and external stakeholders

The main emphasis of the TIS team is Public Health, and to-date we have been very busy with community activities, engagements and events.

One of our most significant and far-reaching engagements was in May. Building up to World NO Tobacco Day on May 31st our TIS team promoted Smoke Free Spaces across the region with free community concerts in Ramingining, Yurrwi, Galivin’ku and Nhulunbuy. This was successfully achieved by collaborating with, and getting support from, Yolngu Radio / ARDS, North East Arnhem Shire Council (Sport and Rec), ALPA in Yurrwi, and many other.
local stakeholders, who all gave a helping hand to promote health and well-being, and importantly raise awareness on the issue of smoking tobacco within our communities. The concerts were warmly welcomed by the communities and overall attendance was approximately 1600 people.

Excitingly, in May we also launched our highly prized Start The Journey – Dhapirrk Yolŋu shirts. The shirt is a reminder for all who wear it to consider the risks associated with smoking tobacco; that each individual person is at a different stage on their journey through life, and what it means to be a positive role-model in community. The colours orange and blue were chosen for their vibrancy which can be spotted from afar, similar to that of a light-beacon that guides you to a safe place. It is safe to splash a secret and say that there is a further edition of shirts in current production. These shirts are specifically designed for toddlers and young children with an aim to raise awareness on and encourage Smoke Free Environments.

A further successful event this year was our participation at the annual Garma festival. Over three days our team provided a broad range of health promotion resources and activities to participants. A great hit was our Start The Journey – Dhapirrk Yolŋu T-shirt Rally. In order for participants to score one of our shirts, they needed to complete a range of tasks and activities: such as playing the Smoky Eye Google Game, completing a survey, word-quiz and the Smokalyzer, and discovering Tobacco Quit Facts and Messages distributed across the site where they needed to take a selfie.

Other activities where TIS have been part of this year included participating at the Barunga Festival, the Nhulunbuy Schools Career Expo, numerous AFL Football events in Communities (including the Chief Ministers Cup in Yirrkala), supporting Volleyball NT, and the school kids and men’s health screening in Galiwin’ku. Additional health promotion activities are scheduled for the Gattjittk Festival in Yurrwi, and a few more excursion trips are also planned.

In September we were excited to see Melanie Rarrtjiwuy Herdman disembark on the long journey to Bali to participate at the 12th Asia Pacific Conference on Tobacco or Health, on invitation from Menzies School of Health Research. The delegates presented findings from the research project Social media to enhance Indigenous tobacco control, which the TIS team from Miwatj Health was a part of, and which was done in collaboration with Danila Dilba, Central Australian Aboriginal Congress and Menzies School of Health Research.

It is noteworthy that our TIS teams have been collecting local data on smoking status and related issues for just over one year now. Some of the key findings our team would like to share, is that the average age for people taking up smoking behaviours in the region is 15 years of age. Few participants disclosed to us that the first time they tried a cigarette was at the age of 6 to 8 years of age. From these surveys we have also learnt that many of the main reasons for smoking tobacco are stress related, such as issues within families and relationships, peer-pressure and overcrowding. Furthermore, of high prevalence was smoking tobacco in confined spaces, such as cars and inside the homes, which exacerbates the impact of secondary and tertiary smoke inhalation.

Nonetheless, it is encouraging that of all identified smokers, 2 out of 3 smokers have been considering, or are currently trying, to quitting smoking. Equally, residents in 7 out of 10 homes where smoking is currently permitted would like to see their homes becoming smoke free environments. Challenges however remain with particular regard to the Social Determinants of Health that cultivate high levels of perpetuating stress, and hence abet smoking behaviours.

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The TIS team comprises currently of the following staff members:

**TIS Regional Coordinator – Gove Peninsula:**
Melanie Rarrtjiwuy Herdman

**TIS Regional Project Officer – Gove Peninsula:**
Gordon Boot

**TIS Communications + Marketing Officer – Darwin:**
Sophie Cavies

**Community Workers for TIS are:**

**Gove Peninsula:**
Burkkitj Ngurrwutthun
Joanan Ganga Garrawurra
Shikera Baxter

**Galiwin’ku:**
Yurrwi

**Gapuwiyak:**
Burrkktj Garrawi
Shikera Baxter

**Gapuwiyak:**
Julie Gaplathana

**Yurrwi:**
Revonna Ganygulpa

**Napurrurru:**
Miranda Wangalkpuy

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Melanie Rarrtjiwuy Herdman

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Burrkktj Garrawi
Shikera Baxter

**Gapuwiyak:**
Julie Gaplathana

**Yurrwi:**
Revonna Ganygulpa

**Napurrurru:**
Miranda Wangalkpuy
I am pleased to provide the People Strategy & Development staff reports on their important contributions this past year.

I would also like to acknowledge the team and their efforts in supporting the Miwatj Health workforce and strategic objectives; and the Work Health & Safety Committee for their dedication to ensuring a culture of safety in our workplace.

Ariana Tutini | Director, People Strategy & Development

PEOPLE STRATEGY AND DEVELOPMENT REPORT

Human Resources

The Human Resources function of Miwatj Health has been extremely busy this year in particular, our recruitment and on-boarding of suitable candidates - both Yolngu and Balanda - to vacant positions within the Organisation. Our Human Resources team – Andy Rozutsuki (Recruitment Officer) and Ting Charles (Senior HR Officer) in Darwin and staff out on the ground and in Nhulunbuy have been working tirelessly to provide services to existing and newly recruited staff across the region. This includes a large variety of duties from processing on-boarding documents to applying for working with children cards and ensuring clinical qualifications are maintained.

I am pleased to report that many Yolngu Miwatj Health staff members, within their respective programs, have taken up roles as panel members for shortlisting and interviewing suitable candidates that could work alongside them in their program areas. This has provided valuable experience in recruitment, not only beneficial for them professionally, but also key for Miwatj Health as an Aboriginal Community Controlled Health Organisation promoting meaningful employment.

We have also had the pleasure of working to accommodate work placement trainees from Gulkula Regional Training Centre. The Gulkula trainees were incorporated into Miwatj’s Public Health Unit to gain valuable experience and knowledge to assist in their completion of modules within their training. All outreach opportunities are highlights for us and this year we have also really enjoyed the Laynhapuy Homelands Youths’ visit to Miwatj Health on various occasions as a part of their School Holidays Town Exposure Program. This allows young people to gain valuable experience and knowledge from different businesses in Nhulunbuy to take back to their Homelands.

Michael Maymuru | Human Resource Manager, People Strategy & Development.
Projects

It has been an exciting year in the development and improvement of the Human Resources space, including a department name change to People Strategy and Development.

Over the past year our department has been working passionately toward meeting our Organisation’s strategic objective of becoming the Employer of Choice in our region. The People Strategy & Development team has been working hard to pull together a suite of projects and improvements to deliver on this objective; to better retain and attract quality staff into, as well as ensuring they are the right staff for, our Organisation.

The Employer of Choice project was mobilised late in 2017 with the implementation of the Scout Recruitment software program. We are pleased to say Scout is now firmly embedded in our Organisation and is meeting our current needs. Complementing our acquisition of Scout was the implementation of an Employee Engagement Survey. Miwatj Health has only conducted one survey of this type previously and it was a number of years ago. The survey results were beneficial in enabling the Organisation to understand our employee’s ideas around areas for improvements within our workplace. Results included improved internal and external communication tools, a refresh of our corporate brand and continuing to engage with our employees.

We have also committed to working in consultation with our employee’s union delegates to bargain for a new Enterprise Agreement which we are pleased to say at the time of this report has gone to vote.

In 2018, we again conducted the “Our Voice” employee engagement survey and we will continue to work with our employees on making Miwatj Health a great place to work! Thank you to all our employees for your valuable contributions through this survey.

