

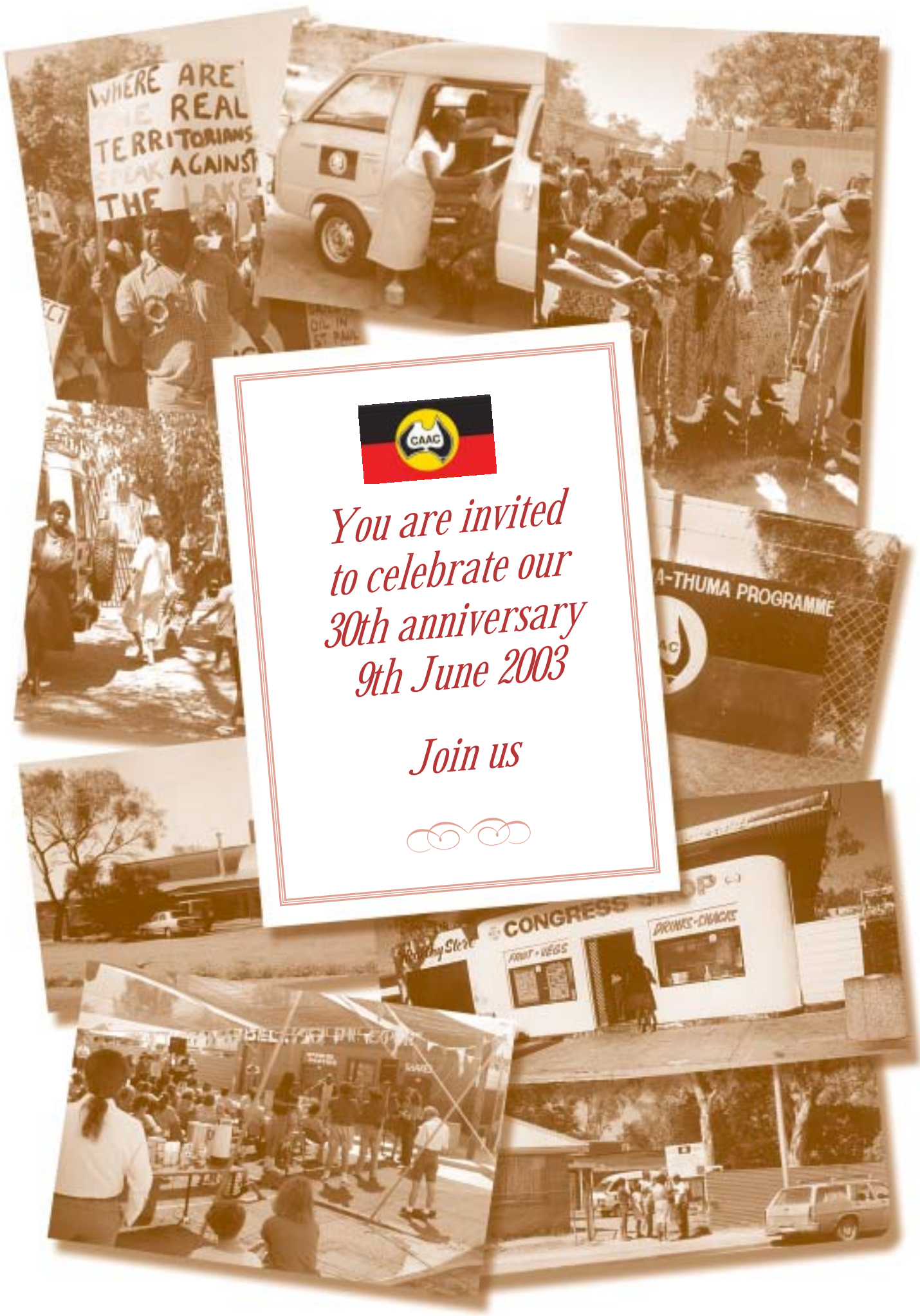


# Central Australian Aboriginal Congress



annual report 2002





*You are invited  
to celebrate our  
30th anniversary  
9th June 2003*

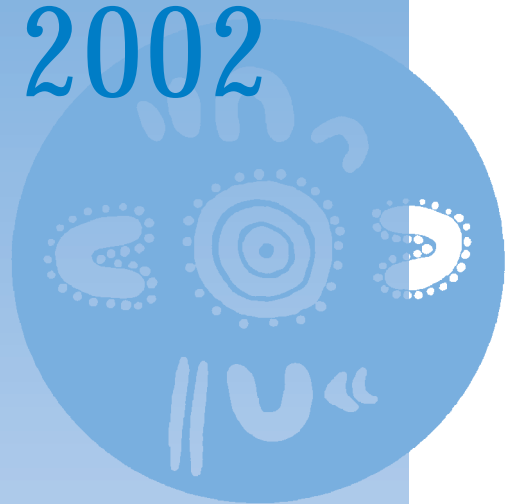
*Join us*



best practice/community control



Central Australian Aboriginal Congress  
**Annual Report 2002**



Central Australian Aboriginal Congress

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## List of Abbreviations

ACR	Albumin–Creatinine Ratio
AGPAL	Australian General Practice Accreditation Limited
AHW	Aboriginal Health Worker
AMS	Aboriginal medical service
AMSANT	Aboriginal Medical Services Alliance of the Northern Territory
ASH	Alice Springs Hospital
CAAAPU	Central Australian Aboriginal Alcohol Programs Unit
CAAMA	Central Australian Aboriginal Media Association
CADPHC	Central Australian Division of Primary Health Care
CARHDS	Central Australian Remote Health Development Service
CARIHPC	Central Australian Regional Indigenous Health Planning Committee
CHP	Community Health Program
CRAH	Cooperative Research Centre for Aboriginal Health
CRCATH	Cooperative Research Centre for Aboriginal and Tropical Health
CRH	Centre for Remote Health
DEET	Department of Employment, Education and Training
EBA	Enterprise Bargaining Agreement
EPC	Enhanced Primary Care
ESWB	Emotional and Social Wellbeing
FAAD	Frail aged and disabled
GPDNT	General Practice Division Northern Territory
IAD	Institute for Aboriginal Development
MACS	Multifunctional Aboriginal Children's Service
MSOAP	Medical Specialist Outreach Access Program
NACCHO	National Aboriginal Community-Controlled Health Organisation
NHMRC	National Health and Medical Research Council
NTAHF	Northern Territory Aboriginal Health Forum
NTRHWA	Northern Territory Remote Health Workforce Agency
PAAC	People's Alcohol Action Coalition
PHAA	Public Health Association of Australia
PHCAP	Primary Health Care Access Program
SEWB	Social and Emotional Wellbeing
STD/I	Sexually transmitted disease/infection
WONCA	World Organisation of National Colleges, Academies and Academic Associations of General Practitioners
YWCHPEP	Young Women's Community Health Education Program

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# About us

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## Background

Central Australian Aboriginal Congress (hereafter referred to as 'Congress') was established in 1973. Its original aims were broad: to provide basic services for Aboriginal people, to safeguard and promote their interests and to be a voice for all of the Aboriginal people of Central Australia.

One of the first services was the 'Tent Program', providing shelter to Aboriginal people living in sub-standard dwellings around Alice Springs. As time went by, other Aboriginal organisations were established to take care of housing, education and land. However, health remained a major focus and, in 1975, Congress started a medical service. A doctor was employed and transport and welfare services set up. Congress established itself as the voice of Aboriginal health in the Centre. From the earliest beginnings in Parsons Street to our current premises in Gap Road and Congress Alukura at Percy Court, Congress embodies the four key principles of primary health care:

- Balancing the health care priorities between the immediate need for individual health care (medical services) and the longer term needs to change the conditions that lead to ill health;
- Maintaining a partnership with secondary and tertiary health sectors (such as specialists and Alice Springs Hospital);
- Continuing consumer and community participation and control by enhancing Aboriginal self determination in health; and
- Collaborative networking with other health organisations and those working on social determinants of health (such as education and employment) for health gain.

## Aims and objectives

Congress is legally incorporated under the *Northern Territory of Australia Associations Incorporation Ordinance 1963*. Our aims, as stated in our constitution, are:

- To address the health and wellbeing of Aboriginal people in Central Australia;
- To further the control over Aboriginal lives by Aboriginal people and to support Aboriginal culture and language;
- To be a watchdog over mainstream services and to advocate for the needs and aspirations of Aboriginal communities by negotiating for appropriate services and assisting in the development of services; and
- To break down the barriers and to increase access to resources that will enhance Aboriginal culture, health and well being.

## Total clients and consultations

In 2002 Congress provided services for over 7671 individual clients from Alice Springs and the surrounding Town Special Leases (town camps), outstations and remote communities. Most consultations took place at our Gap Road premises; many of the women's health consultations occurred at Congress Alukura.

The 7671 unique clients that Congress saw represented a total of 34 858 consultations .

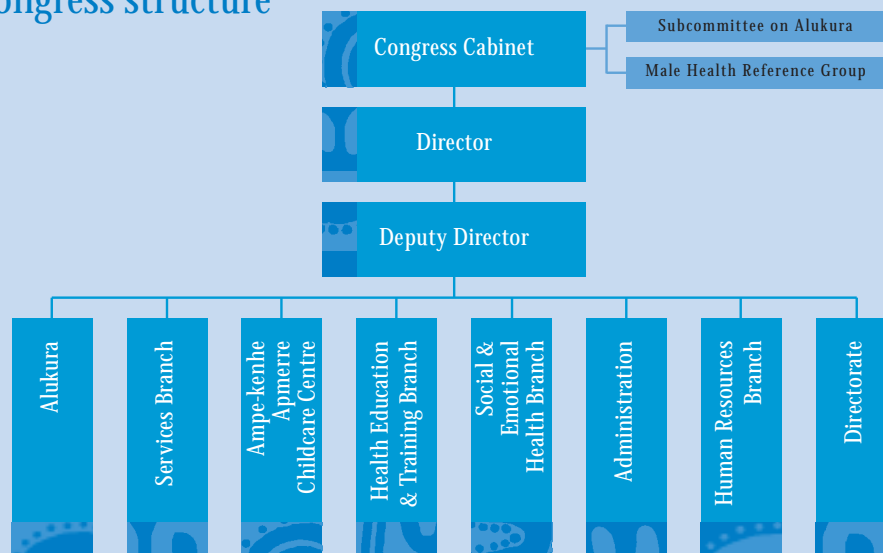
The average number of consultations per client was 4.54.

Services Branch total consultations	28963
Alukura total consultations	2948
Social and Emotional total consultations	2947

# Congress Cabinet

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## Congress structure



The Congress Cabinet is made up of four executive positions, two Native Title holder positions and seven ordinary positions. Cabinet is elected biennially by members of the Central Australian Aboriginal community at an annual general meeting. The Cabinet meets every six weeks. Female members met prior to each Cabinet session during 2002 as a temporary measure pending the re-establishment of the Alukura Women's Council. Male Cabinet members met prior to each Cabinet meeting as a reference group for the Male Health Program.

Cabinet members were involved in a wide range of governance training events throughout 2002, including the provision of Board of Governance training by John Mero (consultant with Vision Method Outcomes Pty Ltd). A training session to Senior Congress Management was held to ensure continuity of management styles across the organisation.

