Anyinginyi Health Aboriginal Corporation (Anyninginyi) provides primary health care services to Aboriginal people of Tennant Creek and the surrounding Barkly Region. Consisting of five sections, Anyninginyi employs a multi-disciplinary team of experts across all sections who work to support a holistic approach to the physical, emotional health and wellbeing of Aboriginal clients as a priority. Anyninginyi’s Health Service Delivery Area stretches north of Tennant Creek to Elliott, east almost to the Queensland border and south to Ali Curung, an area of almost 150,000 square kilometres.

Anyinginyi adopts the following guiding principles:

- Social justice
- Empowering individuals to take reasonable responsibility for their health
- Assisting to address the social determinants that contribute to the poor health status of many local people
- Community engagement and empowerment
- Focus on clients
- Cultural responsiveness
- Respect for ourselves and all people
- Respect community autonomy
- Aboriginal and non-Aboriginal people working together as one team
- Quality relationships, internally and externally
- Development opportunities for staff
- Effective communications
- Financially responsible
- Outcomes focused
- High quality reporting, internally and externally

OUR PROFILE

Anyinginyi Health Aboriginal Corporation (AHAC) provides primary health care services to the Aboriginal people of Tennant Creek and the surrounding Barkly region.

Established in 1984 as Anyninginyi Congress Aboriginal Corporation, Anyninginyi’s focus remains on our central objective. That is to relieve the poverty, sickness, disempowerment, serious social and economic disadvantage, and dysfunction that affects the Aboriginal population of the Region.

In 2003 we underwent a name change to become Anyninginyi Health Aboriginal Corporation. That year also saw an expansion of services outside of Tennant Creek. In September 2010, after a long period of community consultation, Anyninginyi became sole service provider of primary health care for Aboriginal people in the region.

Community controlled and governed by a board of directors, five service sections make up the organisation. Our services take a holistic view of health and include:

- primary clinical care
- social and emotional well being
- health promotion
- sports and active lifestyle
- administrative services.

Our health service delivery area totals almost 150,000 square km. It stretches north of Tennant Creek to Elliott, eastward almost to the Queensland border and south to Ali Curung. We provide services to over 7500 people.
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OUR VISION
Aboriginal people in the Barkly Region enjoy equity in health status with that of other Australian citizens.

OUR PURPOSE
To be a provider of high quality holistic primary health care services to the Aboriginal communities of the Barkly Region in a culturally responsive way.
OUR SIX PRIORITIES

As an Aboriginal community controlled health service, we will listen to the community and always show respect for culture and cultural practices.

a) A culturally responsive organisation: we will support family, identity and culture across the whole organisation, including through implementing our Cultural Framework and supporting the Cultural Competence Group to advise on cultural matters.

b) Cultural orientation and awareness: we will ensure that our staff receive regular cultural orientation to maximise the effectiveness of our services and create a positive and respectful environment for our clients and staff.

c) Feedback from the community: we will work to make sure that our processes for community feedback are clear and effective.

d) Traditional cultural practices: wherever appropriate we will encourage and support traditional health knowledge and practices, including bush medicine and traditional therapy.

We will continue to build upon our reputation as a professional, well managed Aboriginal community-controlled organisation.

a) Supporting our Board: we will support our Board members to lead the organisation, and continue our commitment to youth representation on the Board.

b) Strong leadership: we will continue to provide high quality management to lead our staff and services.

c) Sound finances: our financial management will be transparent and high quality, with an emphasis on building our financial strength.

d) Effective reporting: we will ensure high quality, timely reporting as the basis for reviewing our progress and maintaining our high standards of accountability.
We will offer high quality, comprehensive primary health care services to support our clients’ physical and social and emotional wellbeing in a way that supports them to take responsibility for their own health.

a) Services to support health and wellbeing across the life course: we will provide prevention, health promotion and treatment services that address the physical and social and emotional wellbeing needs of the Aboriginal people and families we serve.

b) Outreach services: wherever appropriate we will seek to deliver health services ‘on the ground’ in Community Living Areas.

c) High quality health staff: we will recruit and train high quality health staff, including Aboriginal Health Practitioners, to meet the health and wellbeing needs of our clients.

d) Individual and family responsibility: our health services will seek to empower Aboriginal people to take responsibility for their own health and that of their families.

We will support all our staff to be the best they can be, including through providing employment for Aboriginal people and supporting them to be leaders within our organisation.

a) Training, supporting and developing our staff to offer high quality, culturally responsive services, while recognising the demanding nature of the work they do.

b) Professionalism and leadership: we will support our staff to develop their capacity for leadership, professionalism and responsibility within a respectful workplace.

c) Learning today, leading tomorrow: we will provide employment opportunities for Aboriginal community members (including Aboriginal young people) wherever possible, taking into account the circumstances they face.

d) Aboriginal staff are our greatest asset: we will seek to increase the number of Aboriginal staff at Anyinginyi, including Aboriginal Health Practitioners and in senior positions.
We will continue to be a voice for the community and to work with others to address the social determinants of health and the intergenerational disadvantage carried by the Aboriginal people and families of the Barkly.

a) **Addressing the social determinants of health**: poor housing, lack of education and employment, intergenerational trauma, and the experience of racism have a negative effect on the health and wellbeing of Aboriginal people and families. We will continue to speak out on behalf of our communities for these issues to be appropriately and sustainably addressed.

b) **Alcohol, tobacco and other drugs**: we will work to prevent the harm alcohol, tobacco and other drugs cause across the region, and assist those individuals and families affected by them.

c) **Ensuring the health system meets community needs**: we will hold the mainstream health and wellbeing system to account, advocating for properly resourced services that appropriately meet the needs of the Barkly Region.

d) **Building relationships with other organisations**: we will continue to work with other Aboriginal organisations, health services, government, and the Aboriginal community-controlled health sector to tackle Aboriginal disadvantage.

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**PRIORITY 5:**
Tackling Aboriginal disadvantage

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**PRIORITY 6:**
Sustainability and innovation

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We will try new ways of delivering our services and running our organisation while ensuring that Anyinginyi continues to operate from a sustainable and stable base.

a) **Seeking new ways to make a difference**: we will continue our commitment to innovation in all our programs and service delivery, including seeking appropriate alternative sources of funding.

b) **Reflecting on our practice**: we will use a Continuous Quality Improvement (CQI) approach across the organisation to evaluate and improve the way we deliver services.

c) **Investing in sustainable administration**: we will continue to update our systems, including information technology and policies & procedures, to ensure that our staff are supported to do their jobs.
I am humbled and privileged to present the Chairperson’s Report for Anyinginyi Health Aboriginal Corporation for 2018-2019. It has been another big year for the Board, with a focus on further improving policy, governance processes and capabilities.

The Annual Report illustrates the breadth of our work in delivering primary health care to all Aboriginal people across the Barkly Region. Excellent work has been carried out by staff in delivering high quality service that builds upon the strengths of this organisation.

Within my role as Anyinginyi Chairperson, I do participate and represent Anyinginyi on other Committees and forums. I regularly attend Board and general meetings of AMSANT which Anyinginyi is a member of and our General Manager Barb Shaw is Chairperson of. I have continued to play an active role on the Aboriginal Housing of the Northern Territory working group. It is important that the Barkly is represented at these forums; to have input into developments, raise our issues and be a strong voice for the Region.

This year in August myself, fellow Board Members and the General Manager attended the 25 year anniversary of Aboriginal Medical Services Alliance of the Northern Territory (AMSANT) Our Health, Our Way – 25 Years of Health Leadership Conference, in Alice Springs. AMSANT is the peak body for Aboriginal Community Controlled Health Services in the Northern Territory and advocates for equity in health, focusing on supporting the provision of high quality comprehensive primary health care services for Aboriginal communities.

Cultural responsiveness and community engagement, being our number 1 priority, is an important area and effort will continue for this to remain a focus. As a result 2019 has seen the Board and Management work on strengthening and improving the organisations Cultural Policies. With this the Board of Directors approved the development of the Eligibility of Client Access to Primary Health Services Policy. This policy was implemented as need to focus on the primary purpose for the organisations existence: To be a provider of high quality holistic primary health care services to the Aboriginal communities of the Barkly region in a culturally responsive way.

The Board of Directors approved an Aboriginal Administration Trainee Program, as part of our commitment to grow local skillset and succession planning. Five Aboriginal Administration positions have been created across the organisation.

Late 2018 saw myself, Director Duane Fraser and Director Kade Green attend the National Aboriginal Community Controlled Health Organisation (NACCHO) General Meeting and AGM in Brisbane to collaborate and vote on the updated draft Constitution. We then attended the Sydney General Meeting in July of this year for further discussions and input on the Constitution. NACCHO is the embodiment of the aspirations of Aboriginal communities and their struggle for self-determination and is the national peak body representing 143 Aboriginal Community Controlled Health Services (ACCHSs) across the country on Aboriginal health and wellbeing issues.
We have seen over the years many changes and developments in regards to our Infrastructure and assets. Ten years ago the Board of Directors with Management, planned and implemented a 10-year Infrastructure Program that has allowed us to build a purpose built medical centre, the Men’s Clinic, refurbishments to Public Health and Allied Health. The last project as part of this program has been the design and build of the new Corporate Services Complex to replace the old office on Irvine Street. This purpose built facility will house our General Manager, Finance, Human Resources, Grants & Compliance, Continuous Quality Improvement, IT systems Management, Assets & Maintenance, Cultural Implementation and Policy & Research. There will also be state of the art equipped meeting, training and Board rooms that will allow us to further deliver better services to our workforce, community and meeting compliance and governance requirements all within one complex.

On behalf of the Board I would like to acknowledge Barb Shaw for her work as General Manager and for maintaining a strong relationship with the Board of Directors. The Board is informed of the challenges as well as positive outcomes achieved by staff and programmes through regular reporting and communication with Board Members.

In closing I would like to thank all the staff for their hard work within the Community and to my fellow Board members for their support in achieving our organisation’s vision. A credit to all, in that Anyinginyi leads the way for design and delivery of culturally competent based health, social and emotional wellbeing services that build a healthier Aboriginal community towards equity in health services to that of other Australians.
CHAIRPERSON Ross Jakamarra Williams
A Warumungu man from Phillip Creek, who has lived in Tennant Creek his whole life. Ross is a co-founder of Anyinginyi Health Aboriginal Corporation and has been involved in many different roles within the organisation throughout its history. Ross first became a Director to be a voice for his Elders and for his community, he is a strong voice for the strong health for people of the Barkly Region. His community participation extends beyond Anyinginyi and he has been involved with many other organisations in Tennant Creek.

DIRECTOR Marnji Napanangka – Napangardi James
Director James is a Walpiri woman representing Elliott and Marlinja on the Anyinginyi Health Board of Directors since 2004. Marnji has represented her community on the Anyinginyi Health Board since 2004 bringing with her a wealth of community and cultural knowledge. Marnji has extensive experience in the health sector working as an Aboriginal Health Practitioner for over 30 years.