Improvement to our internal communications is evidenced through our new monthly newsletter. For the last newsletter, we had thirty contributors, not bad for the size of our Organisation. We also have a dedicated staff member for social media and marketing that is enabling us to keep pace with the busy and ever changing IT world!

We have initiated the Employee Recognition program that encourages our employees to nominate each other for recognition of excellence in the workplace! We have also identified that we are able to actually implement the training and finally, follow through to share the new learnings amongst the greater team and maximise the organisation’s investment.

In practice, the Aboriginal Health Practitioner trainees in each of our sites are part of a coveted traineeship program which, sits within Miwatj Health’s vision of Yolngu run Health Centres. We are developing our own Skill Refreshment Program for existing AHPs, a method for distributing regular continuing education opportunities across the entire region (have you heard about BlueJeans – our favourite new gadget this year?) and looking at upskilling opportunities for non-clinical roles within our service – all central to Miwatj’s goals surrounding sustainable employment for Yolngu.

It is a tricky task to keep an entire workforce’s skills and training up to date as well as share information across such a vast region… Lucky we love a challenge?!

Alex Bruggisser & Kitty Connor | Learning & Development Coordinators, People Strategy & Development.

Learning and Development team

The team’s main focus is to improve group and individual performance by growing and developing skills and knowledge. At Miwatj Health, we aim to empower each staff member in line with group and individual goals as directed by the organisation’s overall mission and values.

First, we need to identify what the gaps in learning and skills are to be able to find suitable training to address these needs. From this point we are able to actually implement the training and finally, follow through to share the new learnings amongst the greater team and maximise the organisation’s investment.

In practice, the Aboriginal Health Practitioner trainees in each of our sites are part of a coveted traineeship program which, sits within Miwatj Health’s vision of Yolngu run Health Centres. We are developing our own Skill Refreshment Program for existing AHPs, a method for distributing regular continuing education opportunities across the entire region (have you heard about BlueJeans – our favourite new gadget this year?) and looking at upskilling opportunities for non-clinical roles within our service – all central to Miwatj’s goals surrounding sustainable employment for Yolngu.

It is a tricky task to keep an entire workforce’s skills and training up to date as well as share information across such a vast region… Lucky we love a challenge?!

Alex Bruggisser & Kitty Connor | Learning & Development Coordinators, People Strategy & Development.
I would like to say a BIG thank you to the Miwatj AHP Trainee Recruitment staff and the entire team for all of the support I have received to get me back on the floor as a Registered AHP, through all of the ups and downs.

As an AHP I am determined to see more AHP’s working on the ground together with the Non-Indigenous staff for Miwatj. I believe it will be a great success for the organisation as an Aboriginal Community Controlled Health Corporation to continue to expand our current group of AHP’s.

I strongly believe that it is necessary for more solid and influential highlights and career pathways to be provided to all of us. This will illuminate the importance of all roles, individual responsibilities and commitment of the workforce from all Aboriginal and Torres Strait Islanders and Non-Indigenous staff working in our region.

Ultimately, I would really like to say, well done Miwatj! The ongoing recruitment of Yolngu into Miwatj Health acts to strengthen each individual and the entire organisation. May God bless us all through our careers as we walk together in our endeavours and whatever the future brings.

Joanne Guluruthu Baker | Aboriginal Health Practitioner.
VOLATILE SUBSTANCE MISUSE STORY

The Department of Health Alcohol and Other Drug (AOD) funding is enhancing the existing highly successful SEWB and Mental Health & AOD Services in the East Arnhem Region. This will aid in developing a service in the community to support treatment and care options for clients and their families affected by VSM (Volatile Substance Misuse). Miwatj will be able to identify and support interventions, counselling and education to address VSM issues.

The three new staff members and their supports:

Luke is a young Yolngu man from the Nhulunbuy region who is embedded in the Miwatj Rapiirri SEWB Yolngu team in Nhulunbuy. He is supported by very senior Yolngu Miwatj health staff, many who have experience and knowledge in the area of VSM and trauma affected youth. Luke also is fully supported by 2 senior Miwatj clinicians with many years of experience in the area of VSM and trauma affected Youth. He is more importantly very supported by senior Yolngu and their families across the communities in the Gove region including; Yirrkala, Gunyangara, Birrijiini, Nhulunbuy and these communities homeland centres. They recognise and trust his dedicated care and confidentiality in caring for their children. Luke regularly works alongside Miwatj Men’s Health team and the three Clinic teams (and their GP’s) when supporting his clients with their general health needs. Currently Luke is fully supported with following up on a case load of twelve families affected by VSM; seven in Yirrkala and 5 in Gunyangara. Four of his clients are in rehabilitation in ‘Bushmob’ and one in CAAPS.

Luke is currently assisting with setting up a digital system to record his services and document health recalls for his clients. Luke has weekly visits to his clients and their families that have been recently reported for VSM. During these supportive visits he works with a clinician in providing brief health promotion and educational interventions. Sometimes assessments of current VSM activity is required. Luke also visits with his clients that are not currently using VS but require health checks for their raised blood lead levels.

Jason is a very senior Yolngu man from Elcho Island community. He is embedded in the well renowned, awarding winning, Galirwinku Yolngu Mental Health and AOD team. He is supported by four very experienced Mental Health & AOD staff. He is supported clinically by Galirwinku Clinic staff and the Mental Health & AOD clinician. Before being selected for this role Jason was working voluntarily with some of the youth in Galirwinku affected by VSM. He has easily transitioned into this funded role and facilitates the relationships required to provide services to, and support to, VSM affected Youth and their families, in Galirwinku.

Jason is training to document his client contacts in his computer data base. He is quickly learning the importance of electronically documenting his visits to his clients and their families; Jason currently has fifteen families, in Galirwinku, he is working with. His aim is to visits his clients once a week for a supportive chat. Jason is assisted by a senior mental health community worker in checking outstanding health recalls on his database before he visits his clients.

Gwendoline is a senior Yurrwi woman. She has moved from her successful role in education in Yurrwi school to work with the experienced Malmaldharra Mental Health & AOD staff. These three staff now work cohesively in providing for the mental health and physical health needs of their VSM clients and their families. Gwendoline is extremely well skilled in using our Miwatj Computer system. Her aim is to keep her clients up-to-date with their health recalls and health appointments.

Gwendoline uses her life experiences when working with the trauma affected mothers of her clients and engaging them in some way with supporting their children to reduce/cease VSM. Gwendoline has six family groups she is currently working with. She is fully supported clinically by the Yurrwi Clinic staff and the Mental Health & AOD clinician.

The Miwatj VSM program aims to comprehensively work with the NTG VSA visiting staff. To this end Luke, Jason and Gwendoline email and phone into the NTG VSA team at least weekly. They communicate with regards to clients that have been reported to the NTG VSA for assessment or clients that the NTG VSA team currently have on their books.

Luke, Jason and Gwendoline are starting to develop relationships with their community police, their councils and their community schools to work out ways these groups can work together to improve the lives of their clients who are or have been using VS.

Miwatj has a very robust ongoing training and skill development program for Yolngu staff. Luke, Jason and Gwendoline have access to daily on-the-job training from skilled Yolngu and clinical teachers. They will attend all available training opportunities which will include; Suicide Intervention Training, Health promotion training, Mental Health First Aid Training, Youth / children engagement training, Assessment interviewing, Motivational interviewing, trauma informed care. The three of them are considering what university training they will attend next year; options include Certificate 3 or 4 in VEC Community Services or even Aboriginal Health practitioner training.

John Maher | RN/MHN | Mental Health & AOD Regional Coordinator
The 2017/18 year was a year of further growth for Miwatj Health. The Miwatj Health service is in sound financial shape and the organization is operating five clinics to a satisfactory level. Grants received during the year were utilized well in providing Comprehensive Primary Health Services in the region.