Cabinet's ongoing participation in the broader Aboriginal health policy framework included discussions at both the quarterly general meetings and AGM of the Aboriginal Medical Services Alliance of the Northern Territory (AMSANT) and also at the AGM of the National Aboriginal Community-Controlled Health Organisation. In addition to the scheduled Cabinet meetings, Cabinet members held a number of

professional development workshops on the relationship between Treaties and Health, Illicit Drugs and on establishing a set of Social Justice principles that reflect the organisation's aims. The Alukura sub-committee facilitated the participation by Alukura staff in a women's cultural visit to Ipolera. Male Cabinet members and the Male Health Program Co-ordinator travelled to Melbourne to meet with and view a number of programs dealing with male health.

Congress President Robert Le Rossignol attended the NT Vocational Training Awards in Darwin, with staff members who had been nominated in the Aboriginal and Torres Strait Islander Student of the Year category. With Cabinet Secretary Donna McMasters the President also attended the National Training Awards in Sydney, where a staff member was recognised in the same category. The President represented Congress at the 'National Conference on Racism, Land and Reconciliation in a Global Context' conference at Murdoch University in Western Australia. The President and Native Title Holder Cabinet representative Brian Stirling also attended the Aboriginal Health Worker graduation. Betty Carter was the Cabinet representative on the Childcare Worker research project, and Helen Kantawarra the Cabinet representative on the Congress Oral History Project.

## Executive



Robert Le Rossignol

- Robert Le Rossignol: President
- Margaret Liddle: Vice President
- Heather Campbell: Treasurer
- Donna McMasters: Secretary

## Ordinary members

- Betty Campbell
- Elizabeth (Betty) Carter
- Margaret Orr
- Brian Stirling\*
- Johnny Briscoe
- Valerie Burdett\*
- Alan Campbell
- Helen Kantawarra
- Peter Ross

\* Brian Stirling and Valerie Burdett are Native Title holders elected to Cabinet on 1 June 2001



Margaret Liddle



Betty Campbell



Brian Stirling



Heather Campbell



Elizabeth Carter



Johnny Briscoe



Donna McMasters



Margaret Orr



Valerie Burdett

## Cabinet attendance 2002

Cabinet Member	15/2/02	21/3/02	14/6/02	26/7/02	6/9/02	18/10/02	29/11/02
Robert Le Rossignol	p	p	p	a	p	p	p
Margaret Liddle	p	p	p	p	p	p	p
Heather Campbell	p	p	a	p	p	p	p
Betty Campbell	p	p	p	p	p	p	a
Betty Carter	p	p	-	p	p	p	p
Margaret Orr	p	p	a	p	p	a	p
Donna McMasters	p	p	p	p	p	p	p
Helen Kantawarra	p	p	p	p	p	p	a
Alan Campbell	p	-	-	p	-	-	p
Peter Ross	p	p	p	p	p	p	p
Johnny Briscoe	p	p	p	p	p	p	p
Valerie Burdett	a	-	p	p	p	-	p
Brian Stirling	p	a	p	p	a	p	p



Allan Campbell



Helen Kantawarra



Peter Ross

Legend: present p    apologies a



# Director's report

## best practice/community control

Congress Director  
Stephanie Bell



**T**his year Congress focused on its commitment to maximising community-control of primary health care. In order to achieve this, we undertook an extensive review of our services and programs to ensure that they were delivering best practice quality services for our clients. Another major success was the re-commencement of the Alukura birthing program, which consolidated extensive groundwork put in place during 2001. Also of note this year have been the achievements of a number of young Aboriginal staff members, whether through their commitment to training, program development or resource production. The work of these young people has been inspirational, and shows that there is another generation capable of continuing the work of Congress as we enter into our 30th year in 2003.

### Internal

Our clinical services saw a total of 7671 individual clients in 2002 for a total of 34 858 consultations, indicating that each client was seen 4.54 times. The major five conditions presented were: respiratory upper tract infections (flu); high blood pressure; diabetes; skin infections (such as boils); and other skin conditions (such as scabies).

The Services Branch achieved accreditation in 2001 with the Australian General Practice Accreditation Limited, and instituted a number of quality systems in response to feedback from the client satisfaction survey. Among these innovations were the introduction of an express lane for patients attending the clinic for follow-up appointments, pharmacy matters or minor ailments; an appointment system (for those who, for a range of reasons, need and can meet a specific appointment time); improvements to the waiting area environment and resources; and the Quality Assurance system of clinical practice review.

Consultants were engaged to review the Counselling and Youth Outreach programs of the Social and Emotional Health Branch. Both these reviews endorsed the directions that these services had adopted. The reviews also made valuable recommendations regarding structural matters for Congress to pursue in order to support and enhance their capacity for service delivery.

The Health Education and Training Branch re-established Aboriginal Health Worker (AHW) training at our Gap Road training facility. This year's intake included students from remote areas, as well as Alice Springs.

The Community Education Worker at Alukura's Young Women's Community Health Education Program worked with local young people to produce the dramatic film *Cover Your Tracks*, dealing with sexual health and relationships. Although the video is a production of Congress, it is important to acknowledge that the Central Australian Indigenous Youth Summit held at Ross River in April 2001 provided the initiative for the production. Attended by 300 Indigenous youth over three days, resolutions on sexual health were drawn up, calling for **more** education about the implications of having unsafe sex, **more** information about STIs, **more** educational resources about sexual health and the development of Indigenous videos. *Cover Your Tracks* is one step towards reaching these goals. The video was launched to critical acclaim in November.

Congress supported its staff in their training and professional development throughout the year. A highlight was the nomination of Charmaine Nicholls

and Janelle (Bella) Iles for the NT Vocational Training Aboriginal and Torres Strait Islander Student of the Year Award. Charmaine won the award and went on to the National Awards, where her hard work was recognised in becoming runner up in the Australia-wide competition.

The process of assessing all currently employed AHWs' skills against the newly adopted National Competency Standards was finalised and the AHWs all celebrated at their graduation ceremony in November.

The development of strategic plans continued for our programs, with plans now drafted for the Social and Emotional Health Counselling team, the Youth Outreach Program, the Male Health Program, the Hearing Program, the Children's Program, the Bush Mobile Service and the Frail Aged and Disabled Program.

The Ampe-kenhe Apmere Childcare Centre continued to provide a quality program to a fully subscribed service. The Centre moved to an outcome-based funding agreement this year.

The Youth Outreach Program continued its work amongst young people and their families, achieving wide recognition for its work, despite being understaffed throughout the year. Youth Worker Maxine Campbell was accepted onto the National Indigenous Youth Movement of Australia roundtable as the Central Australian representative.

The Administration Branch oversaw the introduction of a range of management strategies this year that will assist all branches in managing their financial, physical and information resources.

The functions of the Public Health Branch were reviewed at the beginning of the year. Most positions were absorbed into the Congress Directorate, bringing staff under direct Aboriginal management.

The Congress Enterprise Bargaining Agreement was finalised this year, bringing certainty and stability to our planning and employment base. I would like to congratulate all Congress staff on their hard work and commitment to this process.

Cuz Congress, the character created by Congress in the 1980s to promote the serious issues of good health in



a light-hearted way, will be relaunched in 2003. Cuz was an important part of our prize-winning display at the Alice Springs Show in July, raising huge amounts of interest from the public. A new person to play the part of Cuz Congress was successfully recruited at the end of the year, so watch out for Cuz in his relentless pursuit of 'Truth, Justice and the Aboriginal Way' in the coming year.

At the end of the year the first meetings were held between programs and across branches to develop inter-program linkages for greater co-ordination and enhancement of our programs.

The tender for the re-development of the reception area of the clinic was successfully let and preliminary work commenced by the end of the year.

Congress's Gap Road, Alice Springs, premises are home to our clinic, health worker training, Human Resources, Administration, Social and Emotional Health and Directorate. Our childcare facility, Ampe-kenhe Apmere, is in the foreground.

## Cooperative links and external affairs

Congress continues to provide the health clinic at Amoonguna. In line with our well-established tradition, Congress is again supporting the establishment of new Aboriginal community-controlled health services in Central Australia. This year we are providing assistance to another two remote health services: management services for the Areyonga Community Health Service Committee; and, under Congress auspices, a Medical Officer for the Western Aranda Health Aboriginal Corporation.

Congress has maintained its foundation involvement in the Aboriginal Medical Services Alliance of the Northern Territory (AMSANT), our federation of community-controlled health services. As Congress Director I was elected Chairperson of AMSANT in September. In this capacity I chair the Northern Territory Aboriginal Health Planning Forum, which was set up under the NT Framework Agreement on Aboriginal Health to coordinate Aboriginal health policy and planning in the NT. The Congress Deputy Director chairs the Central Australian Regional Indigenous Health Planning Committee established under the Forum. With other Directorate staff, I have worked extensively on a range of policy and advocacy issues on behalf of the federation in these and other forums. This work has included the development of the Primary Health Care Access Program; the development of the Regional Primary Health Care Support Services model; addressing workforce issues, including the rationalisation of General Practice organisations and GP recruitment; regional Hearing Centre of Excellence; and the Central Australian Eye Health Action Group.

Directorate has continued to be active in addressing the issue of substance misuse. Congress is represented on the Reference Group for the current alcohol trial and the Substance Misuse Working Group as part of the Alice in Ten project. We have also continued our participation in the People's Alcohol Action Coalition. And Directorate has been involved in the development of the substance misuse action plan through the Substance Misuse Action Group set up under the Central Australian Regional Indigenous Health Planning Committee.

Congress maintains an active involvement in the National Aboriginal Community-controlled Health Organisation (NACCHO) through my membership on the Board, and with staff and Cabinet members attending this year's annual conference and AGM.

Congress has maintained an active research agenda, with nine projects currently being pursued. Most of these are collaborative projects arising from our inter-sectoral policy and advocacy work. We have also been extensively involved in the submission process for the new Cooperative Research Centre for Aboriginal Health (CRAH). This new CRC will build upon the existing partnership established between Congress, Danila Dilba, NT Department of Health and Community Services, the Menzies School of Health Research and the Flinders and Northern Territory universities in the Cooperative Research Centre for Aboriginal and Tropical Health. The CRAH new partners are the Melbourne, La Trobe and Queensland universities, the Queensland Institute of Medical Research, the Australian Institute of Aboriginal and Torres Strait Islander Studies and the Commonwealth Department of Health and Ageing, bringing over \$20 million to the table for health research.

This report is but a brief summary of the extensive work undertaken by Congress. It does, however, demonstrate the organisation's continuing commitment to build upon the solid foundations — laid down over the last thirty years — of quality services under Aboriginal community-control. I wish to take this opportunity to encourage people to join us in celebrating our thirtieth anniversary in 2003, as we embark upon the journey for the next thirty years in Aboriginal comprehensive primary health care.

Congress continued to maintain its cooperative approach to Aboriginal health. Ms Sanchia Shibasaki (right) was appointed as CRCATH Aboriginal Medical Services Research Fellow during the year.