“Your Health in your Hands means to me taking responsibility and control of your health and wellbeing. Culturally, spiritually, emotionally, mentally and physically. It also means to me a comprehensive care model for Aboriginal people delivered by Aboriginal people who make up the Board, management and employees of Anyinginyi Health.”

DIRECTOR Noel Jungarayi Hayes
Director Noel Hayes is a Kaytetye man living in Ali Curung Community and has been involved with the Anyinginyi Health Board of Directors since 2009.

Noel currently holds and has previously held, numerous governance and positions of authority in both Aboriginal and non-Aboriginal organisations and is an active advocate for his community.

“Your Health in your Hands’ speaks to the combined responsibility of Aboriginal people and Aboriginal Medical Services to take charge for an active involvement in their health outcomes. Your health and your families’ health is in your hands meaning, you are responsible.”
DIRECTOR Kade Jakamarra Green

Kade was born and bred in Tennant Creek and is a Warlmanpa man. Kade is one of Tennant Creek’s young and aspiring young leaders.

Kade completed a Human Rights Course with the University of New South Wales, graduating in September 2015. Doing this course inspired Kade to become an advocate for the rights of Aboriginal people’s and to speak up strong about young people in the Barkly Region.

“This year’s theme and message of Your Health in your Hands is of significant importance to me as it represents our need as individuals of this community to take ownership for our own healthy futures.”

DIRECTOR Pat Braun

Pat has served as a Director of the Anyinginyi Board for the past ten years. Pat was born in Tennant Creek, her mother a Warumungu woman and her father an Arrernte man.

Pat comes to the Board with 30 years of experience as a health worker for the Department of Health and a Councillor for the Barkly Region.

“Be part of taking health into our hands. Take charge of your health, your family. Take charge of your community health and wellbeing. Be in charge and be healthy.”

DIRECTOR Duane Fraser

Duane is a Bidjarra man and was born in Winton, Queensland but has been living in the Barkly for the majority of his life. He has been on the Anyinginyi Board for the past ten years and has been heavily involved with community development, including being a major driver of NAIDOC Week events and involvement in the Barkly AFL.

DIRECTOR Dick Foster

Director Foster is a Warlmanpa Elder who has been involved with Anyinginyi Health in the early days when the Organisation was first being set up and developed. Director Foster believes it is important being on the Board of Directors so that his cultural knowledge will assist with Anyinginyi’s Aboriginalisation strategy and to inform the implementation of the Anyinginyi Cultural Framework.
Anyinginyi Health Aboriginal Corporation has come a long way over the years. We have been managing largely with the same resources while embarking on new program areas to meet the ongoing demands and address the needs of the Aboriginal people. The organisation has worked to build our internal capability by introducing systems, reviewing policies & procedures, improving information sharing and structuring internal coordination.

The organisation is busy with the constant over-burdensome reporting demands required by funding bodies which has hampered our ability and constrained time needed to bed down services. The experience across the organisation is doing things ‘on the run’ with no time to breathe or consolidate. To change our environment, a conscious decision was made that 2019 would be dedicated to ‘Consolidation’. The decision included a moratorium on research and entering into additional major agreements. This has given Anyinginyi Health Aboriginal Corporation space to catch-up and bed down its business to focus on matters such as;

- The organisation’s Corporate Services division has undertaken structural and system change to improve internal financial management control, risk management, quality assurance and workforce development.
- The organisation’s Clinical Health division has introduced a major business change that addresses client eligibility and will help get us back on track with delivering primary health care services to Aboriginal people and strengthen the division’s capacity to deliver on Close the Gap targets.
- The organisation’s Sports & Rec Active Lifestyle division has reformed program activities to strengthen and to better align with Anyinginyi’s wrap-around model of care.
- The organisation reviewed its Cultural Framework to clearly define the elements of the Framework and its meaning in relation to the Board’s vision and purpose.

Through management and program staff we have endeavoured to engage and work with local service providers and agencies to improve networking and engagement with the community.

It is the organisation’s commitment and vision to continue to deliver the core functions of comprehensive primary health care to First Nation Peoples in the region, working with individuals and families to build capacity to improve their wellbeing in order to live healthily and happily. We continue to build our links and engagement with community through ongoing remote care services and conducting public health and health promotion activities.
activities to outlying remote communities as well as Tennant Creek.

Anyinginyi’s Board of Directors, management and program staff’s increased participation across the Aboriginal Community Control Health Organisation (ACCHO) sector through the Aboriginal Medical Services Alliance NT (AMSANT) has resulted in positive capacity building and a consistent approach to primary health care. My role as the Chair of AMSANT and the NT Aboriginal Health Forum brings the broader strategic dynamics of health care to the interface with the delivery of primary health care at a regional remote level.

Indeed, it has been a very busy year but a good year.

It is with respect I thank the Board of Directors for their ongoing support and community leadership.

The level of output achieved cannot be done without what the Section Managers have demonstrated by their commitment, loyalty and passion I witness every day. They are the organisation’s ‘Dream Team’. I am so appreciative of the team’s professionalism, ability to work hard and roll with the punches – thank you.

The General Manager is supported by a small team that has become known as the General Manager’s Unit. To this team of people there are challenges but nothing is insurmountable. I thank the GM Executive Assistant, Policy/Research/Governance Officer and the Cultural Implementation Facilitator.

Anyinginyi’s biggest asset is its people. I take this opportunity to thank all staff, each and every one of you for the work you do and choosing to commit to Anyinginyi Health.

On behalf of Anyinginyi Health I wish to thank stakeholder groups, our various partners and funding agencies for your support.

On behalf of management and staff I thank the members, families and the community for their support.
CULTURAL IMPLEMENTATION

THE ANYINGINYI HEALTH STRATEGIC PLAN 2018 -2020

PRIORITY 1: Cultural responsiveness & community engagement

As an Aboriginal community controlled health service, we will listen to the community and always show respect for culture and cultural practices.

The Cultural Implementation Facilitator provides feedback to Management and the Board of Directors on cultural responsive service delivery and cultural practices from engagement with community members in the Barkly Region.

During 2018-19 the Cultural Implementation Facilitator has worked with the Human Resources team to recruit and support five local Aboriginal Trainees as entry level positions with Anyinginyi Health. This is seen as ‘growing our own.’ Intensive support is provided to the trainees until they are confident in the workplace.

As part of community engagement the Cultural Implementation Facilitator has been working with the Piliyintinji-Ki women’s section to establish a women’s advisory group to provide advice and guidance on cultural practices and provide a voice for Aboriginal women in Tennant Creek and the Barkly Region.

The Cultural Implementation Facilitator has an ongoing role to support Section Managers when dealing with staff queries, barriers and challenges to service delivery and community engagement. A number of policies have been developed, others reviewed and amended in line with Anyinginyi Health’s Culturally Responsive service delivery model.
A review of family based services in 2007 resulted in the ‘Yapakurlangu Family and Community Violence Report’, August 2007. The review highlighted the need for a cultural framework to explicitly embed culture in all aspects of the organisation’s service delivery, planning and operations.

Adopting a Cultural Framework ensures effective service delivery by recognising and acknowledging that beliefs and values of Aboriginal people are at the forefront of working with diverse communities in the Barkly Region of the Northern Territory. This way Cultural Safety is ensured.
ELEMENTS OF THE ANYINGINYI CULTURAL FRAMEWORK

CULTURAL IMPLEMENTATION FACILITATORS
Male and Female Cultural Implementation Facilitators have a strategic leadership role within Anyinginyi to provide advice on culture across the organisation and suggest strategies to the Board of Directors to facilitate and embed cultural appropriateness in policy and program development for implementation across the organisation. An important part of the role of the CIFs is to challenge a dominant culture thinking with a view to continuously improving Indigenous and non-Indigenous relationships within the Public Health Care Framework delivered to Anyinginyi clients which contributes to Anyinginyi’s purpose of working with all stakeholders to improve access to and for Aboriginal communities of the Barkly Region.

ABORIGINALISATION POLICY
Anyinginyi Health Aboriginal Corporation is committed to affirmative Action Programs supporting training and job opportunities for Aboriginal people, which are essential elements for the Aboriginalisation process. The Aboriginalisation Policy supports the political and social desire for Aboriginal Community Controlled organisations to take the lead in recruiting and training a strong Aboriginal workforce.

All positions advertised include the sentence “Aboriginal people are encouraged to apply”. All employees are expected to demonstrate willingness and ability to transfer skills and knowledge to Aboriginal employees.

CULTURAL POLICY
The Cultural Policy has been formulated to ensure Anyinginyi Health Aboriginal Corporation continues to recognise the strong role Culture plays in a holistic approach to good health and well-being. The Policy is aimed at promoting and respecting the diverse cultural identities of Aboriginal people, families and clients and sets the foundations for Anyinginyi to strive to be compliant with the principles of cultural safety. The policy facilitates and embeds a cultural framework in the delivery of Primary Health Care and the ethos of Cultural responsive that is reflected in the Organisations policy development and implementation.

CULTURAL COMPETENCY GROUP
The Cultural Competency Group is represented by female and male Aboriginal staff from each Section of Anyinginyi. Their role is to monitor and implement culturally secure practices as directed by the Board of Directors and provide support and advice in their work areas. Members of the Group act in an advisory and consultative role.

CONFIRMATION OF ABORIGINALITY
This policy is to set out the guidelines and procedures required for Anyinginyi Health to assist an individual to establish their Aboriginality. Members of the public may lodge Confirmation of Aboriginality requests with Corporate Services for presentation at a full Board meeting.

CULTURAL RESPONSIVE PROGRAM
New employees receive Cultural Responsive Training, a six-hour cultural awareness training workshop to understand local culture, Aboriginal history, ways of working in a local context, barriers to effective service delivery, Aboriginal Community Control and Self Determination.

BUSINESS MODEL
Aboriginal Community Control is an act of self-determination. Anyinginyi Health has a fundamental responsibility to deliver Primary Health Care to Aboriginal people of the Barkly Region and this will always remain our priority. Accordingly the Anyinginyi Health business approach is to provide services solely to Aboriginal people and their families, in line with principles of social justice, empowering Aboriginal individuals and families, addressing the social determinants of health, community engagement and empowerment, cultural responsiveness and respect for community autonomy.
Nyangirru Piliyirrara Kurantta
Corporate Services

"Corporate Services use regional structures and systems that support accountability pathways."
2018-2019 has been a year of polar opposites, one which took members of the Team from at times tiring 12 hour days to the excitement at seeing the final infrastructure project of Anyinginyi’s new Corporate Services (CSS) building develop before our eyes.

I thank the CSS Team for their relocation efforts and maintenance of core administrative functions, to stay connected, the attention of normal duties and their response to new programs and functions while in the midst of relocation.

Each area of CSS has seen some form of change or growth. We sadly said goodbye to long-term staff whose commitment and contribution strengthened this organisation in many ways. We wish them all the best for the future.

New Developments:

- **HR** - growth and employee investment program development
- **CQI, Grants, Communicare** - staffing changes
- **Finance** - staffing and structure change
- **Assets and Property Maintenance** - system change
- and **IT** - staffing and investment of assets changes.