Finance

Grant funding increased by 10% over last year and a new funding stream with the commencement of the National Disability Insurance Scheme showing again the extent to which Miwatj is expanding in the region. Expenditure increased commensurate with increases in grant funds leaving minimal grant funding unspent at balance date. However, difficulty recruiting permanent doctors and nurses plagued Miwatj during the year and in order to keep service delivery at satisfactory levels the cost of Locums and Agency staff exceeded budget by $1,158,295.

Despite this cost overrun Miwatj Health is still in sound financial shape as evidenced by a key financial ratio, the quick assets ratio of 1.5 (where a ratio of over 1 is considered to be good).

Table 1. Comparison of Revenue Sources 2016/17 to 2017/18

<table>
<thead>
<tr>
<th></th>
<th>2017/18</th>
<th>2016/17</th>
<th>Variation</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Revenue</td>
<td>$26,077,253</td>
<td>$22,855,637</td>
<td>$3,221,616</td>
<td>14</td>
</tr>
<tr>
<td>Rental Income</td>
<td>$262,708</td>
<td>$135,406</td>
<td>$127,302</td>
<td>94</td>
</tr>
<tr>
<td>Interest</td>
<td>$75,192</td>
<td>$92,584</td>
<td>($17,392)</td>
<td>-19</td>
</tr>
<tr>
<td>Grants</td>
<td>$21,198,675</td>
<td>$19,194,175</td>
<td>$2,004,500</td>
<td>10</td>
</tr>
<tr>
<td>NDIS Client Income</td>
<td>$536,658</td>
<td>$0</td>
<td>$536,658</td>
<td>0</td>
</tr>
<tr>
<td>Other revenue (Healthcare income and fee for service)</td>
<td>$4,004,020</td>
<td>$3,433,472</td>
<td>$570,548</td>
<td>17</td>
</tr>
</tbody>
</table>

Table 2. Comparison of Grant Sources 2016/17 to 2017/18

<table>
<thead>
<tr>
<th>Grant Source</th>
<th>2017/18</th>
<th>2016/17</th>
<th>Variation</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australian Government</td>
<td>$13,871,778</td>
<td>$12,554,245</td>
<td>$1,317,533</td>
<td>10%</td>
</tr>
<tr>
<td>Department of Health</td>
<td>$12,330,385</td>
<td>$11,104,168</td>
<td>$1,226,217</td>
<td>11%</td>
</tr>
<tr>
<td>Prime Minister and Cabinet</td>
<td>$1,113,902</td>
<td>$1,408,377</td>
<td>($294,475)</td>
<td>-21%</td>
</tr>
<tr>
<td>National Disability Insurance Agency</td>
<td>$427,491</td>
<td>$41,700</td>
<td>$385,791</td>
<td>0%</td>
</tr>
<tr>
<td>Northern Territory Government</td>
<td>$5,330,746</td>
<td>$4,884,990</td>
<td>$445,756</td>
<td>9%</td>
</tr>
<tr>
<td>Northern Territory Primary Health Network</td>
<td>$1,689,609</td>
<td>$1,354,536</td>
<td>$335,073</td>
<td>25%</td>
</tr>
<tr>
<td>Other</td>
<td>$306,542</td>
<td>$400,404</td>
<td>($93,862)</td>
<td>-23%</td>
</tr>
</tbody>
</table>

Total grant income: 2017/18 $21,198,675, 2016/17 $19,194,175, Variation $2,004,500, 10%
Employee and Operating Expense Trends

Employee related expenses (including locum fees and Agency fees) are the largest item of expenditure for Miwatj Health and these increased by $2,961,758 from the previous year.

Locums and Agency fees (included above) was the only item of expenditure that could not be controlled within budget tolerances and it ended the year in excess to budget by $1,158,295. This was due to Miwatj experiencing a year where the engagement of permanent doctors and nurses was at an all time low and so Locums and Agency staff had to be engaged to maintain clinic services.

<table>
<thead>
<tr>
<th>Expense</th>
<th>2017/18</th>
<th>2016/17</th>
<th>Variation</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bad Debts</td>
<td>556</td>
<td>63,784</td>
<td>(63,228)</td>
<td>-99%</td>
</tr>
<tr>
<td>Board Expenses</td>
<td>215,753</td>
<td>123,886</td>
<td>91,867</td>
<td>74%</td>
</tr>
<tr>
<td>Cleaning Expenses</td>
<td>200,937</td>
<td>240,831</td>
<td>(39,894)</td>
<td>-17%</td>
</tr>
<tr>
<td>Client/Program Support Costs</td>
<td>896,641</td>
<td>864,209</td>
<td>32,432</td>
<td>4%</td>
</tr>
<tr>
<td>Computer/IT Expenses</td>
<td>647,331</td>
<td>474,636</td>
<td>172,695</td>
<td>36%</td>
</tr>
<tr>
<td>Consulting Fees</td>
<td>720,835</td>
<td>420,901</td>
<td>299,934</td>
<td>71%</td>
</tr>
<tr>
<td>Insurance</td>
<td>216,627</td>
<td>207,016</td>
<td>9,611</td>
<td>5%</td>
</tr>
<tr>
<td>Motor Vehicle Expenses</td>
<td>375,343</td>
<td>316,199</td>
<td>59,144</td>
<td>19%</td>
</tr>
<tr>
<td>Office Expenses</td>
<td>738,294</td>
<td>496,607</td>
<td>241,687</td>
<td>49%</td>
</tr>
<tr>
<td>Other employee expenses</td>
<td>534,891</td>
<td>536,895</td>
<td>(2,004)</td>
<td>0%</td>
</tr>
<tr>
<td>Professional Services</td>
<td>125,731</td>
<td>132,653</td>
<td>(6,922)</td>
<td>-5%</td>
</tr>
<tr>
<td>Repairs and Maintenance</td>
<td>332,393</td>
<td>209,349</td>
<td>123,044</td>
<td>59%</td>
</tr>
<tr>
<td>Staff Housing Costs</td>
<td>1,209,715</td>
<td>921,710</td>
<td>288,005</td>
<td>31%</td>
</tr>
<tr>
<td>Loss on sale of non-current assets</td>
<td>16,806</td>
<td>11,557</td>
<td>5,249</td>
<td>45%</td>
</tr>
<tr>
<td>Sundry Expenses</td>
<td>191,871</td>
<td>181,908</td>
<td>9,963</td>
<td>5%</td>
</tr>
<tr>
<td>Travel Expenses</td>
<td>805,430</td>
<td>578,125</td>
<td>227,305</td>
<td>39%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>7,229,155</strong></td>
<td><strong>5,780,266</strong></td>
<td><strong>1,448,889</strong></td>
<td><strong>25%</strong></td>
</tr>
</tbody>
</table>

THE AUSTRALIAN GOVERNMENT CONTRIBUTED TO 65% OF MIWATJ’S GRANT INCOME

MIWATJ HAS A NEW FUNDING STREAM WITH THE COMMENCEMENT OF ndis
Infrastructure and Assets

The year has seen significant improvements to clinic grounds in Malmaldharra and Galiwinku clinics in terms of establishing areas for car parking and landscaping in Malmaldharra and establishing grassed areas, garden beds and pathways in Galiwinku. These works have been done to enhance the look of the clinics and to provide grounds that will not become mud areas in the wet season.

The old Ngalkanbuy clinic building has continued to be used by various Miwatj programs since the handover of the new Galiwinku clinic building. However, the building does require an upgrade to restore the building to its near original state and to meet Work Health and Safety standards.

There has been much effort in applying for funding to have these works done but to date there has not been any positive news on available funds.