## Internal management

### BRANCH MANAGERS MEETING

Stephanie Bell  
*Director*

Donna Ah Chee  
*Deputy Director*

Barbara Richards  
*Service Branch Manager*

Dawn Flemming  
*Social & Emotional Health Branch Manager*

Lesley Nelson  
*Health Education & Training Branch Manager*

Rebekah Kidney  
Yvette Story  
*Alukura Branch Manager*

Alison Breheny  
*Childcare Branch Manager*

Wayne Gorst  
*Administration Branch Manager*

Bob Wharton  
*Human Resources Branch Manager*

### OCCUPATIONAL HEALTH AND SAFETY

Bob Wharton  
*Human Resources Branch Manager*

Aileen Kennedy  
Jenni Mandersloot (Chair)  
*Human Resources/Administration Branches*

Melanie Marron  
*Childcare Branch*

Renee Bray  
Belinda Mawby  
David Nicholls  
*Services Branch*

Stephanie Mouthaan  
*Directorate*

Raelene McGuinness  
*Alukura*

Linda Zerna  
Jill Richards  
*Health Education & Training Branch*

Willie Orr  
*Environmental health specialist*

Karen Collas  
*Clinical service specialist*

Charmaine Nicholls  
*Ergonomics and work practices specialist*

Stephan Meredith  
*Workplace stress specialist*

David Kenny  
*Driver specialist*

Hayden Stuart  
*Plant and substances specialist*

### CULTURAL AND POLITICAL

Donna Ah Chee  
*Deputy Director*

Clive Rosewarne  
*Research & Policy Officer*

Dawn Fleming  
*Social & Emotional Health Branch Manager*

Jenni Mandersloot  
*Training Officer*

Lesley Nelson  
*Health Education & Training Branch Manager*

### PRIVACY

Simon Kroes  
*Strategic Planning and Evaluation Officer*

Alison Breheny  
*Childcare Branch Manager*

Tania Janusic  
*Medical Officer Coordinator*

Lesley Nelson  
*Health Education and Training Branch Manager*

Bob Wharton  
*Human Resources Branch Manager*

Wayne Gorst  
*Administration Branch Manager*

Rebekah Kidney  
Yvette Story  
*Alukura Branch Manager*

### ENTERPRISE BARGAINING

Donna Ah Chee  
Kylie Bruggy  
Louise Dennis  
Tahniah Edwards  
Nettie Flaherty  
Wayne Gorst  
Tania Janusic  
Aileen Kennedy  
Sharon Milera  
Christine Palmer  
Anne-Marie Smith  
Yvette Story  
Peter Tait  
Bob Wharton

### CRCATH REFERENCE GROUP

Stephanie Bell  
*Director*

Donna Ah Chee  
*Deputy Director*

Jeannie Devitt  
*CRCATH AMS Senior Research Fellow*

Sanchia Shibasaki  
*CRCATH AMS Research Fellow*

John Boffa  
*Public Health Medical Officer*

Clive Rosewarne  
*Research & Policy Officer*

### SERVICES BRANCH MEETING

Barbara Richards  
*Services Branch Manager*

Trish Hall  
*Clinical Services Manager*

Tania Janusic  
*Medical Officer Coordinator*

Tracey Roman  
*Administration Officer*

Jennifer Petterson  
*Senior Receptionist*

As nominated  
*Aboriginal Health Workers' representative*

Donna Ah Chee  
*Deputy Director*

John Boffa  
*Public Health Medical Officer*

### COMMUNICARE

Rebekah Kidney  
Yvette Story  
*Alukura Branch Manager*

Stephen Meredith  
*Social & Emotional Health Branch*

John Boffa  
*Public Health Medical Officer*

Peter Tait  
*Medical Officer*

Lyle Burrows  
*Information Systems Coordinator*

Wayne Gorst  
*Administration Branch Manager*

Belinda Mawby  
*Services Planning & Policy Officer*

Renee Bray  
*Information Systems Support Officer*

### STI WORKING PARTY

Rebekah Kidney  
Yvette Story  
*Alukura Branch Manager*

Peter Tait  
*Medical officer*

Douglas Walker  
Brian Castine  
*Male Health Program*

John Boffa  
*Public Health Medical Officer*

### PEER SUPPORT

Maria Beattie  
Sharon Milera  
*Alukura*

Doraleen Warrior  
*Services*

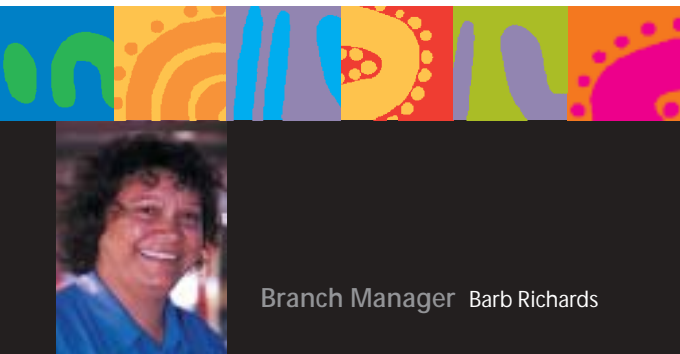
Charmaine Nicholls  
*Human Resources Branch*

Simon Kroes  
*Directorate*

Christine Palmer  
*Social & Emotional Health Branch*

Stephen Meredith  
*Social & Emotional Health Branch*

# Services



## About Us

Services Branch is in the core business of the delivery of primary health care to our clients. The Branch is made up of the Congress Medical Clinic, the Community Health Program (CHP), the Hearing Program, the Pharmacy, the Male Health Program and the Dental Service. We are the largest branch at Congress and are a very public aspect of the organisation.

Services Branch developed and implemented a range of quality systems within its programs this year. These systems responded to a number of recommendations from client satisfaction surveys and feedback received during the clinic's accreditation with Australian General Practice Accreditation Limited in 2001. The implementation of these systems occurred within the context of an expanding service and continued growth in client demand. There was also an increased emphasis from Congress on community outreach and health promotional work by a number of programs.

Within the clinic the focus was on the creation of innovative, targeted quality systems designed to meet specific needs and to enhance quality care. These systems aimed to reduce waiting times, and improve both the waiting area environment and clinical practice.

One system typical of these innovations is the introduction of an express lane. This allows patients attending the clinic for minor ailments, pharmacy matters or follow-up appointments to be dealt with quickly by reception staff, in consultation with a practitioner. The express lane has been successful in reducing the waiting time for this group of clients. Another group to benefit from the introduction of new systems are those people presenting for medications and requiring access to the Pharmacy. People presenting for medication now have a direct track to the pharmacy. The establishment of an appointment system in the clinic means that clients can now ring reception and make an appointment should they require a specific time for consultation. This system is available on a limited basis at the moment, with one doctor allocated and appointments available on the half hour. However, it has been a popular service with people in work, and single parents caring for children who can get to the clinic but can't afford longer waiting times.

In response to client requests collected during last year's client survey, the waiting area is now regularly stocked by the Promotions Officer with information pamphlets and magazines. There is a range of children's toys and information available, and Aboriginal cultural, children's and relevant health videos are shown. The waiting area environment for clients has been further enhanced with the employment of security workers on site.

The introduction of the Quality Assurance System monitors, through regular reviews of the Communicare data and medical file audits undertaken by a doctor and an Aboriginal Health Worker, that our quality systems for patient procedures are being met. This process identifies any gaps in our policies and procedures and any in-service training requirements for our staff.

Our Communicare system was upgraded this year to deal with the appointment system for the clinic and dental services. Staff also undertook an intensive week-long program on the system's capabilities and functions.

Recognising the specific skills and demands required of these staff, the receptionist positions had new duty statements developed and

the positions were reclassified as medical receptionists. To strengthen their skills and to provide support, the medical receptionists are now enrolled in Certificate III Business Administration (Medical reception).

The Enhanced Primary Care worker Nettie Flaherty developed a process for pre-discharge case conferences and care plan development between Congress and the Alice Springs Hospital (ASH). There has also been an increase in the number of chronic disease patients who have care plans, and the number of people over the age of 55 who have had health assessments.

The strategic planning process for the clinic and the various CHPs continued this year. New plans were developed for the Bush Mobile Service and the Frail Aged and Disabled program. The Male Health, Children's and Hearing programs' strategic plans were all reviewed and evaluated.

By the end of the year the tender was let for the clinic renovation. Clinic staff were consulted extensively to ensure that the needs of programs were being adequately addressed within the constraints — both physical and financial — placed upon the design.

## Clinic plans & prospects

With renovation work continuing in 2003 we will be working to minimise the disruption to our clients and service provision. We will remind ourselves that the pain will be worth the gain: vastly improved working and client waiting environments; better medical records handling and archives storage facilities; more consulting rooms; greater privacy; and an overhaul of the specialist clinics.



The clinic will continue to review its operating systems and policies, strategic plans being developed for more programs and existing plan evaluations assisting

staff and management to review program service provision. Training manuals will be developed for particular areas, the first of which will be the reception. In line with current best practice in file management, file rationalisation is another priority for the clinic.



## Community Health Program

The CHP provides targeted comprehensive primary health care outreach services to Aboriginal people in Alice Springs, its town camps and outstations. This primary health care approach recognises that there are particular community-identified needs that require their own dedicated resources. It also recognises that while promoting that individuals take a degree of responsibility for their health by attending the Congress clinic where possible, the approach must also support those people actively concerned about their health, who for valid reasons are unable to attend — whether through disability, infirmity or other complicating factors, such as remoteness — to still have access to quality targeted services.

Established some years ago to meet the growing population demands of the outstation movement, the **Bush Mobile Program** services communities within a 100 km radius of Alice Springs. The program was reviewed this year, with a proposal developed to target the service more towards people with chronic conditions.

The **Frail Aged and Disabled program (FAAD)** developed a criteria checklist for clients utilising the program, in order to assist staff in assessing eligibility. This program has seen a growth in demand for its services in recent years, and planning to increase the staffing levels to meet this need has been an important priority. The FAAD program was actively involved in this year's Seniors' Week and Palliative Care week.

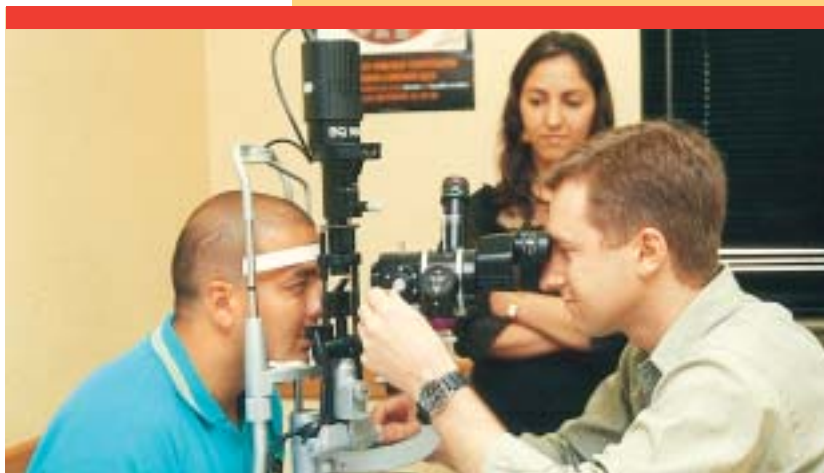


TOP & ABOVE: The Bush Mobile Program provides an important service to outstation residents.



The **Schools program** has increased the number of sessions at Yipirinya School this year, while maintaining its services to Yarranty Artltere Learning Centre (Larapinta Valley) and Irrekerlantye Learning Centre. The program has been increasingly involved in health promotion in schools this year, mainly through education and prevention campaigns.