2019-2020 will continue the modernisation of IT programs in grants contract management, employee timesheet management and electronic forms development. Each step is to ensure an efficient system leading to cost savings which can be re-invested back into Aboriginal Health programs. Anyinginyi Health’s financial services are large and require robust internal governance provisions to manage its own resources. Future plans will see investment in internal services and cost analysis in achieving best dollar value outcome.

CSS’ primary functions are still: the provision of solid corporate function; interface the ever-changing programs of government while maintaining Aboriginal self-determination, transparency and accountability; meeting the needs of our service section’s program implementations; and contribute to Closing the Gap targets.

CSS’ goal for 2019’s year of consolidation has been a practical review of gaps and information banks i.e. manuals or DIY instructions. This highlighted the ongoing need for manual development and updates on system changes as they occur. Changes stem from redesign in services internal or external, program growth or best practice realignment. As an organisation we are very robust in change management. It is critical we maintain foundational process and procedures information to ensure effective induction of new staff and that current staff learn our system or transition to the system with ease. Works in these areas for any innovative organisation is constant and ongoing.
CONTINUOUS QUALITY IMPROVEMENT

Continuous Quality Improvement (CQI) is about Responding to the Question: HOW CAN WE DO THIS BETTER?

How has Anyinginyi Health Aboriginal Corporation done it BETTER in 2019?

Anyinginyi Health Aboriginal Corporation has continued to ensure it is a lead organisation in accountability and transparency by becoming dual accredited with ISO 9001:2015 and AGPAL certification.

Our Board of Directors and staff have achieved this through the organisation’s Strategic Plan. The plan forecasts and directs the activities and actions of our daily operations to ensure positive health and wellbeing outcomes for the people of the Barkly Region.

ISO 9001:2015 - What are the benefits of ISO International Standards?

ISO International Standards ensure that products and services are safe, reliable and of good quality. For business, they are strategic tools that reduce costs by minimising waste and errors while increasing productivity.

AGPAL CERTIFICATION - Accreditation reassures practice owners, practice managers, staff, funding bodies, consumers and patients that a practice is meeting minimum safety and quality standards as outlined by RACGP.

PATIENT SAFETY - Accreditation demonstrates a practice’s dedication to delivering high quality care and safety to their patients.

QUALITY IMPROVEMENT - Accreditation reflects a practice’s commitment to continuous quality improvements – via systems, processes, policies, culture, risk management and staff training.

QUALITY CYCLE

- PLAN
  - Establish objectives and make plans (analyse your organisation’s situation, establish your overall objective and set your interim targets and develop plans to achieve them).
  - Correct and improve your plans and how you put them into practice (correct and learn from your mistakes to improve your plans in order to achieve better results next time).
- ACT
  - Measure your results (measure/monitor how far your actual achievements meet your planned objectives) (The Accreditation process).
  - Implement your plans (do what you planned to).
- DO
  - Correct and improve your plans.
  - Measure your results.
  - Implement your plans.
  - Establish objectives and make plans.
How can Anyinginyi Health Aboriginal Corporation do it BETTER in 2020?

Anyinginyi Health will continue to strive to achieve a high quality and safe service for the community of Tennant Creek and the Barkly Region. We will ensure CQI is patient-centred by empowering Anyinginyi Health staff to identify opportunities for improvement and to take a multidisciplinary team approach in problem solving and taking action. This can be achieved with the introduction and implementation of an electronic quality management system. The system will assist the organisation to continually improve procedures and compliance using the following tools:

- Accreditation and Risk Module
- Compliance Register
- Accreditation Module
- Audit Register
- Document Register
- Records Register
- Tasks
- Contacts
- Meetings

AMSANT CQI ROADSHOW 2019.

AMSANT CQI Facilitator Louise Patel and Dr Liz Moore facilitated an all staff NT AHKPI review in-service session at Anyinginyi Health Service in March 2019

With the right people in the room for this exercise including: GPs, Clinicians, Locals, Data Experts, AHP, RNS, Transport Drivers, Administration Staff, a Clinical Information Officer and a Dental Assistant, there was a great opportunity to make sense of the data. Questions were asked and answered in relation to service delivery, chronic conditions, Communicare, mobility of the population, staffing etc.

After the information session about current data the staff broke into groups and generated ideas of how they could do things differently to grow data collection by increasing the number of encounters. The topics that the staff saw as high priority for better outcomes were anaemia, blood pressure control and diabetes control.

Mapping of NT AHKPI

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Ngarunyurr Parlpuru Munjarlki
Prevention is the Solution
HUMAN RESOURCES (HR)

The Human Resources Department underwent a major change in August 2018 with the implementation of a Human Resources Officer (Recruitment) and Human Resources Officer (Workforce Development).

Both positions were filled by Aboriginal employees a male and a female. As a result of overall development, Strategic Human Resources Management, a commitment to continuous improvement principles and executing the Anyinginyi Workforce Development Plan 2019 – 2022, our Aboriginal and / or Torres Strait Islander employee numbers have increased by 6.34%, to represent 52.67% of Anyinginyi Health’s total Workforce.

Workforce Development initiatives saw a commitment to skills development across the organisation, delivering training and development opportunities for all employees. Employees were offered a range of skills development opportunities, from compulsory Fist Aid Training for all employees, to Collaborative Leadership Training aimed at our Management Team, Team Leaders, Supervisors and identified employees. We also ran Anti-Discrimination, Harassment and Bullying Training, and Unconscious Bias Training delivered by the Northern Territory Anti-Discrimination Commission.

Human Resources is excited to announce that the Board approved an Aboriginal Administration Trainee Program. Part of our commitment to grow the local skillset and succession planning, the program responds to Priority 4 of the Strategic Plan. (Opportunity for our staff and the community)

Five Aboriginal Administration positions have been created across the organisation, that employ community members as trainees on a full-time basis. The trainees will be linked to internal mentors, whilst being afforded the opportunity to build capacity, learn and study a Certificate II in Business Administration at Charles Darwin University, over the next two years.

Individual Training and Development Plans are to be developed for all Anyinginyi employees during the next financial year in collaboration with their Managers.

Both the Human Resources Officers are fast learning to become “Specialists” in their functions. Through continuous exposure of employee relations and related tasks during the life cycle of a typical employee they will further develop their skills, knowledge capacity in the Human Resources field.
GRANT FUNDING AND COMPLIANCE

In 2018-19 Anyinginyi grant funding grew by 9% overall compared to last year. Our compliance activities were strengthened through increased team resources and a focus on consolidation of existing programs. Agency funding levels remained relatively consistent with prior year levels, with the increased funding and additional resources rolled out particularly in the targeted area of child and maternal health. These changes have in part been influenced by Royal Commission findings and state and national level advocacy by Aboriginal peak bodies including NACCHO and AMSANT.

Other transitional grant funding arrangements begun occurring early in 2018-19 both within Commonwealth agencies and through secondary agencies such as the NT Primary Health Network (NTPHN) and Northern Territory Government agencies. The realignment of IAS grant funding between the Commonwealth and Northern Territory Governments followed this policy direction. The change has seen no real net gains in actual funding levels to many Anyinginyi programs although agreement terms have extended.

In terms of reporting compliance, all Grant funded activity reporting has seen agency changes that incorporates Key Performance Indicator (KPI) data into new electronic formats with increased focus for health services on effective data collection and analysis, implementing culturally responsive strategies and programs, and becoming more outcomes focussed in relation to community health issues. Effectively Anyinginyi met these changes and continues to reflect positively for the strategic priorities set by the Anyinginyi Board of Directors. The leadership team and staff contribute towards effective service delivery of programs in the community.

In total Anyinginyi Health Aboriginal Corporation grant funding from all agencies increased by 9% to $14.56m in comparison to last year. The increase reflected roll out of new targeted programs and activities in the Child and Maternal health domain such as MECSH and New Directions, with additional support for Mental Health awareness and training. Additional remote service delivery support for emerging needs that align with the Board’s strategic directions and priorities was gained late in the year.

Significant outcomes for 2018-19:

• Signing of Anyinginyi Maternal and Early Childhood Sustained Health (MECSH) program, a major four year program initiative by the Northern Territory Government increasing resources for qualified Aboriginal Health Practitioners and Nurses extending home visiting services to new mothers, babies and families for extra support.

• New Directions an expanded Commonwealth public health program providing additional antenatal and postnatal support for mothers and early childhood services for families with children under five years including nutrition, milestone development, immunisation status etc.

• Mental health awareness and education pilot project supported by NTPHN to increase awareness in community of access and services available to Aboriginal men.

• Completion of capital project to provide accommodation quarters at Anyinginyi Clinic in Elliott.

• Completion of capital upgrades and clinical compliance works to Anyinginyi Men’s Clinic.
Other 2018-19 developments across the sector and policy matters that influenced or were influenced by Anyinginyi included:

- The Royal Commission submissions and high level responses providing acknowledgement of issues and the need for local Aboriginal input into culturally responsive family and children services across a wide spectrum of local community and closing the gap needs in the Barkly.
- After concerns expressed by the Aboriginal Health Services sector over the implementation of the Commonwealth’s new Health Funding Model, roll out was delayed another year (2020) to seek solutions. The funding model is designed for primary health care services and specifically Aboriginal Community Controlled Health Organisations (ACCHO).
- The transfer of Remote AOD Workforce funding arrangements from the Commonwealth to the NTG were completed in July 2018.
- Anyinginyi Cultural and Social Emotional Wellbeing (SEWB) services funded under the IAS Program were renegotiated and re-funded for another three years from 1 July 2018 until June 2021. These programs continue to support the need for culturally responsive counselling services to Aboriginal men and women of Tennant Creek and the Barkly Region.
- While Northern Territory Government (NTG) funding to Anyinginyi Health for Primary Health Care related services rose significantly to 7.6% in 2018-19, this was due to the transfer of specific funding from the Commonwealth and the MECSH maternal home visiting program. Overall NTG grant levels for Primary Health Care related services remain at low levels which historically is compounded by the diversion of clients from mainstream community primary health services.