The Yirrkala clinic has for years been experiencing problems due to there not being enough space within the building and this year saw Business Services start to formulate thinking on how best this could be solved. A range of ideas from securing more space in a house or suitable building near the clinic to requesting the government for a new clinic in Yirrkala have been explored. It is hoped over the coming year that the space shortages at Yirrkala can be remedied.

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In Nhulunbuy, provision of staff housing continues to be difficult. Rental prices are increasing and there are very few opportunities to rent suitable houses in the current market. A rare auction was held in Nhulunbuy during the year with four houses up for the highest bidder and Miwatj successfully purchased one, 14 Sinclair St, a recently upgraded four bedroom house for staff use.

Darwin office, established over a year ago has continued to develop and the rented building is reaching capacity. The placement of staff in Darwin provides advantages to Miwatj as many of these staff would not relocate with their families to East Arnhem land. It provides Miwatj the opportunity to obtain the services of highly skilled staff living in Darwin.

The office location in the CBD is excellent and for visiting staff it provides a Miwatj friendly environment to work while in Darwin and close to Government agencies for meetings.
Information Technology

The introduction of video conferencing has been the highlight for the year with Video Carts purchased for the Nhulunbuy Administration Wing, Darwin office, Mataluhara and Galiwinku clinics. In addition to this infrastructure the purchase of BlueJeans, a video conferencing software that allows interactive video conferencing and also other technology to connect i.e. mobile phones, computers and also the polycom equipment that Miwatj already had from NTG. This installation has allowed the organization to hold video meetings between office sites to improve communications and also to reduce travel costs. Previously there were more charters used to fly staff between sites for discussion that now occurs through BlueJeans.

Telephone systems have been replaced and upgraded in Nhulunbuy, Ngalkanbuy Wellness Centre, Gunyangara Clinic. The system in Ngalkanbuy will allow users to connect directly with the new Galiwinku Clinic and vice versa.

Ian McLay | Business Services Director
The financial statements cover Miwatj Health Aboriginal Corporation as an individual entity. The financial statements are presented in Australian dollars, which is the Miwatj Health Aboriginal Corporation's functional and presentation currency.

Miwatj Health Aboriginal Corporation is a not for profit aboriginal corporation, incorporated and domiciled in Australia.

The financial statements were authorised for issue, in accordance with a resolution of the Board of Directors, on the date of signing this report. The Board of Directors have the power to amend and reissue the financial statements.

General Information

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Objectives

The Corporation's mission is to improve the health and wellbeing of residents of the communities of East Arnhem Land through the delivery of appropriate and comprehensive primary health care and to promote the control by Aboriginal communities of primary health care resources.

Directors

The following persons were directors of the Corporation during the whole financial year and up to the date of the financial year unless otherwise stated:

Name and qualification Experience and special responsibilities

John Morgan* Chairperson
Thomas Amagula Deputy Chairperson (elected 21/11/2017)
Dennis Wukun Wanambi Deputy Chairperson (resigned 21/11/2017)
Andrea Collins Director (elected 21/11/2017)
Banambi Wunungmurra Director (elected 21/11/2017)
David Yangarinyin Munyarran* Director (resigned 21/11/2017)
Djapirri Mununggurrilji* Director (elected 21/11/2017)
Djwalpi Marika* Director
Gordon Lanyip Ranyalpuy Director
Nesman Bara Director (elected 21/11/2017)
Rhonda Simon Director
Ross Mandi Wunungmurra Director
Serena Wunungmurra Director
Timmy Burarrwanga* Director
Tony Wurramarrba Director
Bernie Yates Independent Director - non voting
Peter McQuoid Independent Director - non voting (resigned 1/11/2017)

*Certificate IV Business (Governance)

Secretary
Melanie Herdman

Operating and financial review

The comprehensive result for the year ended 30 June 2018 amounted to a deficit of $171,204 (2017: surplus $1,024,518).

The Corporation's income exceeded budget by $2.1 m, largely the result of additional grant funds received, particularly in the last quarter of the year.

Locum fees exceeded budget by $1.3m from a heavy reliance on GP locums, due to a number of GP vacancies across the region, in the latter part of the year. The GP vacancies also impacted healthcare income claims; however the budget amount was still reached due to extensive back billing undertaken. All past healthcare income is now accounted for.

State of affairs

In the opinion of the Directors, there were no significant events impacting upon the state of affairs of the Corporation that occurred during the financial year.

Principal activities

The principal activities of the Corporation during the course of the financial year were the provision of health care services to Indigenous persons in East Arnhem Land.

There were no significant changes in the nature of the activities of the Corporation during the year.
Events subsequent to reporting date
There has not arisen in the interval between the end of financial year and the date of this report any matter or circumstance that has significantly affected or may significantly affect the operations of the Corporation, the results of those operations, or the state of affairs of the Corporation, in future financial years.

Likely developments
The directors envisage that the Corporation will continue its existing operations, subject to the receipt of future funding from government and other sources.

Environmental regulation
The Corporation's operations are not subject to any particular and significant environmental regulations under either Commonwealth or Northern Territory legislation. However, the board believes that the Corporation has adequate systems in place for the management of its environmental requirements and is not aware of any breach of those environmental requirements as they apply to the Corporation.

Distributions
The Corporation's constitution precludes it from distributing any surpluses to members. Accordingly, no distributions were paid, recommended or declared by the Corporation during the year.

Proceedings on behalf of the corporation
During the year, no person has made application for leave in respect of the Corporation under section 169-5 of the Corporations (Aboriginal and Torres Strait Islander) Act 2006 (the "Act").
During the year, no person has brought or intervened in proceedings on behalf of the Corporation with leave under section 169-5 of the Act.

Directors' meetings
The number of directors' meetings held and attended by each of the directors of the Corporation during the financial year is:

<table>
<thead>
<tr>
<th>Director</th>
<th>No of meetings attended</th>
<th>No of meetings held*</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Morgan</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Thomas Amagula</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Andrea Collins</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Banambi Wunungmurra</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>David Yangarriny Munyarryan</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Dennis Wukun Wanambi</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Djipirri Mununggurilij</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Djwalpi Marika</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Gordon Lanyipi Ranymalpuy</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Nesman Bara</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Rhonda Simon</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Ross Mandi Wunungmuir</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Serena Wunungmuir</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Timmy Burarrwanga</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Tony Wurraramatiba</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Bernie Yates</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Peter McQuoid</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

*Reflects the number of meetings held during the time the director held office during the year.
### Statement of Profit or Loss and Other Comprehensive Income
For the Year Ended 30 June 2018

<table>
<thead>
<tr>
<th>Note</th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>Revenue</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Expenses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee related costs</td>
<td>15,155,881</td>
<td>12,647,771</td>
</tr>
<tr>
<td>Locum Fees</td>
<td>3,305,088</td>
<td>2,851,440</td>
</tr>
<tr>
<td>Depreciation expense</td>
<td>554,950</td>
<td>548,587</td>
</tr>
<tr>
<td>Finance costs</td>
<td>3,386</td>
<td>3,035</td>
</tr>
<tr>
<td>Other expenses</td>
<td>7,229,152</td>
<td>5,780,266</td>
</tr>
<tr>
<td><strong>Total expenses</strong></td>
<td>26,248,457</td>
<td>21,831,119</td>
</tr>
<tr>
<td>Surplus/(Deficit) for the year</td>
<td>(171,204)</td>
<td>1,024,518</td>
</tr>
<tr>
<td>Other comprehensive income for the year</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total comprehensive result for the year</strong></td>
<td>(171,204)</td>
<td>1,024,518</td>
</tr>
</tbody>
</table>

The above statement is to be read in conjunction with the accompanying notes.
### Statement of Changes in Equity