The **Children's Service program** offers programs for Under 2s, Under 5s and Well Baby check programs. Demand for these services has been strong this year, but unfortunately securing adequate staff levels has been difficult. In 2003 we plan to expand the workforce in this program to one coordinator, one AHW and a 0.5 registered nurse.



For clients with chronic illness, the **Specialist Clinics** provide access to a range of specialists and services. Two AHWs coordinate transport to and from the clinics, follow-up referrals, and offer support and counselling on issues such as nutrition. Specialists are mainly provided through the Department of Health and Community Services (DHCS, formerly Territory Health Services), with any shortfall met by funds from Congress's operational budget. The provision of these services by Congress ensures that services are received by those who need them most, a fact acknowledged by specialists. Currently the Alice Springs Hospital provides a paediatrician, a physician, and an ophthalmologist. Unfortunately, due to a staffing restructure at the hospital, DHCS can no longer provide us with the services of a diabetes educator. We are, however, hopeful that Diabetes Australia will be able to provide this service in 2003. DHCS provides a physiotherapist, Laubman & Pank provides an optometrist and Mary Menotti (a private practitioner) provides an acupuncture service. In addition we have gained the services of a local podiatrist, Darralyn Duffy. The clinic's Quality Assurance for Aboriginal Medical Services program has been approved for urine testing by the Diagnostic and Technology Branch of the Commonwealth Department of Health and Ageing. Albumin-Creatinine Ratio (ACR) testing will commence in January 2003. ACR is a marker for early kidney disease, diabetes in particular, and is also a predictor of risk for heart disease. The Specialist program was actively involved in the clinic's diabetes week program, which included a Soup and Damper Day and a visit from Billie the Kidney outside the clinic.



TOP: Our specialist clinics offer targeted services to those who need them. Podiatrist Darralyn Duffy examines a client.

MIDDLE: Ophthalmology is one of the specialist services provided to Congress by Alice Springs Hospital.

BELOW: Congress Hearing Program serviced a significantly increased number of clients in 2002 (see Congress statistics on page 35)

## Hearing Program

The Hearing Program provides an early intervention and monitoring program for ear disease in babies and children. Congress coordinates access to the Ear, Nose and Throat specialist at ASH. The program has a soundproof booth and testing equipment, providing diagnostic audiology facilities on site. The program was active this year in developing a regional hearing centre proposal — Irlpe Apmere — working as the AMSANT representatives on the Northern Territory Aboriginal Health Forum's Hearing Working group. It also held a number of activities during Hearing Awareness Week. A new initiative has been the hosting of University of Melbourne Audiology Masters students on one week placements within the service.



## Male Health Program

Cabinet endorsed the concept of expanding the Male Health Program, including establishing a separate complex for the male health centre. Work has begun on identifying suitable premises and considering the range of services it may be possible to offer. Members of the Male Health Reference Group visited a number of Aboriginal and non-Aboriginal services in Melbourne earlier in the year to study models of other male health services. The program now regularly visits the Amoonguna clinic, Central Australian Aboriginal Alcohol Planning Unit, local schools and youth programs. The Male Health Program attended the Haasts Range Youth Summit, and provided well men's checks and information sessions.

The male members of Congress Cabinet meet prior to each Cabinet meeting as the Male Health Reference group to act as a steering group regarding the direction of the program.

Dental Surgeon Terence Keong and CRCATH Dental Assistant Trainee Codie Machielson.

## Pharmacy

In addition to the full-time Pharmacist, the Pharmacy now employs an assistant and a trainee pharmacy assistant. These additional positions have enabled the Pharmacy to implement a number of enhanced quality systems within the clinic. Pharmacy staff undertake the re-stocking of the consulting rooms, thus freeing up the time of clinical practitioners for other duties. The Pharmacy was involved in a review of the quality use of medications. This review of patient files provides practitioners with an overview of all the medications that patients use, not just the ones dispensed by the Congress clinicians. Clients now have a direct track to the Pharmacy, reducing waiting times for those presenting for medications. Pharmacy staff assist clinicians with medication queries, including staff at the Amoonguna and Alukura clinics, and have provided education sessions for the trainee AHWs in the Health Education and Training Branch.

## Dental

The dental surgery maintained its quality service throughout the year. Dental surgeon Terrance Keong, who celebrated ten years' service with Congress this year, is to be congratulated for this as he was the only staff member in the surgery for some months. In March a new CRCATH trainee was secured to work in the surgery. To rationalise the workload of dental staff, appointments for the dental surgery are now made through the medical reception.

# Congress Alukura by the Grandmothers' Law



## Branch Manager

Rebekah Kidney. Yvette Story (left) was acting Branch Manager from July until December while Ms Kidney was on leave.

## About Us

Alukura is an Aboriginal word meaning 'women's camp'. The move to establish Alukura started in the early 1980s to address concerns among Aboriginal women in Central Australia over the provision of culturally appropriate antenatal, postnatal and birthing care. Other concerns we wished to address were the lack of care for women who chose to give birth to their children in their own country, the lack of sexual health education available to Aboriginal women, and the unacceptably high levels of infant and maternal mortality and morbidity rates.

Over the years our focus has widened to incorporate a more holistic approach to women's health and 'women's business'. In addition to birthing services, we also provide health checks, screening services and sexual health education for residents of Alice Springs and surrounding communities.

In 2002 Alukura moved closer to realising one of the core goals of the service: providing a comprehensive birthing (or 'borning') service to Aboriginal women in Central Australia, with the re-commencement of the Alukura Birthing Program in late May. This followed on from the historic signing of the Birthing Agreement between Alukura and the Alice Springs Hospital in March, which gave our midwives visiting rights within the hospital. The Young Women's Community Health Education Program expanded our outreach service, and developed and co-produced (with CAAMA Productions) the video *Cover Your Tracks*, which dealt with young people, relationships and sexual health.

This year saw an increase in the number of consultations that have been undertaken at Alukura. The demand for our services was evenly split between midwifery and women's health checks. It is not uncommon for our women's health checks to cover a range of issues, making them complex and often time consuming. On average consults ranged from between 30 and 60 minutes, though at times they were considerably longer. However, the average waiting time for a consultation was generally no greater than 30 minutes. The increased demand was met through the existing practitioners.

In addition to the Birthing Agreement signed in March, Alukura's relationship with the Alice Springs Hospital remained active. We were involved in regular meetings with relevant units, such as the maternity meetings, birthing program evaluation meetings and meetings with other services as required (such as the X-ray department).

There were some staffing fluctuations both in the clinical and administrative areas of the branch, though this impact has been minimised by retaining a stable team of core staff. As at the end of 2002 Alukura had a full complement of clinical staff, four midwives, one AHW and one medical officer.

Attendance at the Alukura sub-committee of all the women members of Cabinet continued to be strong. The sub-committee provided policy direction and protocol advice to Alukura on a range of women's issues. The sub-committee met as an interim measure towards the re-establishment of the Alukura Women's Council. Establishing an independent Alukura also remains an active goal of the sub-committee. There was a visit to Ipolera for an Aboriginal women's cultural visit. After this visit it was endorsed that this become an annual event for Alukura staff and the sub-committee to ensure that the cultural focus of our service is maintained.

Alukura was pleased to host a visit from the Commonwealth Minister for Health and Ageing, Senator Kay Patterson, during the year. We see this work as an important process of influencing policy decisions affecting Aboriginal women's health. The advocacy capacity of Alukura was further enhanced this year with the re-classification of the Special Projects Officer's position to the Alukura Women's Policy Officer. The Women's Policy Officer attends



Directorate meetings in order to have access to Congress health policy development and advocacy issues.

The Young Women's Community Health Education Program (YWCHPEP) expanded its community outreach education program, increasing the number of schools and women's centres that it visits. Utilising the curriculum developed by the program, it targets 14–20-year-old girls and women addressing sexual health, sexually transmitted infections and parenting issues. The program is offered in nine schools and community centres in Alice Springs. It has also commenced an outreach service during school holidays, which includes visits to the the outlying communities of Finke and Muġitjulu, as well as weekly visits to areas closer to Alice such as Santa Teresa.

Another major project for Alukura YWCHPEP this year was the development and production of the video *Cover Your Tracks*. The YWCHPEP Community Education Worker worked with young people from local Aboriginal communities and services, such as the Gap Youth Centre, from the beginning of the year. A dramatic video was developed based around nine characters, whose lives are connected through family, community and sexual relationships. The film was launched in late November. Throughout the film the characters discuss their views on safe sex and

relationships. It shows the four main characters — Rhys, Nadia, Karla and Valerie — dealing with the consequences of having unprotected sex. This educational resource is aimed to appeal to the young Aboriginal people of Alice Springs and surrounding regions, as well as making them aware of the risk and prevalence of sexually transmitted infections.

### Plans & prospects

Our primary aim is to continue to implement the recommendations of the 1998 review of Alukura. Most notably this includes the re-introduction of the birthing service at Alukura itself, which is now feasible with the staffing resources of four midwives now available. The re-establishment of the Alukura Women's Council is another major aim, with the ultimate aim of establishing Alukura as a fully independent service. We shall continue to work in conjunction with Directorate and the CRCATH AMS Research Fellow to gain the endorsement of the CRCATH for a research project provisionally titled 'To Pilot at Congress Alukura the Development of a Framework of Quality and Culturally Appropriate Ante-natal Care Services for Indigenous Women in Central Australia'. We also plan to review the Young Women's Community Health Education Program curriculum.

*Alukura's relationship with Alice Springs Hospital continued to strengthen. The visiting midwives program now has a core team of qualified midwives, enabling birthing to recommence at our Percy Court premises.*




# Alukura Birthing Agreement



ABOVE: Sheena Turner and Kantaris Turner attended the important signing of the Alukura Birthing Agreement. The agreement is a significant milestone in Alukura's work to improve Aboriginal women's health.

RIGHT: Congress Deputy Director Donna Ah Chee addresses the crowd at the signing of the Birthing Agreement; looking on (from left to right) are DDHS Regional Manager Sue Korner, NT Minister for Health and Community Services Jane Aagaard MLA, and Congress Cabinet members Margaret Liddle and Betty Carter.

 The birthing program at Congress Alukura successfully resumed this year. This was one of the key recommendations of the 1998 review of Alukura's services, and its achievement represents a major highlight for the service, for Congress as a whole and for Aboriginal women throughout Central Australia. In order to achieve this goal a number of landmark agreements had to be negotiated, requiring great commitment and perseverance by Congress management and the Alukura sub-committee.

Alukura midwives achieved visiting status at the Alice Springs Hospital in 2001. This enabled their attendance at ten births — the minimum number required in order to receive accreditation as Independent Practising Midwives with the Australian College of Midwives. In March this year, at a ceremony at the Alice Springs Hospital, an historic Birthing Agreement was signed between Congress Alukura and Alice Springs Hospital. This agreement — the first of its kind in Australia — provides Alukura midwives visiting privileges at the hospital to manage the births of Alukura clients. It results in Aboriginal women in Central Australia having a greater choice of birthing options, and allows them to exercise their right to incorporate cultural practices and beliefs during their antenatal, birthing and postnatal care.

Aboriginal women openly expressed their joy at the ceremony to mark the signing of the agreement. The celebrations around the signing featured a traditional welcoming dance by local Arrernte women and speeches by the Northern Territory Minister for Health, Jane Aagaard MLA, and members of Congress Alukura.