Strategic Direction / Investment

Achieving renewal of the expanded ISO 9001-2015 Quality Management Systems accreditation in May 2019 supports the Board’s strategic priorities to maintain quality primary health care services to the community, with Anyinginyi aspiring to increase resources to support primary health initiatives that increase emphasis on Aboriginal workforce development and CQI processes in support of “Closing the Gap” strategies and key Aboriginal health indicators. Challenges include maintaining community control of social policy development, remote area service delivery, working in collaboration with NT Health’s Central Australia Health Services (CAHS), reduced indexation and grant funding flexibility, advocating for change as consistently complex reporting requirements across all funding agencies continue to pose a risk to remote ACCHO’s and pressure to maintain performance at existing levels or risk cut-back as operational costs increase.
In 2018-19 the major funding bodies of Anyinginyi Health Aboriginal Corporation were:

**TOTAL PER FUNDING BODY**

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<th>Funding Body</th>
<th>Contribution</th>
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<tr>
<td>Dept. Social Services</td>
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<tr>
<td>NT Primary Health Network</td>
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<tr>
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<tr>
<td>Philanthropy</td>
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**FUNDING BODIES CONTRIBUTION % BREAKDOWN**

- Dept. Social Services: 4.9%
- NT Primary Health Network: 9.1%
- Northern Territory Government: 6.5%
- Dept. of Health: 70.1%
- Dept. of Prime Minister & Cabinet: 8.7%
- Philanthropy: 0.6%

CSS is thankful and appreciative of the many partners, suppliers, funders and colleagues in addressing Aboriginal Health of the Barkly Region.
There has been more room and opportunity created for the timely and structured delivery of care and support to Indigenous clients.
The Health Services Section comprises the Main Clinic, the Men’s Clinic, Rural and Remote Outreach and Allied Health. Through the collaborative support and effort from the team of Drivers, Admin Officers, Aboriginal Health Practitioners, Registered Nurses and Doctors, the Health Services Section continues to strive towards ensuring that all Indigenous members of the Tennant Creek Community and the entire Barkly region receive care and support that is holistic and culturally safe to appropriately meet community needs.

Following the Board ruling on the 7th of August 2018, a decision was made that Anyinginyi will no longer serve Non – Indigenous Clients for GP services.

The concept of the new business change has been in an effort to help tackle Indigenous disadvantage and the Health Services Section can attest to the fact that since the implementation of the new business change, there has been more room and opportunity created for the timely and structured delivery of care and support to Indigenous clients.

Prevention is the solution is the organisation motto that drives us to relentlessly work towards closing the gap on health outcomes for the Indigenous population.

The Health Services section is privileged to serve the Tennant Creek Community and the entire Barkly region in delivering primary health care and this wonderful work cannot be achieved without the dedication of the ever hardworking health services team.
MEET OUR TRANSPORT OFFICERS

As Local community members and front liners in the delivery of our services, our Transport Officers are pillars of our health care delivery system as their main role is to facilitate client engagement with the health centre. Their job involves constant collaboration with the admin team and clinicians to either pickup/drop clients or send out appointment letters. The Transport Officers also work in collaboration with the senior admin officer to ensure that the entire health services fleet is road worthy and safe for both clients and the health services staff to travel in. It is also the responsibility of our transport officers to ensure clients are safe to and from the point of care. “Thanks team for your hard work”

MEET OUR CLIENT SUPPORT OFFICERS

Our Client Support Officers are part of our admin team and are the face of the health services section with the responsibility of ensuring that every clients feels welcome with a sense of identity and belonging. As an Aboriginal controlled organisation it is also the Client Support Officers’ responsibility to ensure that all clients feel a sense of ownership in order to promote engagement. The Client Support Officers work closely with management and Transport Officers to manage the flow of patients with the huge responsibility of ensuring that waiting times are kept to a minimum and that only eligible clients access services. Despite the challenges that the team face at times in dealing with difficulty and unsatisfied clients, the team never tires from wearing a warm, soothing and welcoming smile. “Thank you team for your hard work”

MEET OUR CLINICAL TEAM

Comprising of the Aboriginal Health Practitioners, Registered Nurses and Doctors, our clinicians have the ongoing commitment of working towards improving the health of Indigenous clients and their families in the Barkly region, and to support individuals and families to make informed decisions about their health, wellbeing and self-care. The Closing the Gap expectations are a positive reinforcer that drives our clinicians to deliver quality and holistic care.

Anyinginyi Health Services Section has strengthened the client referral system organisationally for cross program support and
externally for continuum of care. The Section has five portfolio areas that aim to address the health needs of the community more specifically, i.e., Diabetic portfolio, Cardiac portfolio, Child and Maternal Health portfolio, Renal portfolio and the Sexual Health portfolio. In addition, all Chronic Disease portfolio holders have the support of the Integrated Team Care portfolio. The health care needs outside portfolios are coordinated by generalist clinicians. “Thanks team for the hard work”

MEET OUR RURAL & REMOTE OUTREACH TEAM

Servicing four Barkly remote communities; Mungkarta and Nuramini in the south, and Wogyala and Corella Creek in the north, our Rural and Remote Outreach Team is coordinated by a team of a Registered Nurse and an Aboriginal Health Practitioner who have the skill, training and knowledge to safely deliver primary health care services to the professional standards of remote practice. Together they work tirelessly to see to it that remote community members are not disadvantaged in any way when it comes to accessing health services. To ensure that remote communities are not, by virtue of their geographical location disadvantaged from accessing specialty and holistic care, the Rural and Remote Outreach team now incorporates portfolio holders and Doctors in their schedule. “Thanks team for the hard work”

MEET OUR DENTAL TEAM

The Dental Team is part of our Allied Health Services and is comprised of a fulltime Dentist, a Dental Assistant and a Client Support Officer that support the entire Allied Health Services. Through internal referral system, the Dental Team continue to work in collaboration with clinicians for the prevention and treatment of all oral health problems faced by our Indigenous clients. In partnership with the organisation’s Public Health Section, the Dental Team’s focus this year has been more around promoting good oral health and a streamlined referral system that aims at ensuring that all clients with chronic diseases have regular dental checks and follow up care. The education and health promotion has been targeted internally at all sections within the organisation and externally at all organisations with a stake in our client base. A message from the Dental Team: oral health is not only focus on teeth but the general oral wellbeing; that is, being able to eat and speak without discomfort or shame.

“Thanks team for the hard work”
MAAKAJA JJA YAWAMARITHE MEN’S HEALTH TEAM

Anyinginyi continues to boast being among one of the few Aboriginal Controlled organisations across the Northern Territory to have a separate designated Men’s clinic specifically for Men’s Health. The Clinic is manned by two Male Aboriginal Health Practitioners and a Doctor on a daily basis. The Men’s Clinic has since its commissioning in September 2017, provided a culturally safe and conducive platform on which Indigenous men have felt safe to address their health issues. The operations of the Clinic are guided by the Cultural protocols developed by Traditional Owners and the Elders from the Community aimed at ensuring respect for Warumungu Country and the organisation. The protocols pave the way for improving working relations between all staff, Wumpurrarni men, young and old persons. These protocols also underpin a framework for treatment and care of Wumpurrarni men. With the Men’s Clinic the organisation hope to improve Men’s Health and wellbeing through timely health checks and consultation on any Men’s related health problems.

The Health Services Section acknowledges and thanks all past staff members who have left the Health Services Section in the 2018-2019 financial year. We appreciate the contribution they have made to Indigenous health and the people of the Barkly region.

As a section, we also acknowledge and welcome new additions to the team, moving into 2019-2020 with a confident and competent team of clinicians and administrative staff who will continue to work together to address the needs and improve health outcomes of the community.

LOOKING AHEAD

The Health Services Section will continue to implement a culturally responsive service that is safe, client-centred with a focus on prevention and self-management and a service that aims to improve the health statistics of Indigenous people. A focus on the Aboriginalisation policy will continue to be a priority so as to ensure that the Aboriginal Men and Women of the Tennant Creek community remain the face of the organisation and the front liners in the delivery of our care and services.
## A Snapshot of Looking after the Barkly Community in 2018-2019

### Episodes of Care

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<th>Non-Aboriginal Males</th>
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</thead>
<tbody>
<tr>
<td>Health Centre</td>
<td>65%</td>
<td>4%</td>
<td>26%</td>
<td>5%</td>
</tr>
<tr>
<td>Rural and Remote</td>
<td>38%</td>
<td>61%</td>
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<td>Dental</td>
<td>46%</td>
<td>29%</td>
<td>9%</td>
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</tr>
<tr>
<td>Men's Centre</td>
<td>96%</td>
<td>4%</td>
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<td>8%</td>
</tr>
<tr>
<td>Allied Health</td>
<td>57%</td>
<td>26%</td>
<td>8%</td>
<td>9%</td>
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Anyinginyi Health provides services that are requested by the clients, rather than imposing national and global trends in health promotion.
HEALTH PROMOTION

Health Promotion’s focus has been on Anyinginyi Health’s notion ‘Prevention is the solution’. Health Promotion believes that if people are educated about preventable diseases, this will empower them to take control over their health and live a healthier life. To achieve this, new partnerships were developed with services operating within the Barkly Region and across Australia.

It is very important to provide services that are requested by the clients, rather than imposing national and global trends in health promotion. Hence our Health Promotion team always ensure that meet and greet sessions are held with clients so that their input is obtained in the services that are delivered to them. In addition, before delivering any health promotion activities in remote communities, elders of the communities are consulted.

Health Promotion focuses on all age groups, which is why a wide variety of resources and presentation were developed throughout the year. All the resources developed are endorsed by the Anyinginyi Cultural Competency Group (CCG) to ensure that they are culturally appropriate. The effectiveness of these resources was measured by collecting verbal and written feedback from community members after each and every education session. Feedback was then uploaded to Survey Monkey so that it can be evaluated and results can be used to further advance Anyinginyi Health’s service delivery.

Health Promotion focuses on a wide range of topics every year. The selection of these topics is determined by the data collected from health services operating in the Barkly Region, the NTKPis and the input provided by community members in our ‘meet and greet sessions’. On the following page is the summary of Health Promotion activities throughout the year.
Remote areas visited this year for health promotion events and education session delivery:

- Ali Curung x3
- Epenarra x3
- Canteen Creek x3
- Elliott x3
- Lake Nash x2
- Murray Downs x2
- Mungkarta x4
- Corella Creek x3
- Wogyala x2

Topics covered:
Alcohol, Cannabis, Dental Health, Diabetes, Eye Health, Goanna 2, Heart Health, Kidney Health, Poverty and Sexual Health. 115 sessions were delivered to 2524 participants.

Health Promotion will continue introducing new ideas and programs to educate the people of the Barkly Region, extract valuable local knowledge from people and ultimately empower individuals and families to take control over their own health.
EYE HEALTH

The Eye Health team consists of the Eye Coordinator and the Administration Assistant. The driver is also an essential part of the service.

OPHTHALMOLOGY CLINICS

The Eye Health team facilitate ophthalmology clinics. Transport is offered before and after these appointments. The Administration Assistant provides practical support in theatre for patients having surgery. Follow up is organised by the registered nurse. Clinical safety is maintained by Alice Springs and Tennant Creek Hospitals. Both hospitals have copies of medical notes so that a patient can access ophthalmology clinics at both. The clinics have been conducted in Tennant Creek, Ali Curung, Elliott, Lake Nash, Canteen Creek and Epenarra. In 2018-2019 Dr Henderson visited the Barkly 10 times. 292 people were seen out of which 97 were diabetic. 39 operations were performed with a further 49 people treated with laser and intravitreal injections in the Anyinginyi Eye Clinic.
OPTOMETRY CLINICS

The Eye Health team facilitate optometry clinics. Clinics have been conducted in Tennant Creek by the Eye Coordinator and the Barkly Region by the Administration Assistant including Ali Curung, Elliott, Lake Nash, Canteen Creek, Epenarra and the North Barkly. Again post clinic administration by the Eye Coordinator is needed to do recalls as per optometrist notes and ensure referrals reach the Eye Specialist. In 2018-2019 677 people were seen, 305 were diabetics. 389 people were prescribed and/or given glasses.