For the Year Ended 30 June 2018

<table>
<thead>
<tr>
<th></th>
<th>Reserves $</th>
<th>Retained Earnings $</th>
<th>Total Equity $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance as at 1 July 2016</td>
<td>12,788,567</td>
<td></td>
<td>12,788,567</td>
</tr>
<tr>
<td>Total comprehensive result for the year</td>
<td>-</td>
<td>1,024,518</td>
<td>1,024,518</td>
</tr>
<tr>
<td>Transfer to/(from) retained earnings</td>
<td>2,450,073</td>
<td>(2,450,073)</td>
<td>-</td>
</tr>
<tr>
<td><strong>Balance as at 30 June 2017</strong></td>
<td>2,450,073</td>
<td>11,363,012</td>
<td>13,813,085</td>
</tr>
<tr>
<td>Balance as at 1 July 2017</td>
<td>2,450,073</td>
<td>11,363,011</td>
<td>13,813,084</td>
</tr>
<tr>
<td>Total comprehensive result for the year</td>
<td>-</td>
<td>(171,204)</td>
<td>(171,204)</td>
</tr>
<tr>
<td>Transfer to/(from) retained earnings</td>
<td>281,195</td>
<td>(281,195)</td>
<td>-</td>
</tr>
<tr>
<td><strong>Balance as at 30 June 2018</strong></td>
<td>2,731,268</td>
<td>10,910,612</td>
<td>13,641,880</td>
</tr>
</tbody>
</table>

The above statement is to be read in conjunction with the accompanying notes.

### Statement of Cash Flows

For the Year Ended 30 June 2018

<table>
<thead>
<tr>
<th>Note</th>
<th>2018 $</th>
<th>2017 $</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cash flows from operating activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Receipts from grants, patients, customers and other activities</td>
<td>28,908,345</td>
<td>24,960,278</td>
</tr>
<tr>
<td>Payments to employees and suppliers</td>
<td>(27,046,287)</td>
<td>(22,152,076)</td>
</tr>
<tr>
<td>Interest received</td>
<td>75,192</td>
<td>92,584</td>
</tr>
<tr>
<td><strong>Net cash provided by operating activities</strong></td>
<td>1,937,250</td>
<td>2,900,786</td>
</tr>
<tr>
<td><strong>Cash flows from investing activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payments for property, plant and equipment</td>
<td>(1,380,095)</td>
<td>(955,000)</td>
</tr>
<tr>
<td>Proceeds from sale of motor vehicles</td>
<td>11,659</td>
<td>20,909</td>
</tr>
<tr>
<td><strong>Net cash used in investing activities</strong></td>
<td>(1,368,436)</td>
<td>(934,091)</td>
</tr>
<tr>
<td><strong>Net increase in cash and cash equivalents held</strong></td>
<td>568,814</td>
<td>1,966,695</td>
</tr>
<tr>
<td>Cash and cash equivalents at the beginning of the year</td>
<td>5,890,155</td>
<td>3,923,460</td>
</tr>
<tr>
<td><strong>Cash and cash equivalents at the end of the year</strong></td>
<td>6,458,969</td>
<td>5,890,155</td>
</tr>
</tbody>
</table>

The above statement is to be read in conjunction with the accompanying notes.
The principal accounting policies adopted in the preparation of the financial statements are set out below. These policies have been consistently applied to all the years presented, unless otherwise stated.

**Basis of Preparation**
MIWATJ Health Aboriginal Corporation is a not for profit corporation domiciled in Australia and registered under the Corporations (Aboriginal and Torres Strait Islander) Act 2006.

These general purpose financial statements have been prepared in accordance with Australian Accounting Standards - Reduced Disclosure Requirements and Interpretations issued by the Australian Accounting Standards Board (AASB), the requirements of Corporations (Aboriginal and Torres Strait Islander) Act 2006 and associated regulations, as appropriate for not-for-profit oriented entities. The Corporation does not comply with International Financial Reporting Standards as issued by the International Accounting Standards Board (IASB).

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The financial report, except for the cash flow information, has been prepared on an accruals basis and is based on historical costs and does not take into account changing money values or, except where stated, current valuations of non-current assets. The financial statements have been prepared on a going concern basis.

All amounts in the financial statements are presented in Australian dollars and have been rounded to the nearest one dollar.

**Critical accounting estimates**
The preparation of the financial statements requires the use of certain critical accounting estimates. It also requires management to exercise judgement in the process of applying the Corporation's accounting policies. The areas involving a higher degree of judgement or complexity, or areas where assumptions and estimates are significant to the financial statements are disclosed in note 2.

(a) **Cash and Cash Equivalents**
Cash and cash equivalents include cash on hand, deposits held at call with banks, and 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.

(b) **Trade and Other Receivables**
Trade and other receivables are stated at cost less impairment losses.

(c) **Plant and Equipment**
Plant and equipment is stated at historical cost less accumulated depreciation and impairment. Historical cost includes expenditure that is directly attributable to the acquisition of the item.

The depreciation rates and method of depreciation used for each class of depreciable assets are as follows:

<table>
<thead>
<tr>
<th>Class of asset</th>
<th>2018 Useful Life</th>
<th>2017 Useful Life</th>
<th>Depreciation Basis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buildings</td>
<td>34-40 years</td>
<td>40 years</td>
<td>Prime cost</td>
</tr>
<tr>
<td>Plant and equipment</td>
<td>3-7 years</td>
<td>3-7 years</td>
<td>Diminishing value</td>
</tr>
<tr>
<td>Motor vehicles</td>
<td>6 years</td>
<td>6 years</td>
<td>Diminishing value</td>
</tr>
</tbody>
</table>

The residual values, useful lives and depreciation methods are reviewed, and adjusted if appropriate, at each reporting date.

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 the carrying amount and the disposal proceeds are taken to profit or loss.

(d) **Other Assets**
Term deposits with a maturity of greater than 3 months have been classified as other assets.

(e) **Impairment of non-financial assets**
Non-financial assets are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount may not be recoverable. An impairment loss is recognised for the amount by which the asset's carrying amount exceeds its recoverable amount.

Recoverable amount is the higher of an asset's fair value less costs of disposal and value-in-use. The value-in-use is the present value of the estimated future cash flows relating to the asset using a pre-tax discount rate specific to the asset or cash-generating unit to which the asset belongs. Assets that do not have independent cash flows are grouped together to form a cash-generating unit.

(f) **Trade and Other Payables**
Trade and other payables represent the liability outstanding at the end of the reporting period for goods and services received by the Corporation during the reporting period, which remain unpaid. The balance is recognised as a current liability with the amount being normally paid within 30 days of recognition of the liability.

(g) **Employee Benefits**
**Short-term employee benefits**
Liabilities for wages and salaries, including non-monetary benefits, annual leave and long service leave expected to be settled within 12 months of the reporting date are recognised in current liabilities in respect of employees’ services up to the reporting date and are measured at the amounts expected to be paid when the liabilities are settled.

**Other long-term employee benefits**
The liability for annual leave and long service leave not expected to be settled within 12 months of the reporting date are recognised in non-current liabilities, provided there is an unconditional right to defer settlement of the liability. The liability is measured as the present value of expected future payments to be made in respect of services provided by employees up to the reporting date using the projected unit credit method. Consideration is given to expected future wage and salary levels, experience of employee departures and periods of service. Expected future payments are discounted using market yields at the reporting date on national government bonds with terms to maturity and currency that match, as closely as possible, the estimated future cash outflows.

**Defined contribution superannuation expense**
Contributions to defined contribution superannuation plans are expensed in the period in which they are incurred.

(h) **Leases**
Operating leases, where substantially all the risks and benefits remain with the lessor, are charged as expenses in the period in which they are incurred.