PHOTOS THIS PAGE MISHA CARTWRIGHT/CLC



The first birth actually took place in the last week of May. (It was planned to happen in June but, as many of us know, these events are unpredictable!) The service now sees several women each month, of whom two or three are suitable for the program. The Alukura midwives have been on 24 hour call-out since the program re-commenced.

The birthing program had ceased in 1997 due to a range of factors, including a lack of resources which meant that it was difficult to maintain a 24 hour birthing service. The health of many women precluded them from using our facilities, and the fact that some women wanted their partners present (the Alukura buildings are women-only access) meant that Alice Springs Hospital became their only option. The declining number of births led to difficulties in maintaining skills and confidence with staff. A review was carried out by Betty Carter of Congress Cabinet, Professor Judith Lumley from the Centre for the Study of Mothers' and Childrens' Health and Gai Wilson from the Centre for Development and Innovation in Health, both at La Trobe University. The review document, *'Alukura, For My Daughters and Their Daughters and Their Daughters': Congress Alukura in 1998: A review of its current role and future directions*, came up with a number of recommendations which have gradually been implemented. The staged re-introduction of the birthing program was one of the key areas that had still been outstanding and in its current structure addresses many of the factors that had been a problem for the program previously.

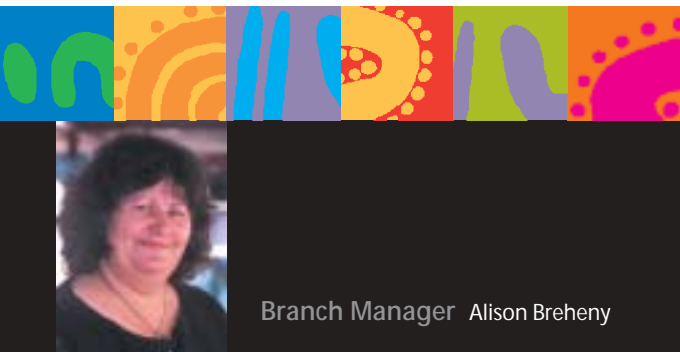


PHOTO: MISHA CARTWRIGHT/CLC

TOP: Celia Jackson and 10-month old son Kynan are benefiting from the Alukura Birthing Agreement.

BELOW: At the signing of the Alukura Birthing Agreement members of Congress Cabinet met with Jane Aagaard MLA, NT Minister for Health and Community Services: (left to right) Heather Campbell, Valerie Burdett, Donna McMasters, Margaret Liddle, Margaret Orr, Jane Aagaard and Betty Carter.

# Ampe-kenhe Apmere Childcare Centre



Branch Manager Alison Breheny

## About Us

Ampe-kenhe Apmere means 'the children's place' in Central Arrernte — the language of Mparntwe (Alice Springs). Ampe-kenhe Apmere is a designated Multifunctional Aboriginal Children's Service (MACS). MACS were established to address the disadvantages experienced by many Aboriginal children in the mainstream childcare system.

The consistently high demand for the centre's service is a testament to the high quality program and positive environment of Ampe-kenhe Apmere. The centre offers an extensive training program for its full-time staff to ensure that this standard will be maintained into the future. Pursuing an active involvement in a range of community based events and organisations has also contributed to this success. Ampe-kenhe Apmere has maintained a steady program of review of its practices and policies during 2002 to position itself for future funding requirements.

The centre has maintained a fully subscribed service of 55 placements and has a long waiting list. Requests for childcare placement happen on a daily basis. The centre provides places for Batchelor Institute of Indigenous Tertiary Education and Institute for Aboriginal Development students' children during study blocks.

The centre's re-accreditation is due in September 2003, and so we have commenced working towards this target. This, coupled with changes to our funding base this year, has involved the centre in reviewing all our operational plans, policies and philosophy statements. Our funding level has not changed but has moved to an outcome-based funding process, which involves us submitting an annual work plan. Maintenance remains a large expense for our branch, and we are often having to request additional funding support from the Northern Territory Department of Health and Community Services to address these needs. We have a new electronic fee software package, which has greatly improved the collection of fees for the service.

Among the new initiatives for the centre was the introduction and development of an extensive community network providing a rich program for our children. This includes an arrangement with St Mary's Family Service allowing us to use their grounds for excursions. Members of the Veterans Association have been repairing our toys, and making jigsaw puzzles and equipment for us, in the Senior Citizens shed. The Kiwanis service club has helped with doing odd jobs around the centre. We have also had an energetic program of ground improvement, which has contributed to a colourful and enriched physical environment for the children. Regular sessions with Aboriginal elders — resident at the Hetti Perkins Hostel — have been established to tell stories, teach language and play with the children. A highlight is the parents' committee, comprising people from Congress and other organisations, to put together a parenting program. The children were fortunate to gain the services of the Visual Arts Theatre in May; they performed and workshopped issues of valuing differences with the children.

Our services include a preschool bus pick-up and drop-off service for parents using the Gap Community Childcare Centre. Maintaining our high hygiene standards has been a priority with another serious outbreak of rotavirus in Alice Springs this year.

Our community activities included successful fundraising events, such as the Toddle Waddle in August (with the Gap and Alice Springs childcare centres) to raise money for the Meningitis

Foundation. We raised \$800. The selling of bandanas raised \$700 for Canteen, an organisation supporting youth with cancer. In the craft section of the Alice Springs Show, our children's entries won 1st and 2nd prizes. Our community profile further expanded with joint ventures with the Gap Childcare Centre and other areas of Congress in presenting displays during Child Protection Week and in participating in a hypothetical discussion around issues relating to child protection. To celebrate Children's Week, the centre hosted Hetti Perkins residents and Kiwanis and Veterans Association to morning tea. The centre also organised a very popular display activity in Todd Mall.

The Childcare Centre addressed a number of workforce issues this year. Staff worked closely with the Commonwealth Department of Family and Community Services to provide care and support for children at risk, with the Early Intervention Team and Children's Services Support Program for children with additional needs. An in-service training for all staff on working with children suffering family violence was held in April. Securing adequate relief staff continued to be a problem; either they move, take up study, are unavailable or they become permanent staff members here or at other services. Traditionally childcare work has been lowly paid and often poorly respected. The centre has attempted to address some of these issues with an extensive training program for staff. In 2002 many staff were enrolled in accredited training which required their release from the workplace. We were very proud of the hard work that led to Janelle (Bella) Iles being nominated for the NT Vocational Training Aboriginal and Torres Strait Islander Student of the year award.

The centre participated in a multi-centre research project examining the health of childcare workers and



The visual arts were part of the rich learning environment provided for Ampe-kenhe Apmere children this year.

its impact upon them and their work. We anticipate that the outcome of this research will provide valuable information for helping both workers and the centre to address workplace issues next year.

We work with Yirara College, St Philip's College, Alice Springs High School, Batchelor Institute of Indigenous Tertiary Education and Centralian College providing work placements for students studying childcare or doing work experience.

## Plans & prospects

Congress will conduct an organisational review of the centre next year to assess its financial situation, as well as considering issues such as funding and regulatory requirements, childcare mission, structure, programs, staffing and demand for the service. We will be working hard to ensure that our re-accreditation is successful and consolidating the work to date on the parenting program.



Childcare centre children enjoyed their own Toddler Commonwealth Games and proudly displayed their medals.

# Health Education & Training

After an 11-month hiatus the branch re-commenced AHW training at Congress. The branch's staffing complement had to be completely re-built at the beginning of the year. Student recruitment was undertaken, with six students commencing in early May. Students are from Alice Springs, Mutitjula, and Santa Teresa and undertake the training in two-week blocks. The program works closely with the other AMSANT Registered Training Organisations (RTOs), Congress branches and other organisations in developing customised course content against the national competency standards. This methodology ensures that the branch has a high quality teaching program, with access to the primary health care facilities of Congress providing distinct training program strengths.

The Health Education and Training Branch lecturers participated in the innovative teaching program Pathways to Dimensional Learning. This program enables the user to transform the learner into the trainer, making learning more relevant, effective and enjoyable. This multifaceted virtual show stimulates auditory, visual and kinaesthetic learning. Another application of this program enables students to convert any text to voice activation.

The branch has had discussions with other remote area Aboriginal community-controlled health services in how best to meet their training needs and to develop a delivery program that is compatible with the work and residency requirements of potential students. Creating a secure platform for gaining ongoing funding has been an additional focus for the branch manager. An audit of all procedures and policies within the branch was undertaken at the beginning of the year to ensure that Congress was compliant with current RTO standards.

A major highlight was the completion of the skills assessment of AHWs against the Customised Aboriginal Health Worker National Competency Standards. This skills assessment culminated with Congress's AHWs being awarded the Certificate III Aboriginal Health Worker (Clinical) qualification at a graduation ceremony held at the Red Centre Resort.



Branch Manager Lesley Nelson

## About Us

The Health Education and Training Branch currently delivers the nationally accredited Certificate III in Aboriginal Health Work (Clinical). Congress is a Registered Training Organisation.

The primary focus this year of the Health Education and Training Branch was to re-establish the delivery of Aboriginal Health Worker (AHW) training at Congress. The branch also had a role in completing the skills assessment against the national competencies for the currently employed Congress AHWs.





ABOVE: Clinical Educator Jill Richards supervises AHW Trainee Tara Buckskin.

LEFT: Completion of AHW skills assessment was a significant achievement — both for the health workers and for the branch.



All graduates were registered and practicing AHWs prior to the implementation of the new NT Aboriginal Health Worker career structure. This process in turn was tied to the National Aboriginal Health Worker Competency Standards and Australian Qualifications Framework, which govern education and training guidelines within Australia.

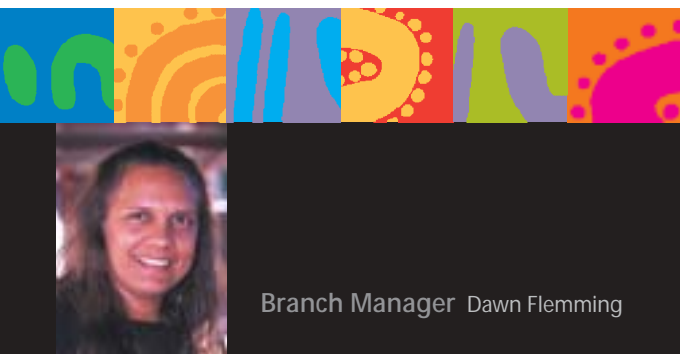
### Plans & prospects

Now that the training program has been re-established the branch will continue to concentrate on upgrading the teaching documentation, with a view to recruiting further from remote areas and town applicants in 2003.

Securing ongoing funding from the NT Department of Employment, Education and Training remains a core goal of the branch. Depending upon demand and the establishment of adequate funding for this style of delivery, the branch will consider the option of extending the scope of course delivery, possibly with a view to offering Certificate IV streams at a future stage.

OPPOSITE: AHW Trainee Tara Buckskin, one of the branch's new student intakes, enjoys a light-hearted moment during her studies.

# Social & Emotional Health



Branch Manager Dawn Flemming

## About us

The Social and Emotional Health Branch comprises a Counselling Unit and a Youth Outreach Program. The branch is one of a national network of Social and Emotional Wellbeing Regional Centres. Our clients are many and varied. The inter-generational traumas which contribute towards domestic violence, substance misuse and other self-destructive behaviours are not limited by age or gender.