Eye health promotions and education sessions have been conducted throughout the Barkly. Education sessions are done continuously in 1:1 sessions by the Eye Coordinator and Eye Assistant. Retinal camera education was also done at Ali Curung and Lake Nash by the Eye Health Assistant.

The Eye Coordinator also does in-service education sessions with the clinicians at Anyinginyi.

Walk-in clients have continued to be an important part of the service. Some require clinical advice and management and many require eye glasses orders and repairs to glasses. All up-to-date clients are encouraged to wear sunglasses and are given free sunglasses. Under the Lions Recycled Scheme, free ready-made glasses are given as per optometrist instructions if people are up-to-date with optometry checks.

School screenings were conducted at the High School and Positive Learning Centre in Tennant Creek. At the school 24 children were already seeing an optometrist but 28 were referred to the optometrist.

TACKLING INDIGENOUS SMOKING (TIS)

The TIS program is a targeted activity funded by the Australian Government to reduce smoking rates among Aboriginal and Torres Strait Islander people.

For Aboriginal and Torres Strait Islander people, tobacco is the most preventable cause of ill health and early death - responsible for around one in five deaths. The Tackling Indigenous Smoking program has other grant recipients across Australia with Anyinginyi Health Aboriginal Corporation covering the whole of Barkly Region.

The TIS team is comprised of a male education officer and female officers. TIS has been a success with the team working well together and more clients accessing the service.

Both male and female clients have a better understanding of what service we provide and the referral pathway. The positive outcome is clients are utilising the organisation’s different service sections and other services that contribute to their health needs (the holistic approach). E.g. Dentist, Eyes, Diabetic Educator, Podiatrist, Health Clinic and the Sports & Rec, Public Health and other services we have available. These other services are all relevant to the topics we cover in smoking cessation sessions.

More health promotion in the town and surrounding area, has proven successful in the last 12 months. We have delivered the 4-week Break the Habit program to the BRADAAG clients, both men and women’s groups with a total of 313 participants. 29 general sessions were delivered to 257 participants. 29 sessions were delivered to 471 school children including 9 remote community schools. The TIS Team have worked with stronger families men’s and women’s programs, presenting TIS interactive sessions regularly with a different topic for each session.

Quality resources continue to be developed and distributed by the TIS team to help spread our message after we have had contact in sessions with participants. All our resources have been reviewed and approved by the Cultural Competency Group (CCG) to fulfil cultural responsiveness obligations. TIS prepared and distributed 243 health promotional bags.
TIS PRESENCE AT SPORTING EVENTS AND POPULATION HEALTH FOCUS

Southern Cup was one of several sporting events that the TIS team participated in. The Southern Cup is a Basketball carnival held every year in Tennant Creek or Alice Springs. Southern Cup was held at Purkiss Reserve Basketball Courts. TIS team’s role on the day was educating the players and spectators about the dangers of smoking focusing on sport and breathing.

In this period TIS attended health promotion days and facilitated World No Tobacco Day. The theme focus for 2019 was lung health. The event was a huge success due to the support and assistance provided by Anyinginyi Health internal stakeholders and other external stakeholders. A total of 96 attendees where at the event, which was phenomenal considering the cool weather.

The Cancer Council were one of the many external stakeholders at the event. Prior to the event they provided Quitskills training to the Public Health staff. This training increased confidence amongst the staff to assist the public better. The most effective resource provided by the Cancer Council to be used on the day, was the Smokerlyzer. The Smokerlyzer measures carbon monoxide levels in smokers. Community members were all eager to try the measuring tool.
GROW WELL PROGRAM

Our Grow Well program has two parts: nutrition and mothers and babies.

The Grow Well program aims to empower community members to make healthier choices for themselves, their family and their community. The program achieves this by educating individuals and groups on food preparation, safety skills, label reading and food budgeting, scabies, breastfeeding, anaemia and home hygiene.

Anaemia, commonly referred to as ‘low iron’, is a problem in the communities of the Barkly Region. The Nutrition program aims to reduce the prevalence of anaemia, particularly in babies and young children by educating the community on iron rich foods or ‘strong blood foods’. The Nutrition program focuses on local bush tucker foods that are rich in iron by encouraging local people to observe traditional food practices, such as hunting and eating bush tucker.

The past year has seen the re-introduction of Shape Up Tennant Creek. Grow Well collaborated with Piliyintinji-Ki Stronger Families and Sport and Rec sections. The aim of the Shape Up program is to empower local community to improve their knowledge of a healthier lifestyle by providing education about healthy eating and how to be more physically active. The program assists people to understand the relationship between food behaviours, exercise and chronic disease prevention and improve the knowledge of the local Aboriginal community about anaemia and strong iron bush tucker food sources. The program was run in January.

The Nutritionist has upscaled the Anyinginyi recipes into a book format that has been very well received by the local community. $10 healthy meal packs are readily available at the BP service Station. Some of the ingredients include Kangaroo meat, a source of strong blood to reduce anaemia.

Grow Well program works closely with other organisations such as FaFT, PPK, Tennant Creek Primary School, Karen Sheldon Future Stars, BRADAAG, “The Hub” Stronger Families, Barkly Arts, Tennant Creek High School, Catholic Care, ITEC Health, Julalikari Aboriginal Corporation, TC IGA, Red Cross & PPK Nursing Home and often collaboratively with other Anyinginyi staff. The Nutritionist delivers one-on-one healthy eating coaching to assist clients with menu plans as well as cooking demos and shopping assistance. The Grow Well Coordinator and Liaison Officer do home visits and deliver one on one sessions. We get referrals from the Anyinginyi Health Centre, Tennant Creek Hospital and from other services.

Grow Well staff work alongside other staff in the Public Health section and travel to remote communities including Wogyala, Epenarra, Corella Creek, Mungkarta, Ali Curung and Murray Downs. These visits primarily involve education about nutrition, scabies and anaemia as well as cooking demonstrations.
NEW DIRECTIONS

The New Directions program was introduced in late 2018 and encompasses FASD (foetal alcohol syndrome disorder), sexual health, cervical screening, anaemia and scabies health topics, with a focus on antenatal and postnatal care.

The program aims to raise awareness in the community about FASD and the benefits of an alcohol free pregnancy and early childhood. Further, the program provides education on parenting and providing safe environments for babies and young children through intensive, regular and direct learning experiences for mothers, fathers and other caregivers. The postnatal education sessions include information about health checks, breastfeeding, personal health care, skin infections and immunisations. The New Directions program receives referrals from Anyinginyi’s GPs, AHPs, and nurses as well as external organisations in an effort to reduce any health and wellbeing inequalities faced by young children in Tennant Creek.

The New Directions program works closely with community groups and other organisations within Tennant Creek, including Grow Well, Stronger Families, BRADAAG, FaFT, PPK, HIPPY, Midwifery Group, the Police and Paterson Street Hub. New Directions also visits communities in more remote areas across the Barkly, including Mungkarta, Corella Creek, Wogyala and Kurnturlpara.

In June 2019, The New Directions Project Officer was heavily involved in the inaugural Early Years Expo, sharing positive messages of mothers and babies bonding together, through the coordination of the ‘Mothers and Babies’ themed stall. The New Directions program was also present at many health promotion celebration days throughout the year, including World No Tobacco Day and the Tennant Creek Show.

For the New Directions program, the remainder of 2019 will see the acknowledgement of FASD Day (9th September), the participation in health promotion events during Women’s Health Week and the continued deliverance of health education in the Tennant Creek community and Barkly Region.
MENTAL HEALTH

Our Mental Health program works with the elders, young and adult Aboriginal Men (only).

It is a culturally appropriate program which make Aboriginal men comfortable in their own environment to openly discuss mental health issues. Giving Aboriginal men knowledge and increasing why and how mental health affect any person young and old is our main focus. We are aiming to decrease outcomes like suicides and also to improve physical, social and emotional wellbeing as well as economic, cultural and personal status of Aboriginal men.

A Mental Health Education Officer (MHEO) works with a range of service providers to ensure programs target Aboriginal males who are identified as at risk, to identify and remove barriers so they access further intervention, case management or treatment facilities.

Our Mental Health Officer delivers education sessions to all men in the Barkly. Education sessions delivered on mental health during this period equipped men with knowledge on how to deal with their own mental health and within their communities. Participants now know what mental health is and can identify family members affected. Addressing mental health at schools, to several stakeholders and different events, helped the program in equipping young boys and men so they can deal with mental health.

The public health promotion days helped the program in advertising its existence. The MHEO had a stall where he addressed different topics. He also linked other health concerns with mental health i.e. alcohol and tobacco consumption.

The Mental Health program was heavily involved at Men’s Health Week. An event was held at the Juno Horse Centre about 5kms out of town in an agricultural environment. It was a great opportunity to bring young men together in a very safe and comfortable environment to listen and gain knowledge of the importance of men’s health. The team discussed how it was OK for them to discuss their mental health and that is was not a sign of weakness on issues that they may face such as domestic violence.

At Tennant Creek High School during Men’s Health Week, 44 young men attended our session aged between 11–18 years old, from seven different class grades year 6–12. Each had to attend six different health topics such as Mental Health, No More Violence, Kidney, Smoking and music therapy. They were involved in other activities such as bush medicine making, bike riding and cooking classes. Our public health team had two stations based on the bike trail where the young men had to stop and listen as they had a water break.

ABOVE: Our mental strength poster was distributed throughout the year.

ABOVE: Mental Health staff explaining to young men the meaning of our poster during our National Sorry Day event.
PILIYINTINJI-KI
STRONGER FAMILIES

Safe, supportive, familiar places where clients heal, de-stress, learn and regroup.
PILIYINTINJI-KI STRONGER FAMILIES CORE VALUES

Respect, knowledge, self and community as well as the empowerment of clients by connecting with communities and building trust are the Core Values of Piliyintinji-Ki Stronger Families (PSF). The Men's and Women's Centres are “safe, supportive, familiar places where clients heal, de-stress, learn and regroup.”

PSF works within Anyinginyi Health's Cultural Responsiveness Framework by utilising staff and Community Elders' knowledge and understanding of local cultural protocols, language, kinships and cultural practices.

LOOKING IN THE REVISION MIRROR

Since its inception Piliyintinji-KI Stronger Families has been operating as a section of Anyinginyi Health Aboriginal Corporation in Tennant Creek. Piliyintinji-Ki Stronger Families initially provided support to local Aboriginal people by using targeted health related programs and services.

The ultimate goal of Piliyintinji-Ki Stronger Families was to provide a range of programs to work with individuals and their families to improve lifestyles and develop stronger families. Anyinginyi Health Aboriginal Corporation took the view that providing early intervention and prevention programs provides a key to many of the problems being experienced by Aboriginal people.

Program activities in 2004-2005 were:

- Culture Bush Trips.
- Advocating for and supporting clients at court.
- Working closely with other service providers.
- Referrals
- A range of workshops for clients to attend. These workshops included the issues of domestic violence, sexual assault, child abuse and improving relationships.