(i) **Income Tax**
No provision for income tax has been raised, as the Corporation is exempt from income tax under Section 50 of the Income Tax Assessment Act 1936.
Note 1: Summary of Significant Accounting Policies (continued)

(h) Revenue recognition
Revenue is measured at the fair value of the consideration received or receivable. The corporation recognises revenue when the amount of revenue can be reliably measured, it is probable that future economic benefits will flow to the entity and specific criteria have been met for each of the corporation’s activities as described below.

Revenue is recognised for the Corporation’s major business activities as follows:

Grants
Government grants and other contributions of assets are accounted for in accordance with AASB 1004 Contributions based on where they are reciprocal or non-reciprocal in nature and are measured at the fair value of the contributions received or receivable.

Reciprocal transfers are those where approximately equal value is exchanged in the transfer between the grantor and the grantee. Non-reciprocal transfers are those where equal value is not exchanged.

(i) Reciprocal transfers
Where grants and other contributions are received that are reciprocal in nature, revenue is recognised over the term of the funding arrangements. The corporation currently does not have any reciprocal grants.

(ii) Non-reciprocal transfers
Grants and other contributions that are non-reciprocal in nature are recognised as revenue when, and only when, all of the following conditions have been satisfied; the Corporation obtains control of the funds or the right to receive the contribution, economic benefits are probable, and the amount of the contribution can be measured reliably.

The Corporation considers that it does not obtain control of the grant funds received or receivable until the funds have been applied for the approved purpose as set out in the relevant funding agreement. Grant funds unexpended, potentially repayable, or received in advance are accounted for as liabilities.

Medicare Income
Medicare claims are recognised as revenue in the same period that the consultations have occurred.

Interest Income
Interest income is recognised as interest accrues using the effective interest method.

Other income
Other revenue is recognised when it is received or when the right to receive payment is established.

(i) Goods and Services Tax (GST)
Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Taxation Office. In these circumstances the GST is recognised as part of the cost of acquisition of the asset or as part of an item of the expense. Receivables and payables in the statement of financial position are shown inclusive of GST.

Cash flows are presented on a gross basis. The GST components of cash flows arising from investing or financing activities which are recoverable from, or payable to the tax authority, are presented as operating cash flows.

Commitments and contingencies are disclosed exclusive of the amount of GST recoverable from, or payable to, the tax authority.

Note 2: Summary of Significant Accounting Policies (continued)

(k) Fair value measurement
When an asset or liability, financial or non-financial, is measured at fair value for recognition or disclosure purposes, the fair value is based on the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date, and assumes that the transaction will take place either: in the principle market; or in the absence of a principal market, in the most advantageous market.

Fair value is measured using the assumptions that market participants would use when pricing the asset or liability, assuming they act in their economic best interest. For non-financial assets, the fair value measurement is based on its highest and best use. Valuation techniques that are appropriate in the circumstances and for which sufficient data are available to measure fair value, are used, maximising the use of relevant observable inputs and minimising the use of unobservable inputs.

(l) New, revised or amending Accounting Standards and Interpretations adopted
The corporation has adopted all of the new, revised or amending Accounting Standards and Interpretations issued by the Australian Accounting Standards Board ('AASB') that are mandatory for the current reporting period. Any new, revised or amending Accounting Standards or Interpretations that are not yet mandatory have not been early adopted.

The following standards and interpretations had been issued but were not mandatory for the reporting period ended 30 June 2018. The company has not and does not intend to adopt these standards early.

<table>
<thead>
<tr>
<th>Topic</th>
<th>Key requirements</th>
<th>Effective date</th>
<th>Impact on Corporation’s Financial Statement</th>
</tr>
</thead>
<tbody>
<tr>
<td>AASB 15 Revenue from Contracts with Customers</td>
<td>The core principle of AASB 15 requires an entity to recognise revenue when the entity satisfies a performance obligation by transferring a promised good or service to a customer.</td>
<td>1 January 2018</td>
<td>The changes in revenue recognition requirements are not expected to have a material impact on the corporation, however the impact of this will continue to be monitored and assessed.</td>
</tr>
<tr>
<td>AASB 16 Leases</td>
<td>The key changes introduced by AASB 16 include the recognition of most operating leases (which are currently not recognised) on balance sheet.</td>
<td>1 January 2019</td>
<td>The changes in recognition requirements in AASB 16 may result in the recognition of operating leases on the balance sheet, and may result in changes to the timing and amount of expenses recorded in the financial statements relating to leases held.</td>
</tr>
</tbody>
</table>

In addition to those Accounting Standards listed above, the AASB has also released a number of other Accounting Standards and Australian Interpretations. The application of these Accounting Standards and Australian Interpretations are also not expected to have any significant impact on the Corporation’s financial statements. Consequently, they have not been specifically identified above.

(m) Comparative Figures
Where required by Accounting Standards, comparative figures have been adjusted to conform with changes in presentation for the current financial year.
Note 2: Critical accounting judgements, estimates and assumptions

The preparation of the financial statements requires management to make judgements, estimates and assumptions that affect the reported amounts in the financial statements. Management continually evaluates its judgements and estimates in relation to assets, liabilities, contingent liabilities, revenue and expenses. Management bases its judgements, estimates and assumptions on historical experience and on other various factors, including expectations of future events, management believes to be reasonable under the circumstances. The resulting accounting judgements and estimates will seldom equal the related actual results. The judgements, estimates and assumptions that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities (refer to the respective notes) within the next financial year are discussed below.

Estimation of useful lives of assets
The corporation determines the estimated useful lives and related depreciation and amortisation charges for its property, plant and equipment and finite life intangible assets. The useful lives could change significantly as a result of technical innovations or some other event. The depreciation and amortisation charge will increase where the useful lives are less than previously estimated lives, or technically obsolete or non-strategic assets that have been abandoned or sold will be written off or written down.

Impairment of non-financial assets other than goodwill and other indefinite life intangible assets
The corporation assesses impairment of non-financial assets other than goodwill and other indefinite life intangible assets at each reporting date by evaluating conditions specific to the corporation and to the particular asset that may lead to impairment. If an impairment trigger exists, the recoverable amount of the asset is determined. This involves fair value less costs of disposal or value-in-use calculations, which incorporate a number of key estimates and assumptions.

Employee benefits provision
As discussed in note 1, the liability for employee benefits expected to be settled more than 12 months from the reporting date are recognised and measured at the present value of the estimated future cash flows to be made in respect of all employees at the reporting date. In determining the present value of the liability, estimates of attrition rates and pay increases through promotion and inflation have been taken into account.

Note 3: Revenue

<table>
<thead>
<tr>
<th>Operating Activities</th>
<th>2018 $</th>
<th>2017 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grants</td>
<td>21,198,675</td>
<td>19,149,175</td>
</tr>
<tr>
<td>Patient fees</td>
<td>2,988,072</td>
<td>2,846,221</td>
</tr>
<tr>
<td>Interest Income</td>
<td>75,192</td>
<td>92,584</td>
</tr>
<tr>
<td>Donations Received</td>
<td>1,500</td>
<td>9,077</td>
</tr>
<tr>
<td>Other revenue</td>
<td>1,551,106</td>
<td>578,174</td>
</tr>
<tr>
<td>Total operating activities revenue</td>
<td>25,814,545</td>
<td>22,720,231</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Revenue</th>
<th>2018 $</th>
<th>2017 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rental income</td>
<td>262,708</td>
<td>135,406</td>
</tr>
<tr>
<td>Total other revenue</td>
<td>262,708</td>
<td>135,406</td>
</tr>
<tr>
<td>Total revenue</td>
<td>26,077,253</td>
<td>22,855,637</td>
</tr>
</tbody>
</table>