The Counselling Unit provides counselling and support for those experiencing emotional and social difficulties, case management for people with mental health issues and emergency financial relief.

Our Youth Outreach Program targets young Indigenous people (aged 12–25) with the dual aims of reducing self-harming behaviours (such as substance misuse, violence and attempted suicide) and strengthening their self-image and respect for Aboriginal culture.

The Social and Emotional Health Branch (SEHB) undertook two major reviews of its services during 2002. Having been established now for a number of years, and with a growing demand for its services, it was timely to consider and consolidate the service delivery of the branch. The reviews were undertaken using the strategic plans adopted by the branch's two service areas. While the reviews were underway, staff continued to provide a range of services to our clients and actively engaged in a wide range of community initiatives and external agency activity.

The branch was fortunate to secure clinical and forensic psychologist Dr Pam Nathan as a consultant to undertake the review of its services. Pam has a long association with Congress, co-authoring (with Kumantjayi Leichleitner in the early 1980s) the seminal community research texts *Settle Down Country* and *Health Business*, both published by Congress. Her brief for this consultancy was to consider the service delivery of the branch. Primarily focused on the Counselling Unit, the review recommended a new structure to deliver services in the identified Aboriginal context of social and emotional wellbeing:

... seek[ing] to deliver a service, which defines the social and emotional wellbeing of not only the individual but the whole community. In all discussions and consultations the importance of the family in Aboriginal culture has been noted and reinforced. Solutions to emotional wellbeing such as family violence and family recovery are located within family health and programs and strategies for men, women and children are required in this context. The family structure and wellbeing is the cornerstone of Aboriginal social and emotional wellbeing and provides the overarching framework to [the branch]. (Pam Nathan, internal document)

The new structure recommended by the review translates into specialised roles for counselling and mental health workers. Each staff member within the counselling unit now has specific responsibility for issues such as family training, men's health, sexual assault, children's services, family violence, substance misuse, grief and loss and the stolen generation. At this stage some staff have responsibility over more than one area. Staff will develop specific skills in training and group work related to these fields. To date this training has included undertaking ASIST (Applied Suicide Intervention Skills Training), Family Wellbeing training, Men Recovering from Abuse program, Drug-Proofing Your Kids program and others.



The implementation of the new structure occurred against a background of continued growth in client encounters by the Counselling Unit and an increase in demand on emergency relief funds.

SEHB secured the services of visiting sessional psychiatrist Dr Marcus Tabart in August. Dr Tabart provides clinical assessments, as well as educational information about mental illness and its assessment, case management, consultation and liaison services with remote communities and the inpatient unit of mental health services.

The Counselling Unit developed a memorandum of understanding with the Red Shield Hostel, thus providing access to a bed for Congress referrals. The branch continues to host the Good Beginnings: Prisoners and their Families program. Program Coordinator Amanda Bowen's role is to help families open the communication lines and provide support, advice and advocacy so that parents in prison can establish both honest and positive relationships with their children.

Counsellor Christine Palmer assisted the Gap Youth Centre as a co-facilitator in delivering the Certificate IV in Family Well Being Training in May 2002. The course is a continuation for participants who have attended and completed stages I, II and III in 2001.

In 2001 the Northern Territory Aboriginal Health Forum (established under the Framework Agreement on Aboriginal Health) endorsed a proposal to establish a working party to oversee the development of a strategic plan for Aboriginal emotional and social wellbeing (ESWB). The SEHB manager represents AMSANT on this working party. The strategic plan will examine the role and interface between relevant policy, planning and service delivery bodies, including ESWB regional centres and mental health services. It will also integrate links with substance misuse issues. Another initiative being developed in tandem with the strategic plan is the Mental Health Services' System Development Strategy, which is assessing the level, mix and integration of services funded by the NT Department of Health and Community Services' Mental Health Program. This consultancy will make recommendations on priorities for future funding. The consultants and project officer are liaising with the Aboriginal Health Forum and ESWB Working Party to ensure that a coherent and strategic approach is reflected in both documents.

The Youth Outreach Program was also reviewed this year by Associate Professor Komla Tsey and Ms Anne



Every of the University of Queensland's School of Population Health. The aim of the review was to evaluate the program against best practice approaches in addressing issues relating to self-harm and positive self-image amongst Aboriginal youth. The reviewers endorsed the program's current goals of macro-level policy and advocacy work and micro-level community development and advocacy initiatives, such as events organisation, one-on-one casework, crisis intervention and counselling. They noted that without Congress's leading role, various macro-level initiatives would not have been achieved. These included the establishment of the Youth Link-Up Service consortium, accessing Commonwealth funds to support a regional substance misuse support service, the interagency Youth Drop in Centre and the

ABOVE: The Youth Outreach team organised, and was involved in, a wide range of community activities, such as this Fun Day at Alice Springs Youth Centre.

OPPOSITE: Social and Emotional Health Branch staff and counsellors discuss implementation of the branch's 2002 review.



TOP: Young people at a disco organised by Youth Outreach at the Alice Springs Youth Centre.

ABOVE: Congress Youth Worker Maxine Campbell is now a representative on the National Indigenous Youth Movement of Australia committee.

RIGHT: During 2002 the team from Youth Outreach were involved with many activities where young people could come together to discuss common issues of concern.

introduction of the Alice Springs alcohol availability trial. It also noted the need to provide additional support to the team to maximise the counselling and crisis support roles, through additional staffing and training for youth workers. These issues have been addressed through internal support for the program and Congress is seeking ongoing funding to secure additional staffing resources for the program.

Despite being understaffed for much of the year, the Youth Outreach Program maintained a busy schedule of events, counselling services and advocacy activity. The team participated in the Congress stand at Child Protection Week, which was also attended by Franny Coghlan from the counselling team. The focus of our participation was to provide information about the services of Youth Outreach and provide youth-specific health educational information.

The Youth Outreach team provided extensive support to the Yarenty-Arltere Intergenerational Learning Centre at Larapinta Valley Town Camp. This work focused on providing recreational and educational support to the significant number of high-risk young people located at this town camp, through engaging young people on a regular basis (twice weekly) in the education centre. To address many of the issues that impact upon young people and their involvement in school and community activities the team has developed a Family Oral History project with young people and their families. This is being recorded on video and, with their approval, it is hoped that an edited version will be available as a resource for their community.

The Irrkerlantye Men and Boys Camel Trip is one of a series of proposed initiatives, designed to build connectedness between young boys and responsible men in their lives. The program aims to promote all-of-family discussion around issues of masculinity, healthy

relationships, fathering and male violence anger, criminality, distress, suicidal thoughts and substance abuse. Youth Counsellor Gerard Waterford attended the trip to provide professional counselling support.

Youth Worker Maxine Campbell was accepted as the Central Australian representative on the National Indigenous Youth Movement of Australia committee. Maxine attended the committee's meeting in Sydney in October. This was one of the committee's twice yearly meetings, where strategies to coordinate, engage, support and advocate around Indigenous young peoples issues were canvassed.

Senior Youth Worker Karen Walshaw represented Congress at the operational meetings to establish the Youth Link-Up service. She is also the Congress representative involved in the development and planning of the inter-agency proposed Youth Drop In Centre in Alice Springs.

## Plans & prospects

The implementation of the recommendations of both reviews of the branch's service activity is a main focus for us in 2003. This will include fully developing the model of service delivery of the Counselling Unit, creating training opportunities for staff within the branch and providing in-service training for other Congress staff on SEHB issues. For the Youth Outreach Program a primary aim is to secure ongoing adequate funding to fully staff the program. Associated with these goals is the intention to increase the profile of the services within the local community in order to maximise the usage of these resources.

Our current agreement allows for sessional psychiatrist Dr Tabart to work four hours every three weeks at SEHB, with the possibility of increased sessions when the Department of Health and Community Services fills the current vacancies in psychiatry.



As a relatively new branch servicing a wide range of administrative functions across the organisation, the year was busy in the development and consolidation of systems management. This ensured that for all the resources that have been entrusted to us — whether financial, physical or information-based — the branch has contributed to the process of improved resource management.

### Asset management

After extensive consultation with the many and varied stakeholders, the design for the clinic re-development was completed in April 2002. Finalisation of plans and the securing of the necessary approvals for the letting of the tender to construct the facility occurred in the second half of the year. Commencement of work for the clinic redevelopment started at the end of the year. This long awaited improvement to the physical environment around the clinic has been managed whilst working within tight budgetary parameters.

The branch undertook a review of the motor vehicle fleet and upgrades of a large number of the older vehicles owned by Congress was implemented. The computer server machines were also upgraded to cater for the expanded computer network and user requirements.

### Financial management

The completion of the unqualified audited accounts occurred in record time; a well-deserved congratulations to the finance staff on their achievement. A range of policies and procedures were developed to assist in the management of financial matters. Budget review meetings, in accordance with good business practice principles, continued this year.

### Risk management

The branch oversaw the appointment (in consultation with key service areas) of two security staff, thus ensuring that there is coverage at all times while the clinic is open. This has significantly improved the work environment for staff and the atmosphere in the waiting area environment for clients, by having staff able to diffuse the disruptive behaviour of a minority of people.

The branch developed a tender process to secure and enhance the annual insurance business. This has led to a significant reduction in the premiums for our general business insurance.

The development of policies and procedures as a key strategic direction was a major area of activity. The delivery of in-service training to staff on the privacy of client information (as a quality practice to ensure that our handling of client information follows national best practice standards, and is compliant with current Commonwealth and Territory legislation) was an important event this year.

# Administration



**Branch Manager** Wayne Gorst



## About Us

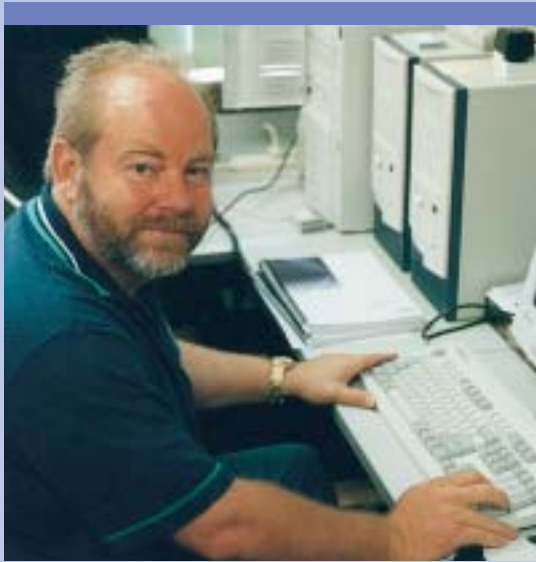
The Administration Branch exists to provide support services to Congress programs; ensure that Congress meets its statutory and contractual obligations; and to have primary responsibility in managing the financial, physical and information resources within the organisation.