FAST FORWARD 15 YEARS

The ultimate goal of Stronger Families remains the same as it was fifteen (15) years ago. The Stronger Families operating structure includes a Women's Section and Men's Section which provide a range of educational and prevention programs, counselling and advocacy services to Aboriginal people. Stronger Families uses a strength-based, progressive case management model which is adaptable to each client’s level of engagement.
At intake an assessment is conducted to identify the initial presenting issue that has brought the client to our service, and any other issues that the client may have are identified during the assessment process. Once the presenting issue is resolved further engagement with the clients enable the additional issues to be addressed. This delivery model provides for a “wrap around” service for each client with multiple needs where internal and external services are engaged for their expertise to address their particular component of the client’s plan.

Stronger Families internal referral services facilitates easy access to other Anyinginyi Health Aboriginal Corporation services and programs such as the Health Centre, Public Health, Men’s Health Clinic, Sport & Rec and Allied Health. Working relationships have been developed and nurtured over many years with an extensive range of local external services chosen for their expertise meeting the identified needs of the Stronger Families Aboriginal Client group. Referral systems to and from Stronger Families includes our dedicated email address, pilyinyinji-ki@anyinginyi.com.au, telephone, staff email and Support Link which is used for referrals from Police and Emergency Services.

Funding for programs, services and operational costs is provided by the Department of Prime Minister and Cabinet, Department of Social Security, Northern Territory Government’s Department of Health and supplemented by Anyinginyi Health’s Self-Generated Income stream.

Anyinginyi Health Aboriginal Corporations now proudly flies the Rainbow Flag. The Rainbow Flag represents the Lesbian, Gay, Bi, Transgender, Queer and Intersex (LGBTQI) community. The Anyinginyi Health Board of Directors made a decision to fly the Rainbow Flag to send a clear message to the Aboriginal and Torres Strait Islander LGBTQI community that they are welcome and safe to use all the services and programs provided by Anyinginyi Health Aboriginal Corporation.

**EVENTS**

**Sorry Day, 26 May** Theme: Let’s Talk.
PSF hosted a community event.

**National Reconciliation Week, 27 May – 3 June** Theme: Grounded in Truth.
On 3 June PSF hosted an indoor community event.

**World No Tobacco Day, 31 May**
Discourage the use of Tobacco in any form.
Hosted by our Public Health Unit. Bush Medicine and Information Stall at Peko Park

**Men’s Health Week, 10 – 16 June**
Theme: Keeping Boys and Men Healthy.
Hosted an indoor event with CatholicCare and the Public Health Unit as well as Bush Medicine education for high school kids at Juno.

Let’s work together for a shared future.
Monday 8 July we led the Community March, Wednesday 10 July we assisted with the Elders lunch and Friday 12 July PSF hosted the NAIDOC Funday.
PILIYINTINJI-KI STRONGER FAMILIES STAFF STRUCTURE

SECTION MANAGER
Dean Gooda

ADMINISTRATION OFFICER
Mikeely Fraser

WOMEN’S CENTRE
- WOMEN’S TEAM LEADER
  Patricia Frank
- COMMUNITY SUPPORT WORKER
  Melissa Rankine
- COMMUNITY SUPPORT WORKER
  Vacant Position

IFSS PROGRAM
- IFSS TEAM LEADER
  Deborah Cain
- SENIOR CASE WORKER
  Vacant Position
- IFSS CASE WORKER
  Mahalia Hippi
- IFSS SUPPORT WORKER
  Angeline Bill

MEN’S CENTRE
- MEN’S TEAM LEADER
  Vacant Position
- COMMUNITY SUPPORT WORKER
  David Duggie
- COMMUNITY SUPPORT WORKER
  Patrick Simpson
- COMMUNITY SUPPORT WORKER
  Dion Williams

COUNSELLORS
- FEMALE COUNSELLOR
  Tendai Jazi
- MALE COUNSELLOR
  Doug Dunlop

STAFF DEVELOPMENT
Cultural Responsiveness training
Cultural Implementation Facilitator
Trauma Informed theories training - Block 4 final
AMSANT

First Aid Training/Resuscitation
Charles Darwin University

Workplace Health and Safety
Chubb

Section Manager – Xero, Budgeting and Forecasting
Gwen Gouveia, Chartered Accountant

Case Management Refresher Training
Jesuit Social Services

Collaborative Leadership Training
Groupwork Institute

Database Training
Support Link

ABOVE: NAIDOC Week celebrations at Anyinginyi.
STRONGER FAMILIES
CLIENT AND PROGRAMS
DATA 2018-19

1071 Female Clients
1647 Male Clients

CLIENT ACTIVITY BY PROGRAM AREA

MENTAL HEALTH
TARGETED EDUCATION
ALCOHOL / DRUGS
CULTURAL ACTIVITIES
OUTREACH

2718 CLIENT ENCOUNTERS

HEALTH LIFESTYLES
FAMILY VIOLENCE
LIFE SKILLS
SOCIAL EMOTIONAL WELL BEING

1201
458
322
299
214

39%
61%
WOMENS CENTRE

The Women’s Centre continues to provide outreach services to the Tennant Creek Community Living Areas as well as the Tennant Creek Township. Regular clients continue to use the facilities for showering and washing of clothes and bedding. Clients using the facilities are encouraged to participate in the Centre’s daily education and program sessions.

Women's Centre staff have developed and negotiated the delivery of services and programs aimed at improving physical, social, emotional health and wellbeing. Services and programs include, fortnightly Central Australian Women's Legal Service Community Legal Education, Counselling Education, occupational therapy once a month and Public Health’s health promotions, Tackling Indigenous Smoking, Grow Well and Nutrition. Clients enjoy library visits and cultural activities including visits on Country to collect bush medicines and bush tucker.

Client advocacy is an important service provided by the Women’s Centre. Staff assist and accompany Clients when accessing Centrelink, Housing, Banking and other mainstream local services. Staff also assist Clients with accessing the services of the Women’s Refuge and have developed a working relationship with staff of the Wangkana Hostel and BRADAAG.

The Female Counsellor worked across a number of communities in the Barkly Region facilitating groups and coordinating one-on-one client needs. The referrals came from both internal and external agencies for clients who presented with issues around Alcohol and Other Drugs, Mental Health, Social and Emotional Wellbeing, Trauma, Domestic and Family Violence, parental support among other things. The majority of referrals were internal from the Anyinginyi Health Centre while the external referrals mostly came from the NT Police through Support Link. Some of the clients who needed specialised training were referred to other service providers such as the Women's Refuge for Domestic and Family Violence, SARC OR BRADAAG. The counsellor provides education sessions with the BRADAAG women on a fortnightly basis, sharing with participants a clear understanding on managing anger and jealousy, stress management, violence and substance abuse, Domestic and Family Violence Orders, communication skills, positive and negative experiences and attitudes.

BUSH MEDICINES

The Bush Medicines made by the Women’s Centre Staff and Clients are becoming increasingly popular with local Aboriginal people, particularly Elders and mainstream people. The Bush Medicine stalls at local events including the recent Tennant Creek show are recording interest in and sales of the medicines.
**MEN’S CENTRE**

**MALE COUNSELLOR**

Referrals for the men’s counselling service have come from the following organisations:

- Barkly Work Camp
- Community Corrections
- Territory Families
- Barkly Mental Health
- CatholicCare NT
- Karen Shelden Enterprises
- NT Health Alcohol and other Drug Service
- BRADAAG
- Hospital Social workers
- Self-Referral Community
- Self-Referral Staff
- Anyinginyi Health Clinic
- Mental Health Fellowship
- Referral from Stronger Families Women’s Section
- Family Safety Framework
- Stronger Families Men’s section walk-ins
- CAAFLU
- NT Legal Aid

All clients present with multiple issues. The predominate issues are Alcohol and Other Drugs and Domestic Violence which most often are both issues for a client. All clients presenting with these issues also present with historical trauma.

The focus with these clients is safety for themselves and for others and how do they keep themselves and those whom they are connected to, safe.

Using the concept of safety to build understanding of the impacts of their historical trauma on their emotional, psychological and behavioural world, to facilitate better self-regulation and the resultant behavioural change. Many of the men present as controlling which at an unconscious level is their effort to avoid triggering the painful emotions of their historical trauma. This works well as a healing, harm reduction and personal growth approach.

Other issues have been; loss and grief, managing relationship breakdown, suicidality, parenting support, assisting clients to manage court processes, the passing of a friend or loved one, supporting family after suicide and supporting some victims of crime.

**ABOVE: The Bush TV men’s camp held in May.**
“Camp on Country, Our Health, Our Way”

This Camp was the result of over one year of planning with Bush TV. From Men’s Advisory Group meetings in early March 2018 to our funding support letter to the Minister of Indigenous Health in late May 2018. The camp was held at Phillip Creek from 6 May to 10 May. Over 56 Men attended the camp over the three days.

The men participated in yarning circles facilitated by Ernie Dingo discussing Culture, health and social issues in Tennant Creek, artefact making, dancing and songlines.

Boomerangs were made to pass on to the next Camp on Country in Borroloola.

Activities also included an education session by the Tackling Indigenous Smoking program. The Health Centre set up a remote health clinic at the camp attended by a Doctor and Aboriginal Health Practitioner. A Public Health Mental Health Worker and our Male Counsellor also attended the camp.
INTENSIVE FAMILY SUPPORT SERVICES (IFSS)

Anyinginyi Health Aboriginal Corporation sponsors the Intensive Family Support Service (IFSS) through Piliyintinji-Ki Stronger Families. IFSS is an intensive home and community based family support service offered to vulnerable families living in Tennant Creek, Elliott and Ali Curung. IFSS provides practical parenting education and support to parents and caregivers in their communities and homes, to help them improve the health, safety and wellbeing of their children.

Since IFSS commenced the only pathway for families to the IFSS program were referrals from Territory Families (Tier 1). Permission from the Department of Social Service for the IFSS program to receive Tier 3 referrals was received on 5 November 2018. A Tier 3 referral is a referral received from the community, families and community organisations. Tier 3 referrals encourages the community and families to report suspected child neglect without going through the formality of Territory Families.

The IFSS accommodation in Elliott is now complete. The accommodation consists of two demountables with two bedrooms each and a clinic office.

IFSS staff are now in the position to take Family referrals from Elliott. Staff will now be able to undertake overnight visits to Elliott to conduct comprehensive intake and assessment procedures with local Families referred to IFSS as well discuss and negotiate local community support for these Families.

Successful closures during the reporting period:
- Families 10
- Adults 10
- Children 25

Community referrals (Tier 3):
- Families 8
- Adults 9
- Children 13

Territory Families referrals (Tier 1):
- Families 25
- Adults 30
- Children 58

Current open cases:
- Families 23
- Adults 29
- Children 46

A young local woman is the legal guardian for her 10 year young brother after his mother was sentenced to prison.