Note 4: Other Expenses

<table>
<thead>
<tr>
<th>2018 $</th>
<th>2017 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bad Debts</td>
<td>556</td>
</tr>
<tr>
<td>Board Expenses</td>
<td>215,753</td>
</tr>
<tr>
<td>Cleaning Expenses</td>
<td>200,937</td>
</tr>
<tr>
<td>Client/Program Support Costs</td>
<td>896,641</td>
</tr>
<tr>
<td>Computer/IT Expenses</td>
<td>647,331</td>
</tr>
<tr>
<td>Consulting Fees</td>
<td>720,835</td>
</tr>
<tr>
<td>Insurance</td>
<td>216,627</td>
</tr>
<tr>
<td>Motor Vehicle Expenses</td>
<td>375,343</td>
</tr>
<tr>
<td>Office Expenses</td>
<td>738,294</td>
</tr>
<tr>
<td>Other employee expenses</td>
<td>534,891</td>
</tr>
<tr>
<td>Professional Services</td>
<td>125,731</td>
</tr>
<tr>
<td>Repairs and Maintenance</td>
<td>332,393</td>
</tr>
<tr>
<td>Staff Housing Costs</td>
<td>1,209,715</td>
</tr>
<tr>
<td>Loss on sale of non-current assets</td>
<td>16,806</td>
</tr>
<tr>
<td>Sundry Expenses</td>
<td>191,871</td>
</tr>
<tr>
<td>Travel Expenses</td>
<td>805,430</td>
</tr>
<tr>
<td>Total other expenses</td>
<td>7,229,154</td>
</tr>
</tbody>
</table>

Note 5: Cash and Cash Equivalents

<table>
<thead>
<tr>
<th>Current</th>
<th>2018 $</th>
<th>2017 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash at bank*</td>
<td>6,458,969</td>
<td>5,890,155</td>
</tr>
<tr>
<td>Total cash and cash equivalents</td>
<td>6,458,969</td>
<td>5,890,155</td>
</tr>
</tbody>
</table>

*Cash at bank is a restricted asset in that amounts representing unexpended grants may only be applied for the purpose specific in the Program Funding Agreement. Within cash and cash equivalents at 30 June 2018 is $1,934,112 of grant funding received that remains unexpended at year end (30 June 2017: unexpended grant funding of $819,451).

Note 6: Trade and Other Receivables

<table>
<thead>
<tr>
<th>Current</th>
<th>2018 $</th>
<th>2017 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trade receivables</td>
<td>370,317</td>
<td>246,507</td>
</tr>
<tr>
<td>Allowance for doubtful debts</td>
<td>(556)</td>
<td>(63,391)</td>
</tr>
<tr>
<td>Accrued income</td>
<td>535,108</td>
<td>185,110</td>
</tr>
<tr>
<td>FBT Receivable</td>
<td>15,542</td>
<td>7,772</td>
</tr>
<tr>
<td>Total trade and other receivables</td>
<td>920,411</td>
<td>375,998</td>
</tr>
</tbody>
</table>

Notes to the Financial Statements
### Note 7: Other Assets

<table>
<thead>
<tr>
<th></th>
<th>Current</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Prepayments</td>
<td>455,451</td>
<td>252,474</td>
<td></td>
</tr>
<tr>
<td>Security deposits</td>
<td>19,553</td>
<td>38,329</td>
<td></td>
</tr>
<tr>
<td>Term deposits</td>
<td>2,000,000</td>
<td>2,000,000</td>
<td></td>
</tr>
<tr>
<td><strong>Total other assets</strong></td>
<td><strong>2,475,004</strong></td>
<td><strong>2,230,803</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Non-current</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Security deposits</td>
<td>28,144</td>
<td>5,577</td>
<td></td>
</tr>
</tbody>
</table>

### Note 8: Property, Plant and Equipment

#### Non-current

<table>
<thead>
<tr>
<th></th>
<th>Land and Buildings</th>
<th>Plant and equipment</th>
<th>Motor vehicles</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Balance at 30 June 2017</strong></td>
<td>8,970,246</td>
<td>266,244</td>
<td>542,743</td>
<td>9,779,233</td>
</tr>
<tr>
<td>Additions</td>
<td>809,600</td>
<td>393,444</td>
<td>177,051</td>
<td>1,380,095</td>
</tr>
<tr>
<td>Disposals</td>
<td>-</td>
<td>-</td>
<td>(28,470)</td>
<td>(28,470)</td>
</tr>
<tr>
<td>Depreciation Expense</td>
<td>(273,754)</td>
<td>(143,030)</td>
<td>(138,166)</td>
<td>(554,950)</td>
</tr>
<tr>
<td><strong>Balance at 30 June 2018</strong></td>
<td>9,506,092</td>
<td>516,658</td>
<td>553,158</td>
<td>10,575,908</td>
</tr>
</tbody>
</table>

#### Reconciliation

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Land and buildings at cost (Bulunu)</td>
<td>11,779,395</td>
<td>11,269,276</td>
</tr>
<tr>
<td>Less accumulated depreciation</td>
<td>(2,693,169)</td>
<td>(2,486,063)</td>
</tr>
<tr>
<td>Less accumulated impairment loss</td>
<td>(2,021,350)</td>
<td>(2,021,350)</td>
</tr>
<tr>
<td><strong>Total Land and buildings (Bulunu)</strong></td>
<td><strong>7,064,876</strong></td>
<td><strong>6,761,863</strong></td>
</tr>
<tr>
<td>Land and buildings at cost (Barra)</td>
<td>4,591,084</td>
<td>4,291,603</td>
</tr>
<tr>
<td>Less accumulated depreciation</td>
<td>(454,508)</td>
<td>(387,860)</td>
</tr>
<tr>
<td>Less accumulated impairment loss</td>
<td>(1,695,360)</td>
<td>(1,695,360)</td>
</tr>
<tr>
<td><strong>Total Land and buildings (Barra)</strong></td>
<td><strong>2,441,216</strong></td>
<td><strong>2,208,383</strong></td>
</tr>
<tr>
<td><strong>Total Land and buildings</strong></td>
<td><strong>9,506,092</strong></td>
<td><strong>8,970,246</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plant and equipment at cost</td>
<td>1,740,970</td>
<td>1,347,526</td>
</tr>
<tr>
<td>Less accumulated depreciation</td>
<td>(1,224,312)</td>
<td>(1,081,282)</td>
</tr>
<tr>
<td><strong>Total plant and equipment</strong></td>
<td><strong>516,658</strong></td>
<td><strong>266,244</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Motor vehicles at cost</td>
<td>1,920,237</td>
<td>1,911,534</td>
</tr>
<tr>
<td>Less accumulated depreciation</td>
<td>(1,367,079)</td>
<td>(1,368,791)</td>
</tr>
<tr>
<td><strong>Total motor vehicles</strong></td>
<td><strong>553,158</strong></td>
<td><strong>542,743</strong></td>
</tr>
<tr>
<td><strong>Total property, plant and equipment</strong></td>
<td><strong>10,575,908</strong></td>
<td><strong>9,779,233</strong></td>
</tr>
</tbody>
</table>

### Note 9: Trade and Other Payables

#### Current

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trade payables</td>
<td>1,366,389</td>
<td>798,666</td>
</tr>
<tr>
<td>Accrued expenses</td>
<td>999,037</td>
<td>745,086</td>
</tr>
<tr>
<td>Corporate Card Facility - Westpac</td>
<td>28,468</td>
<td>11,350</td>
</tr>
<tr>
<td>GST/FBT payable</td>
<td>344,314</td>
<td>272,347</td>
</tr>
<tr>
<td><strong>Total trade and other payables</strong></td>
<td><strong>2,738,208</strong></td>
<td><strong>1,827,429</strong></td>
</tr>
</tbody>
</table>