## Information management

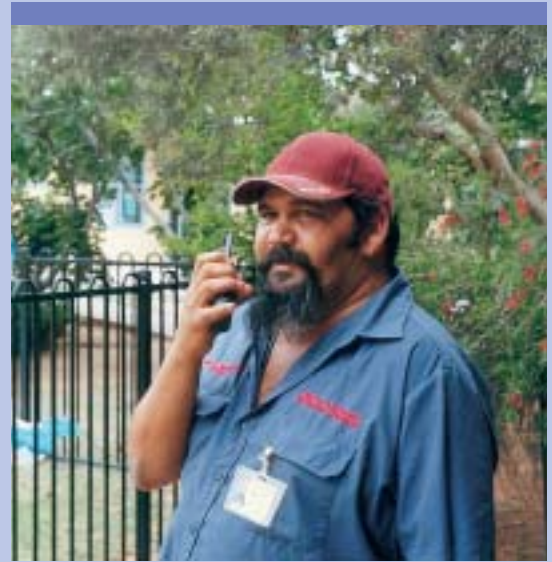
Congress has contracted a consultant to catalogue and record all of the organisation's library resources. This will ensure that the collection is well managed and accessible for staff, and will maximise its usage and value to the organisation.

A working group has been established to oversee the Communicare patient information system used throughout the organisation. This group improving the quality of the system through regular reviews of the data collection process. Administration Branch provided assistance to other branches in how to manage files and filing systems. This will continue to be an important function in 2003.

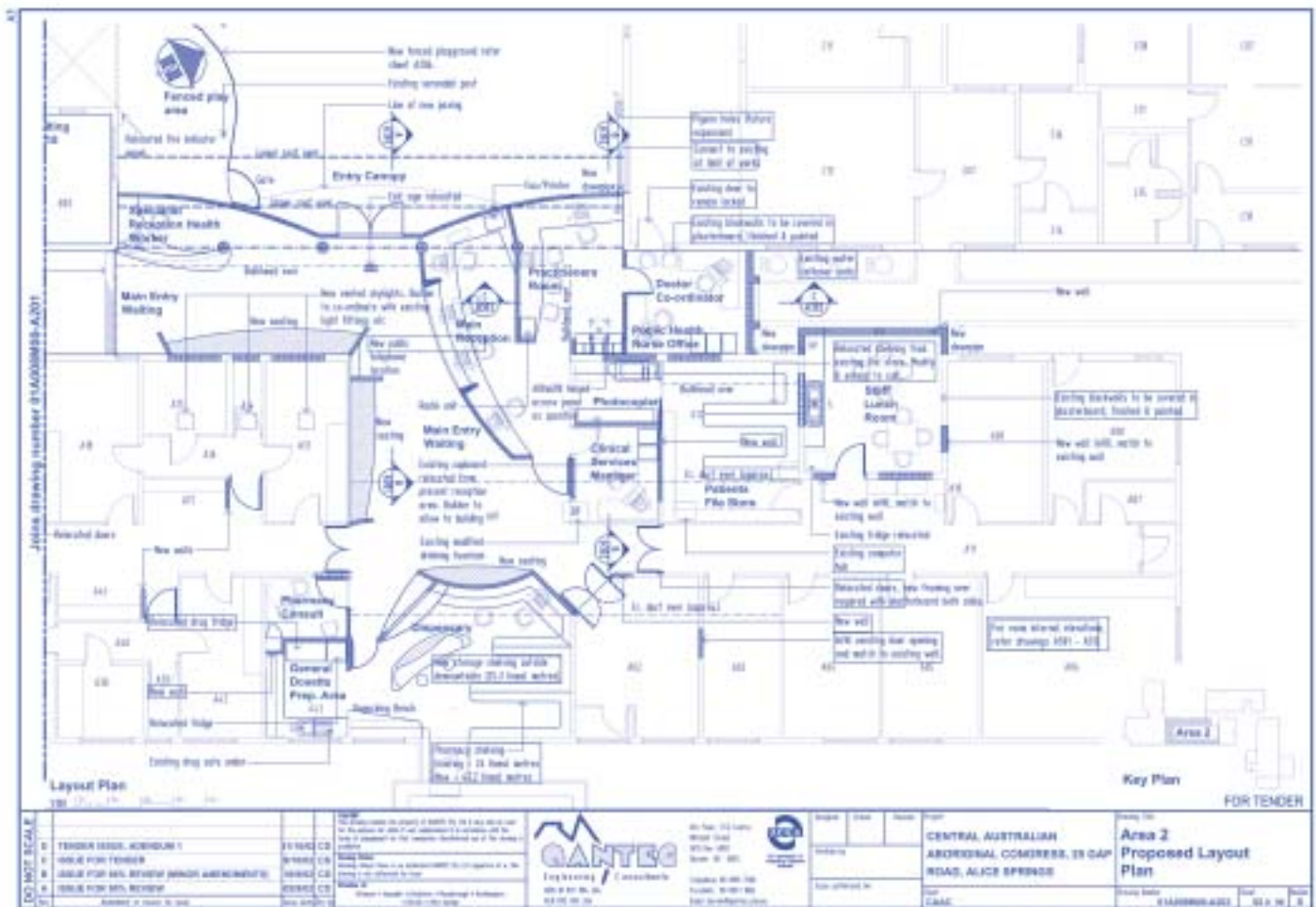
LEFT: Computer Support Officer Lyle Burrows implemented outcomes of the working group established to monitor the Communicare patient information system.



RIGHT: Security staff were employed to improve the environment around the clinic and grounds. Peter Watson is seen here patrolling the area around Ampe-kenhe Apmere Childcare Centre.



BELOW: Plans for the refurbished clinic and reception; work will begin in early 2003.



### Staff management

The branch maintained a good, stable team of staff in all areas in 2002, with very little staff turnover. In addition, three new positions have been added during the year — two security staff and one information management employee (the latter a 12-month contract position). We were pleased to have had Charmaine Nicholls employed in the Administration Branch as payroll officer for most of this year. During this time she won the NT Vocational Training Aboriginal and Torres Strait Islander Student of the Year Award and was runner up in the same category at the Australian National Training Authority Awards. Congratulations Charmaine.

### Contract management

In 2002 Congress met all of its reporting requirements as required under the agreements with our funding bodies. The branch, in consultation with other branches, has continued to manage contracts and memorandums of understanding with a number of external agencies and bodies. These have included the Amoonguna health clinic, Good Beginnings: Prisoners and their Families program, Hetti Perkins Hostel, Yiperinya School, Yirara College, Central Australian Remote Health Development Service, General Practice Education Australia Ltd and the Alice Springs Hospital. An extension is the provision of assistance to remote health services, the Western Aranda Health Aboriginal Corporation and the Areyonga Community Health Service Committee.

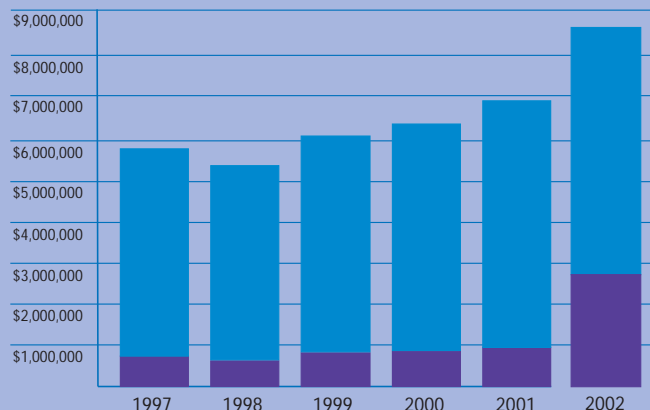
### Plans & prospects

The priorities for the Administration Branch in the coming year will be the improvement of information management and asset management.

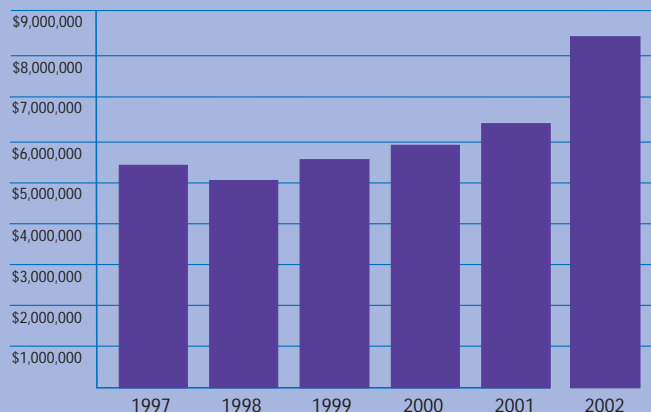
Improved information management will include an examination of the information needs within the organisation and the refinement and development of systems that help to address those needs. It will also involve coordination of the policy and procedure documents that we have in the organisation to achieve consistency, accessibility and clarity.

Asset management priorities will include finalisation of the clinic redevelopment, determining accommodation needs more broadly in the organisation (particularly Social and Emotional Health Branch), and establishing an asset identification and control system.

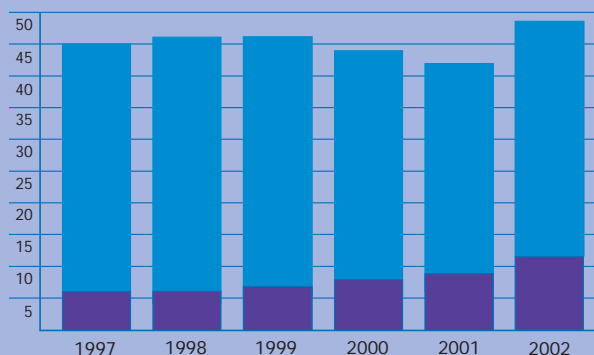
## Finance



Funding from all sources, including OATSIH, THS/DHCS and ATSIC. Other funding, mainly from Medicare fees, interest received, sale of fixed assets, donations, recharges for funeral hire, bus hire, etc.



In 2002, the proportion of expenditure was 75% salaries and wages, and 25% operational expenses.



Funded programs. Unfunded programs.

The number of unfunded programs has increased in recent years as Congress has become recognised for its expertise in Aboriginal health. We are being 'contracted' to administer programs on behalf of other organisations, such as Amoonguna health clinic.

# Human Resources



**Branch Manager** Bob Wharton

## About Us

The Human Resource Branch coordinates recruitment and job descriptions, staff training and development, performance evaluation and the management of staff grievances. We are also involved in all industrial matters, such as enterprise bargaining and dispute resolution.

The negotiations surrounding the Enterprise Bargaining Agreement (EBA) was the most prominent activity for the Human Resource Branch this year. This was a protracted process, with negotiations with staff and union representatives continuing for all of this year. The negotiations concluded in October, with staff voting overwhelmingly to accept the new agreement. It is hoped that the new agreement will be certified in the Industrial Commission at the end of the year. This is a major achievement, as it determines the wages and working conditions of staff for the next three years. Knowing these conditions provides certainty and stability to Congress and its employees.

In the course of the year the branch reviewed the performance appraisal process and the probation process. As a result of the review both processes are more time effective and less time consuming, while managing to provide the same information.

During 2002 the branch implemented and chaired the Congress Occupational Health and Safety Committee. This committee complies with Northern Territory legislation on occupational health and safety and provides high level advice on a broad range of workplace matters. The branch has established a peer support program to provide practical assistance for work colleagues following stressful events. The branch was also involved in the development of Congress policy and procedures in the areas of sexual harassment, dealing with difficult clients, occupational health and safety and recruitment. These activities illustrate our role of providing a service to the seven other branches of Congress, ensuring that staff-related matters are addressed in a fair and equitable manner.