The young women signed herself into BRADAAG to address her alcohol and drug addictions. Other Family members looked after the little brother while the young women completed three months AOD rehabilitation. The IFSS team in collaboration with Territory Families and BRADAAG negotiated with the Council for Aboriginal Alcohol Programs Services (CAAPS) in Darwin for a rehabilitation placement, accommodation and transport to Darwin for her younger brother and herself. The young Women continues her rehabilitation whilst her brother enjoys attending school in Darwin.

GOOD NEWS STORY

ABOVE: The new IFSS accommodation in Elliot.
CENTRAL AUSTRALIAN WOMEN’S LEGAL SERVICES (CAWLS)

The Memorandum of Understanding (MOU) negotiated with CAWLS in 2018 is still operational. The CAWLS office is located in the Stronger Families building and offers a free and confidential legal service for all women in the Barkly region. A resident Lawyer provides advice and representation in a range of areas including Domestic Violence, Family Law, Employment, Credit and Debit, Victims of Crime Compensation, Child Protection, Tenancy, Discrimination and Complaints. CAWLS also provides Community Legal Education to Stronger Families Staff, Clients and to the wider community by request.
Shifting the focus away from sports and more towards a primary health care model that uses active lifestyles as a preventative measure to chronic disease.
Anyinginyi Sport and Recreation (Sport and Rec) is working to educate and facilitate exercise as a chronic disease prevention solution and one part of the wraparound holistic primary health care model offered by Anyinginyi. Throughout the year the team organises the social sport calendar and after-school program as well as utilising the gym space for referrals. The team engages in a number of community events for the education and facilitation of active lifestyles. This year has seen the business change of consolidating our core business allowing the section to get back to what it was created to do - deliver primary health care to Aboriginal members of the community.

SPORT AND REC CONSOLIDATION

The year of consolidation within the organisation has been successful in going back to the core business that Anyinginyi stands for. In the Sport and Rec context this meant quite a change in our focus and business. Shifting the focus away from sports and more towards a primary health care model that uses active lifestyles as a preventative measure to chronic disease. Coupled with this consolidation plan was a staffing restructuring that aided this model. The Health and Wellbeing Leader position gives the opportunity to employ a highly-skilled worker that can focus on referrals from the clinic and work with members of the community in education and facilitation of active lifestyles. The challenge for Sport and Rec is trying to breakdown the perceptions of the section being about sports and the gymnasium and move more towards a primary health care model.

PRIMARY HEALTH CARE AND ACTIVE LIFESTYLES

The notion of exercise being a component in the prevention of chronic disease is what this Section stands for and strives to educate and facilitate throughout the community through well thought out and delivered programs. The educational aspect extends to the commitment of being a part of community events with the intention of ensuring that the community understands the importance of an active lifestyle and its relationship to primary health care. The team at Sport and Rec advocate this notion by being very passionate about taking hold of your health and ensuring the prevention of chronic disease is maximised in a healthy way.

Mental health is also a big component that Active Lifestyles plays a part in. Sport and Rec have had the opportunity to speak at events such as the Men’s Mental Health Week conducted at the

AHAC ANNUAL REPORT 2018-19 | 51
Tennant Creek High School run at Juno. In this space we had the opportunity to speak about the incredible preventative measures exercise has on mental health. We spoke about endorphin release and its correlation with the reduction of anxiety and depression. This will be an area we will look to continue in the future and collaborate with other sections.

**ROSSY WILLIAMS SHIELD**

The Rossy Williams shield fielded 10 teams this year including two female teams and eight male teams in a huge three days of cricket. The Stars Foundation team won the female event displaying great fight. A representative from NT cricket assisted to facilitate the event which saw training in umpiring and scoring throughout the event to a high standard of competition for the community. 90 players attended the event with the Telegraph Cyclones taking out the males final. The team from Brunchilly and a team from Elliot involved were also outstanding.

**SOUTHERN CUP BASKETBALL CHAMPIONSHIPS**

Tennant Creek was lucky enough to host the Southern Cup this year which saw the community host teams from all over the Barkly. Tennant Creek had three male teams and one female team play in the tournament. The women put up a great fight but unfortunately lost in the final to take home the silver medal. The men defended their title once again with the Jalajirra's captained by Bronson Plummer in a very strong Tennant Creek side.

This is a great pathway event for the Tennant Creek community to engage with the wider Barkly Region. There were teams from Macdonnell, Larumba, Elliot, Alparra and Tennant Creek in a great weekend. The partnership with Basketball NT has really strengthened over the past years and will continue to strengthen looking towards the future to engage in tournaments and capacity building staff.

**SHAPE UP TENNANT CREEK**

Shape Up is a new initiative started in early 2019 that provided a six week workshop to Aboriginal Women in collaboration with Public Health and Piliyintinji-Ki Stronger Families to deliver a complete wraparound primary health care model. This program is an important step in the direction of consolidating our primary duties at Sport and Rec and getting back to our core business. Throughout the program there were 56 participants engaged in learning about healthy eating and active lifestyles and having the ability to take control of this. This program saw a huge emphasis on alerting the clients of the many risks they face in leading a stagnant unhealthy lifestyle and then presenting workshops on how to take control of this, not only in purpose built facilities, but also in their own environment. This program saw Sport and Rec moving in the direction of primary health care under the strategic plan set out by the Board of Directors. We look to continue this program and strengthen the relationships with the community and with other sections in the coming months.
COMMUNITY ENGAGEMENT

Social Sports

Anyinginyi Sport and Rec section has a strong presence in the community to engage in physical activity through planned and executed social sports running over the calendar year. These sports promote an environment of fun, community, comradery and foster new friendships through physical activity and competition. The Sport and Rec team facilitate a variety of sports ranging from volleyball, basketball, outdoor soccer, outdoor touch football, Oz tag, netball and softball to name a few.

Men's and women's volleyball and mixed soccer were the sports played in Term One. Within this we had eight women's volleyball teams, seven men's volleyball teams and four mixed soccer teams. The total of 19 teams was a huge percentage of the community engaged in these sports and offered organised exercise on a weekly basis. The volleyball competition was extremely competitive with some high quality skill and competition leading in to the finals. In the end Junior's team came out victorious in a nail biting final.

2019 mixed touch football saw seven teams enter into the tournament. This was held outdoors at Purkiss Reserve for a safe and enjoyable field of play. The competition was very stiff throughout the competition but in the end it was the Power Rangers who won, led by both MVPs of the season Lee-shay Gillett and Matthew Green.

NAIDOC Sports Carnival

On Sunday the 14th of July the Sport and Rec team held the annual NAIDOC sports carnival. This is a great community spirit event which proves to be a great way to end a week of celebration in the community. This year we had six basketball teams (Men) and four Volleyball teams (Women). Two of the men's basketball teams were entered by the Barkly work camp and it was great to have them involved. Julalikari supported the event by purchasing trophies as well as meats and salads for a lovely BBQ lunch facilitated by the Public Health team. The spirit this year was outstanding and the collaboration between so many organisations and sections made the event run smoothly and be an extremely enjoyable event. Team Jalajirrpa led by Bronson Plummer retained their title in the men's basketball with Bronson taking out the Most Valued Player of the day award. Over to the females the Oreo's proved too difficult for their opponent the Berry Bombs. Of the assorted teams entered into the event 20 out of the 29 individual females were Aboriginal and the 31 out of the 45 male players were Aboriginal.

DEADLY FUN RUN SERIES - YULARA 2019

Leading on from the community fun-runs held in the first half of the year, June 2019 saw the opportunity to take four young Aboriginal community members to Yulara to enter in the Deadly Running Championships. This event is held annually and is an extremely rich environment that celebrates culture, active lifestyles and fosters a family like environment, which is a huge credit to the IMF staff and organisers.

The competition begins at sunrise at the Field Of Lights for story time, Welcome To Country and a 5km run with the entire group including coaches and staff. This was an incredible experience with such rich culture being discussed, respected and acknowledged followed by 150 runners from communities all over Australia coming together to celebrate active lifestyles and use running as a tool to address bigger problems and celebrate the Aboriginal culture. This then led into a group breakfast and a rest before the afternoon run. Our relay team made up of Bronson Plummer, Zac Limerick, Kyrell Barton and Lachlan Dunemann began in the afternoon. Each team brings a message stick to be used as a baton for the run which is then presented to the Traditional Owners with the opportunity to speak about its message. This was an opportunity to present the Traditional Owners with a piece of Tennant Creek and Warumungu culture.
The team managed to take an incredible third place in the relay which is the entire way around Uluru for a scenic yet grueling run. These young Men did themselves and Tennant Creek proud and had such an experience. They will be the faces of the community fun-run series next year.

**Community Fun-runs**

In the first half of the 2019 calendar year the Sport and Rec team held community fun-runs once a month for four months starting from the dam. The purpose of this is to continue a partnership the Sport and Rec team has with the Indigenous Marathon Foundation and the Deadly Fun Run Series held at Uluru each year. To be eligible for this race you must hold four community fun-runs prior to the event.

The Sport and Rec team saw this as an opportunity to hold great community events and promote elements of our core business. Public Health attended each fun run in order to educate on varying issues from kidney health to tackling indigenous smoking. We saw 53 registered runners over the course of the series, 27 of which were Aboriginal. The races had three different distances dependent on capability, to ensure all fitness levels were satisfied and the promotion of both Anyinginyi and IMF’s core values are upheld in celebrating culture, community and primary health care through active lifestyles.
WOMEN’S PROGRAM

Throughout the year the women’s program focus was helping Indigenous women in the community and engaging them in fitness and a healthy lifestyle. The Women’s Program Officer teamed up with BRADAAG women and Stars Foundation at Tennant Creek High School to engage women in physical education. Women were provided knowledge about the gym equipment and how it relates to health and wellbeing while allowing the women to be independent while in the gym. A six week challenge was created for beginners to help build confidence and create a safe environment for them in which they were able to open up about their goals for changing their fitness life-style for the better. Working with the BRADAAG women we changed their perspective on exercise, by reminding them that daily workouts for 15 minutes would make a difference. The Stars Foundation focused on building a relationship with the girls and being able to create a friendly environment for them. We also joined with Elliott school girls for a softball game and sleepover to create friendships and leadership within the group of young girls.

YOUTH ENGAGEMENT

After School Activities
We have a steady growth in kids attending Sport and Rec. As can be seen on the graph (following page) this year in particular the percentage of Aboriginal males and females attending has evened out. This is a big achievement as we want everyone to feel included and that they may share this space. Sport and Rec facilitated a huge range of activities to get the children active including cricket, basketball and dodgeball. The team spent a little time teaching the basics and going back to locomotor skills.

| Aboriginal Males | 48% |
| Aboriginal Females | 36% |
| Non-Aboriginal Males | 6.5% |
| Non-Aboriginal Females | 8.5% |
School holiday programs
Over the school holiday period 28 to 35 kids came across to Sport and Rec each day. We gave them a variety of games switched in-between sessions from 1pm - 4pm giving them options for what games/activities we do. We also went around to the local shops putting up our holiday program posters so the community could see what we had going on at Sport and Rec during school holidays.