### Note 10: Provisions

#### Current

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual and other leave entitlements</td>
<td>1,285,290</td>
<td>1,160,963</td>
</tr>
<tr>
<td>Long service leave entitlements</td>
<td>590,849</td>
<td>459,296</td>
</tr>
<tr>
<td><strong>Total current provisions</strong></td>
<td><strong>1,876,139</strong></td>
<td><strong>1,620,259</strong></td>
</tr>
</tbody>
</table>

#### Non-Current

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Long service leave entitlements</td>
<td>221,757</td>
<td>246,952</td>
</tr>
</tbody>
</table>

### Note 11: Other Liabilities

#### Current

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unexpended Grants</td>
<td>1,934,112</td>
<td>819,451</td>
</tr>
<tr>
<td>Security Deposits</td>
<td>26,340</td>
<td>14,592</td>
</tr>
<tr>
<td>Other liabilities</td>
<td>20,000</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total current provisions</strong></td>
<td><strong>1,980,452</strong></td>
<td><strong>834,043</strong></td>
</tr>
</tbody>
</table>
MIWATJ HEALTH ABORIGINAL CORPORATION
ABN: 96 843 428 729

Notes to the Financial Statements
For the Year Ended 30 June 2018

Note 12: Reserves

<table>
<thead>
<tr>
<th>Note</th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plant Replacement Reserve</td>
<td></td>
<td></td>
</tr>
<tr>
<td>This reserve consists of funds set aside as part of a long-term plan to replace plant and equipment.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reserves at the beginning of the financial year</td>
<td>2,450,073</td>
<td>-</td>
</tr>
<tr>
<td>Transfer (to)/from retained earnings</td>
<td>281,195</td>
<td>2,450,073</td>
</tr>
<tr>
<td>Reserves at the end of the financial year</td>
<td>2,731,268</td>
<td>2,450,073</td>
</tr>
</tbody>
</table>

Note 13: Key Management Personnel Disclosure

Aggregate compensation paid to key management personnel during the financial year (CEO, Deputy CEO, Director Medical Services, Director Human Resources, Director Business Services and Director Regional Health Reform)

Note 14: Corporation’s Details

The registered office and principal place of business of the corporation is:

1424/1425 Arnhem Road, Nhulunbuy NT 0880.

Note 15: Contingent assets and liabilities

The Corporation has no contingent assets or liabilities as at 30 June 2018 (2017: nil).

Note 16: Capital and leasing commitments

a. Operating Lease Commitments*

The Corporation had the following commitments for expenditure:

<table>
<thead>
<tr>
<th>Payable - minimum lease payments:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not later than 12 months</td>
</tr>
<tr>
<td>Between 12 months and 5 years</td>
</tr>
<tr>
<td>Greater than 5 years</td>
</tr>
<tr>
<td>Total operating lease commitments</td>
</tr>
</tbody>
</table>

b. Capital Expenditure Commitments*

Capital expenditure commitments contracted for:

| Immediate Work Grants - Miwatj Health Building Renovations | - | 37,774 |

* all items are recorded inclusive of GST.

Note 17: Related party transactions

Key management personnel

Disclosures relating to key management personnel are set out in Note 13.

Transactions with related parties

During the year, Edward Mullholland purchased a vehicle from the corporation. The directors are of the opinion that the transaction was conducted at arms-length, with the consideration received/to be received exceeding that of the written down value of the asset.

At 30 June 2018, the transaction had not yet been completed, and a $20,000 deposit received for the vehicle exists as a currently liability to Edward Mullholland.

Receivable from or payable to related parties

There were no additional trade receivables from or trade payables to related parties at the current and previous reporting date.

Loans to/from related parties

There were no loans to or from related parties at the current and previous reporting date.

Note 18: Events after the reporting period

There has not arisen in the interval between the end of financial year and the date of this report any matter or circumstance that has significantly affected or may significantly affect the operations of the Corporation, the results of those operations, or the state of affairs of the Corporation, in future financial years.
MIWATJ HEALTH ABORIGINAL CORPORATION
ABN: 96 843 428 729

Director's Declaration

In the opinion of the directors of Miwatj Health Aboriginal Corporation:

a. The financial statements and notes, as set out on page 4 to 17, are in accordance with the Corporations (Aboriginal and Torres Strait Islander) Act 2006, including:
   i. Giving a true and fair view of the Corporation's financial position as at 30 June 2018 and of the performance of the Corporation for the financial year ended on that date; and
   ii. Complying with Australian Accounting Standards – Reduced Disclosure Requirements and other mandatory professional reporting requirements.

b. There are reasonable grounds to believe that the Corporation will be able to pay its debts as and when they become due and payable.

This declaration is made in accordance with a resolution of the Board of Directors.

Name: Director
Signature:

Dated this 17th day of October 2018

AUDITOR’S INDEPENDENCE DECLARATION
TO THE DIRECTORS OF MIWATJ HEALTH ABORIGINAL CORPORATION

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2018 there have been:

(a) no contraventions of the auditor independence requirements of the Corporations (Aboriginal and Torres Strait Islander’s) Act 2006 in relation to the audit; and

(b) no contraventions of any applicable code of professional conduct in relation to the audit.

DFK KIDSONS PARTNERSHIP

Robert Wernli
Partner

19 October 2018
Melbourne

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A member firm of DFK International, a worldwide association of independent accounting firms and business advisors
INDEPENDENT AUDITOR’S REPORT
TO THE MEMBERS OF MIWATJ HEALTH ABORIGINAL CORPORATION

Opinion
We have audited the financial report of Miwatj Health Aboriginal Corporation which comprises the statement of financial position as at 30 June 2018, the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and the directors’ declaration.

In our opinion:
(a) the accompanying financial report of Miwatj Health Aboriginal Corporation, is in accordance with the Corporations (Aboriginal & Torres Strait Islander) Act 2006, 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 – Reduced Disclosure Requirements and the Corporations (Aboriginal & Torres Strait Islander) Act 2006.
(b) the Registrar has not imposed any additional/increased reporting requirements which the corporation is required to comply with;
(c) we have been provided all the information, explanations and assistance necessary to conduct the audit;
(d) the corporation has kept sufficient financial records to enable the financial report to be prepared and audited; and
(e) the corporation has kept all other records and registers as required by the Corporations (Aboriginal and Torres Strait Islander) Act 2006.

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 Corporations (Aboriginal and Torres Strait Islander) Act 2006 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 fulfilled our other ethical responsibilities in accordance with the Code.

We confirm that the independence declaration required by the Corporations (Aboriginal and Torres Strait Islander) Act 2006, which has been given to the directors of the corporation, would be in the same terms if given to the directors as at the time of this auditor’s report.

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

Other Information
The directors are responsible for the other information. The other information comprises the information included in the corporation’s annual report for the year ended 30 June 2018, but does not include the financial report and our auditor’s report thereon. The other information is expected to be made available to us after the date of this auditor’s report.

Our opinion on the financial report does not cover the other information and we do not express any form of assurance conclusion thereon. In connection with our audit of the financial report, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial report or our knowledge obtained in the audit or otherwise appears to be materially misstated. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

Responsibilities of the Directors for the Financial Report
The directors of the corporation are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards – Reduced Disclosure Requirements and the Corporations (Aboriginal and Torres Strait Islander) Act 2006 and for such internal control as the directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

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 cease operations, or have no realistic alternative but to do so.

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.

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

We communicate with the directors regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit. We also provide the directors with a statement that we have complied with relevant ethical requirements regarding independence, and to communicate with them all relationships and other matters that may reasonably be thought to bear on our independence, and where applicable, related safeguards.

Robert Wernli
Partner
19 October 2018
Melbourne