REMOTE PROGRAM
The Sport and Rec team have worked to try and develop relationships with remote communities. One of the biggest successes is the relationship we have managed to form with the Mungkarta School. Once a fortnight the Remote Sports Officer takes equipment down to Mungkarta to run a session for an hour with the kids from the school. This is a very enriching experience and is something that the community is really appreciative of. The team will continue to work on this relationship with the
ANYINGINYI SPORT AND RECREATION KEY PARTNERSHIPS

These partnerships give the opportunity for our staff to develop their skills and move forward. With workforce development being a major component to this year’s consolidation, it is important that we continue to foster these relationships in order to build the staff’s confidence and capabilities. It also provides remote members of communities in the Barkly with skilled programs and sporting opportunities just like the rest of Australia.

**Northern Territory Cricket**
Upskill staff to coach and facilitate in2cricket programs, deliver high level programs in our After-School Program and host the annual Rossy Williams Shield end-to-end tournament in Tennant Creek.

**Basketball NT**
Upskill and train staff to deliver high level Social Sports, NAIDOC and Youth Engagement activities. Also working collaboratively to have Tennant Creek represented at the Southern Cup basketball tournament annually. Tennant Creek have been male champions in this tournament for three years running.

**Netball NT**
Upskill staff in gaining accreditation in coaching and umpiring Netball. This aids a high level service delivery in Social Sports and also reflects high level program implementation in Youth Engagement.

**Northern Territory Institute of Sport (NTIS)**
Upskill staff with a commitment to high service delivery particularly for Youth Engagement. The NTIS ran a pilot program which saw four world class coaches travel to Tennant Creek to run a two day intensive coaching course to upskill staff in program planning, delivery and evaluation. This program was a big success and we will look to make it a regular occurrence.

**Indigenous Marathon Foundation (IMF)**
Upskill staff to engage in the I-CAN program, we have had a representative travel to Canteen Creek to help facilitate and capacity build. We also held four community fun-runs in collaboration with the IMF. IMF and Anyinginyi overlap to promote this. “The Indigenous Marathon Foundation (IMF) is a health promotion charity that uses running to celebrate Indigenous resilience and achievement, and create inspirational Indigenous Leaders.”

Mungkarta school and provide services to ensure that this community receives the attention they deserve.

We have also partnered with the I-CAN program (part of the Indigenous Marathon Foundation (IMF)) going out to Canteen Creek twice to aid in the delivery of programs there. This is a great trip to help one of our partners, but also expose staff members to a different coaching method in a different environment. It has given staff an alternative perspective on their own program planning and implementation.
30 September 2019

The Directors
Anyinginyi Health Aboriginal Corporation
P O Box 403
TENNANT CREEK
0861

Dear Board Members

Subject: Auditor declaration required by section 339-50 of the Corporations (Aboriginal and Torres Strait Islander) Act 2006 to be included in directors’ report

In accordance with section 339-50 of the Corporations (Aboriginal and Torres Strait Islander) Act 2006, I am pleased to provide the following declaration of independence to the directors of Anyinginyi Health Aboriginal Corporation

As lead audit partner for the audit of the financial statements of Anyinginyi Health Aboriginal Corporation for the financial year ended 30 June 2019, I declare that to the best of my knowledge and belief, there have been no contraventions of:

(i) the auditor independence requirements of the Corporations (Aboriginal and Torres Strait Islander) Act 2006 in relation to the audit; and
(ii) any applicable code of professional conduct in relation to the audit.

Yours sincerely,

Deloitte Touche Tohmatsu

Deloitte Touche Tohmatsu

[Signature]

Deloitte Touche Tohmatsu

EDry

Partner

[Signature]

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AHAC ANNUAL REPORT 2018-19
INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF ANYINGINYI HEALTH ABORIGINAL CORPORATION


Opinion

We have audited the financial report of Anyinginyi Health Aboriginal Corporation (the “Entity”) which comprises the statement of financial position as at 30 June 2019, statement of comprehensive income, the statement of changes in equity and the statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies and other explanatory information, and the directors’ declaration, as set out on pages 8 to 20.

In our opinion, the accompanying financial report presents fairly, in all material respects, the Entity’s financial position as at 30 June 2019 and of its financial performance and its cash flows for the year then ended in accordance with Australian Accounting Standards and the Corporations (Aboriginal and Torres Strait Islander) Act.

Basis for Opinion

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

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

Responsibilities of Management the Directors for the Financial Report

Management of the Entity is responsible for the preparation of the financial report in accordance with Australian Accounting Standards and the Corporations (Aboriginal and Torres Strait Islander Act and for such internal control as management determine is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

In preparing the financial report, management is responsible for assessing the ability of the Entity to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intend to liquidate the Entity or to cease operations, or has no realistic alternative but to do so.

The Directors are responsible for overseeing the Entity’s financial reporting process.
INDEPENDENT AUDITOR’S REPORT TO THE MEMBERS OF ANYINGINYI HEALTH ABORIGINAL CORPORATION (continued)

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 Entity’s internal control.

- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.

- Conclude on the appropriateness of management’s use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Entity’s ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor’s report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor’s report. However, future events or conditions may cause the Entity to cease to continue as a going concern.

- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.
INDEPENDENT AUDITOR’S REPORT TO THE MEMBERS OF ANYINGINYI HEALTH ABORIGINAL CORPORATION (continued)

We communicate with management and 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.

Deloitte Touche Tohmatsu
DELOITTE TOUCHE TOHMATSU

E. Dry
Partner
Chartered Accountants

Alice Springs, 01 / 10 / 2019.
# STATEMENT OF COMPREHENSIVE INCOME

## FOR THE YEAR ENDED 30 JUNE 2019

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<th>2019</th>
<th>2018</th>
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<tr>
<td><strong>INCOME</strong></td>
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<td>Government Grants</td>
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<td>13,274,583</td>
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<td>Revenue from rendering of services</td>
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<td>1,543,655</td>
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<td>Interest</td>
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<td>365,624</td>
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<tr>
<td>Gain on sale of assets</td>
<td>-</td>
<td>-</td>
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<tr>
<td>Other revenue from ordinary activities</td>
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<td>1,559,323</td>
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<td><strong>Total Revenue</strong></td>
<td>16,809,508</td>
<td>16,743,185</td>
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## EXPENSES

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<th>2019</th>
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<tr>
<td>Employee salaries &amp; wages</td>
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<td>(9,140,632)</td>
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<td>Employee oncosts</td>
<td>(995,796)</td>
<td>(878,274)</td>
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<td>Employee leave expense (provisions)</td>
<td>(48,522)</td>
<td>39,919</td>
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<tr>
<td>Depreciation expense</td>
<td>4 891,670</td>
<td>(877,881)</td>
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<tr>
<td>Interest paid</td>
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<td>Loss on sale of assets</td>
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<td>(42,321)</td>
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<td>Other expenses from ordinary operating activities</td>
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<td>(4,319,846)</td>
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<td><strong>Total Expenses</strong></td>
<td>(14,690,292)</td>
<td>(15,219,035)</td>
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**Surplus/(Deficit) from activities**

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<tr>
<td>2,119,216</td>
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Other comprehensive income

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<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

Total comprehensive income/(deficit) for the year

<table>
<thead>
<tr>
<th></th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>2,119,216</td>
<td></td>
<td>1,524,150</td>
</tr>
</tbody>
</table>
### STATEMENT OF FINANCIAL POSITION

**AT 30 JUNE 2019**

<table>
<thead>
<tr>
<th></th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CURRENT ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>3</td>
<td>17,854,365</td>
</tr>
<tr>
<td>Trade and other receivables</td>
<td>5</td>
<td>33,266</td>
</tr>
<tr>
<td></td>
<td></td>
<td>17,887,631</td>
</tr>
<tr>
<td><strong>NON CURRENT ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Property plant and equipment</td>
<td>4</td>
<td>7,353,908</td>
</tr>
<tr>
<td>WIP</td>
<td></td>
<td>2,164,728</td>
</tr>
<tr>
<td></td>
<td></td>
<td>9,518,636</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td>27,406,267</td>
<td>25,003,147</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CURRENT LIABILITIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade and other payables</td>
<td>6</td>
<td>970,312</td>
</tr>
<tr>
<td>Borrowings</td>
<td>7</td>
<td>2,901</td>
</tr>
<tr>
<td>Provision for employee entitlements</td>
<td>8</td>
<td>675,555</td>
</tr>
<tr>
<td>Unexpended grants</td>
<td>9</td>
<td>818,152</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2,466,920</td>
</tr>
<tr>
<td><strong>NON CURRENT LIABILITIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provision for employee entitlements</td>
<td>8</td>
<td>77,093</td>
</tr>
<tr>
<td></td>
<td></td>
<td>77,093</td>
</tr>
<tr>
<td><strong>TOTAL LIABILITIES</strong></td>
<td>2,544,013</td>
<td>2,260,109</td>
</tr>
<tr>
<td><strong>NET ASSETS</strong></td>
<td>24,862,254</td>
<td>22,743,038</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MEMBERS FUNDS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accumulated funds</td>
<td>24,862,254</td>
<td>22,743,038</td>
</tr>
</tbody>
</table>
# STATEMENT OF CHANGES IN EQUITY

## FOR THE YEAR ENDED 30 JUNE 2019

<table>
<thead>
<tr>
<th>Notes</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accumulated Funds at start of year</td>
<td>22,743,038</td>
<td>21,218,888</td>
</tr>
<tr>
<td>Total comprehensive income/(deficit) for the year</td>
<td>2,119,216</td>
<td>1,524,150</td>
</tr>
<tr>
<td>Accumulated Funds at end of year</td>
<td>24,862,254</td>
<td>22,743,038</td>
</tr>
</tbody>
</table>
# STATEMENT OF CASH FLOWS

## FOR THE YEAR ENDED 30 JUNE 2019

<table>
<thead>
<tr>
<th>Notes</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

## CASH FLOWS FROM OPERATING ACTIVITIES

**Payments**
- Employee costs: (10,768,436) (10,009,475)
- Materials, contracts and other costs: (2,954,933) (4,344,680)
- Interest paid: - -

**Receipts**
- Receipts from activities: 2,514,958 3,082,719
- Recurrent grants: 14,202,425 13,344,148

Net cash provided (used) by operating activities: 10 2,994,014 2,072,712

## CASH FLOWS FROM INVESTING ACTIVITIES

- Interest received: 406,206 365,624
- Payments for property, plant & equipment: (804,626) (318,000)
- Payments for WIP: (1,471,197) (750,802)
- Proceeds on sale of assets: (14,319) (4,989)

Net cash used in investing activities: (1,883,936) (708,167)

## CASH FLOWS FROM FINANCING ACTIVITIES

Net cash provided (used) by financing activities: - -

Net increase (decrease) in cash held: 1,110,078 1,364,545

Cash at beginning of the year: 16,741,386 15,376,841

Cash at end of the year: 10 17,851,464 16,741,386
ANYINGINYI HEALTH ABORIGINAL CORPORATION

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1 Irvine St,
Tennant Creek NT 0860

CONTACT
Tel: (08) 8962 2633
Fax: (08) 8962 3280

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