The recruitment of staff was an ongoing task for the branch this year, recruiting over 80 new staff. While a number of these recruits were short-term or casual appointments replacing staff on leave, a significant number were longer term appointments. Combined with the EBA negotiations, this represented a significant amount of our staff's time and energy.

Implementation of the Staff Training and Development Plan continued, and a new plan was developed for 2002. A significant training highlight was the introduction of the Central Australian Remote Health Development Service orientation, with thirteen staff attending since the commencement of the program in June. The Congress orientation program continued to be very successful, with further improvements being made to the program in 2002 and a number of existing staff, who hadn't undertaken the re-designed program, having the opportunity to participate.

A number of staff completed accredited training at Certificate II and III level in Business Administration, Mental Health, Youth Work and Childcare. Other staff are enrolled in Financial Services, Transport and Distribution and Medical Reception.

Our relationship with the Cooperative Research Centre for Aboriginal and Tropical Health continued this year, with two trainees being employed in Dental Assisting and Pharmacy Assisting.



LEFT & BELOW: Over 80 new staff were recruited during 2002. Stolen Generations member Alec Kruger talks about his experiences during a staff orientation session held at the Alice Springs Telegraph Station.

Congress has in place an agreement to provide a clinic-based health service to the Amoonguna Community. There is also an agreement to employ a doctor on behalf of the Western Aranda Health Aboriginal Corporation. The provision of such services necessitates dealing with a range of Human Resources Branch and staffing issues in remote settings. The branch provided a range of human resource services on request to AMSANT member organisations, modelling the need for a Regional Primary Health Care Support Services being developed by AMSANT under the Primary Health Care Access Program.

### Plans & prospects

Staff turnover is a significant factor for the Human Resources Branch. While Congress is able to successfully recruit new staff, the recruitment role is exacerbated by ongoing staff turnover. A major goal of the branch in the coming year is to increase staff retention, and in this way reduce the pressure on recruitment. The Congress Career Development Guide (a guide for staff to identify career development goals and how Congress can assist) was completed and career development opportunities will be available for staff from 2003.





# Congress training



ABOVE: Opportunities for trainees continued to expand through our participation in the CRCATH. Traineeships in dentistry and pharmacy were added to the existing information technology and medical reception positions.

RIGHT: Hard-working Janelle (Bella) Iles thoroughly deserved her nomination in the NT Vocational Training Awards. Training and career development are crucial if we are to retain our staff and increase the proportion of Aboriginal staff within the organisation.

In common with many Aboriginal organisations, Congress has a strong commitment to Aboriginalise positions within the organisation. Aboriginalisation policies recognise the importance of supporting Aboriginal people to remain in positions within Aboriginal organisations. This is for a host of reasons, from ensuring that jobs (and the income) created by Aboriginal organisations stays within the community and provides benefits locally, to the culturally appropriate benefits of service control and delivery for Aboriginal people by Aboriginal people. Congress has adopted such policies within its *Corporate Plan* (1995) and its Enterprise Bargaining Agreement.

Unfortunately, however, finding suitably qualified Aboriginal people to staff the range of professional positions in an organisation such as Congress is extremely difficult, and so requires 'importing' non-Aboriginal people. There are many programs that are needed to address the skills gap within the local community. Congress seeks to reform the education system through our research projects and other collaborative programs, such as the Central Australian Remote Health Development Service (CARHDS) Adult Literacy and Numeracy Agenda. These external programs seek change at a population level.

Congress also has an internal program which, at a micro-level, addresses this issue. The Congress *Staff Training and Development Plan* identifies a range of training and skills development areas that are aligned with positions or classifications internally. Some of these issues can be addressed through in-service training or other forms of accredited and non-accredited training and workshops, delivered either by Congress staff, CARHDS or external organisations.



PHOTO: DAVID HANCOCK, SKYSCAN'S



PHOTOS THIS PAGE: DAVID HANCOCK, SKYSCANS

LEFT: Charmaine Nicholls swapped the hectic offices of Administration Branch for the glittering awards ceremony of the Aboriginal and Torres Strait Islander Student of the Year Award held in Sydney in November.

Congress has a well developed program that seeks to place staff in accredited training, delivered either locally or via distance education. This training is a combination of both on and off the job, thus combining training with an individual staff member's busy workload. This is all in addition to the Aboriginal Health Worker training undertaken by the Health Education and Training Branch.

In 2002 the Human Resources Branch enrolled 28 staff in accredited training, 90% of whom were Aboriginal. Courses range from the Australian Qualification Framework Certificate II level to full Diploma. Five Aboriginal staff will complete certificate courses this year, many immediately articulating into the next level of qualification. Examples include the Certificate II in Business (Office Administration), the Certificate III in Financial Services, the Certificate IV in Audiometry and the Diploma of Community Services. Congress also uses the traineeship scheme coordinated through the Cooperative Research Centre for Aboriginal and Tropical Health, having a number of trainees across a range of skill areas such as dentistry, information technology, pharmacy and medical reception.

The hard work and success of these students received recognition this year when two students — Charmaine Nicholls, Certificate III in Business (Office Administration), and Janelle (Bella) Iles, Certificate III in Community Services (Children's Services) — were both nominated for the NT Vocational Training Aboriginal and Torres Strait Islander Student of the Year Award at



RIGHT: Congress Deputy Director Donna Ah Chee and Congress Cabinet President Robert Le Rossignol accompanied Charmaine Nicholls and Bella Iles to the NT Vocational Training Awards ceremony in Darwin.

the NT Vocational Training Awards. Charmaine won the award and went on to represent the NT at the national awards in Sydney in November, where she was successful in receiving recognition as the runner up in an Australia-wide field. The recognition these women received was well deserved. In commenting on their success, Congress Director Stephanie Bell highlighted a number of the issues facing Aboriginal people in gaining the skills to enable them to participate in the workforce: "These young women have shown that, despite all the hardships that happen in Aboriginal people's lives and the lack of preparedness that our school systems provide our young people, that with real determination to succeed and the right kind of support, Aboriginal people can enjoy this kind of success." Congress will continue at both the wider population level and at the individual level to address education and training issues within our community.



A number of strategic plans were developed in consultation with program staff and other stakeholders, under the coordination of Strategic Planning and Evaluation Officer Simon Kroes. The Social and Emotional Wellbeing (SEWB) Centre, the Bush Mobile and Frail Aged and Disabled strategic plans were all completed and considered by Cabinet this year. Ongoing reviews and evaluations of the Male Health, Youth Outreach, Hearing and Children's programs were conducted as part of the regular evaluation process implemented in 2000. In addition, Directorate secured the services of external consultants to independently review the SEWB counselling and Youth Outreach services. The Strategic Planning and Evaluation Officer supported the development of the outcome-based work plan for the ongoing funding requirements of the Childcare Centre.

Contributing to a higher community profile for the organisation this year was the appointment of a full-time Promotions Officer (Barbara Clifford). There has been regular media coverage of Congress events, a successful presence at the Alice Springs Show (the display winning third prize and over 700 show bags distributed), and the year was topped off with the re-launch of long-time health promotions character Cuz Congress (see back cover). Congress re-vamped the website this year, updating much of the material and providing a range of new links and documents.

Public Health Medical Officer John Boffa and Research and Policy Officer Clive Rosewarne both regularly contributed to the staff orientation sessions on the history of medical service provision in Central Australia (including the establishment of Congress) and the political economy of health. These sessions continue to be provided to medical students on placement from the Northern Territory Remote Health Workforce Agency and new staff undergoing the CARHDS orientation program by the Research and Policy Officer.

Directorate worked closely with the Congress Cabinet developing a range of submissions and position papers. Workshops were held with Cabinet on the relationship between Treaties and Health, and to develop a set of Congress Cabinet Social Justice Principles. Congress made submissions to a variety of both Commonwealth and Territory government inquiries and reviews, and hosted visits from a number of politicians and other guests (see page 40).

Directorate coordinated an extensive Congress presence at both the WONCA satellite conference (Alice Springs) and Public Health Association of Australia Annual Meeting (Adelaide).

Whilst already supporting the Aboriginal Community-Controlled Health Services federation AMSANT, with the Director Stephanie Bell being elected AMSANT Chairperson in September, Directorate staff provided additional support to the organisation this year, especially around the Primary Health Care Access Program and Northern Territory Government policy and program reviews. The Director represents AMSANT on the Northern Territory Aboriginal Health Forum (NTAHF), and the Deputy Director represents AMSANT on the Central Australian Regional Indigenous Health Planning Committee.

# Directorate



**Managers**  
Director  
Stephanie Bell and  
Deputy Director  
Donna Ah Chee

## About Us

The Congress Directorate was expanded this year to incorporate many of the positions previously located in the Public Health Branch. This 'new' branch is managed by the Deputy Director and includes the Director and Executive Secretary, along with the Public Health Medical Officer, Research and Policy Officer, Strategic Planning and Evaluation Officer and Promotions Officer, all previously Public Health Branch positions. The Public Health Branch ceased to exist as a result of this re-structure with some positions formally transferred to other areas.

Through the Director the branch manages Congress's external relations, including interagency matters, media and promotional activities. Directorate provides policy analysis and advice to senior Aboriginal management on health determinant issues. The branch's internal focus relates to supporting Congress programs. This is through the Deputy Director's liaison with all Branch Managers, with the Public Health Medical Officer's role at Services Branch meetings, with program evaluation and strategic planning support, and in ensuring that staff have access to political and cultural education programs.

Directorate continued to work in partnership with governments to develop the Primary Health Care Access Program (PHCAP) in the NT and the Public Health Medical Officer is an AMSANT representative on the Primary Health Care Standing Committee under the NTAHF. The integrated funding formula for the PHCAP has been finalised and we are working to implement the first five zones in Central Australia. As part of this development Directorate has worked with AMSANT to promote the concept of regional primary health care support services as a means to provide adequate support to the developing health services.

The issue of workforce recruitment and retention has gained importance as the PHCAP becomes a reality, as the demand for suitably qualified professional staff will be a major issue. Directorate participated in the development of the AMSANT submission to the National Aboriginal and Torres Strait Islander Workforce Strategic Framework and the Deputy Director is chairing the new Workforce Issues Working Party under the NTAHF. Through the joint work of Directorate and the Hearing Program Coordinator, a Hearing Plan has been adopted. This endorses the Congress developed Regional Centre in Hearing Excellence and recognises the Congress program as a best practice model.

As part of implementing the AMSANT workforce agenda in relation to general practitioners (GPs), Directorate has used its influence within the NTRHWA, the Central Australian Division of Primary Health Care and the GPDNT to promote the need for new initiatives in the area of non-financial incentives to address the GP workforce shortage. This includes the introduction of geographic provider numbers, as well as a new scheme to provide grant payments to GPs working in areas of undersupply in return for a commitment to bulk billing in a not-for-profit model of health care. A major agenda for Directorate has been to work towards the merger of the NTRHWA and the GPDNT. This is a further attempt to improve the focus on workforce issues by being able to better utilise the policy potential of the GPDNT to address our workforce problems. This has been a complicated process but is now reaching its conclusion and we are hopeful that the merger will occur early in the new year.

Directorate has continued to be active in addressing the issue of substance misuse. The Deputy Director has represented Congress on the Evaluation Reference Group for the current alcohol trial and the Public Health Medical Officer has represented AMSANT on the Substance Misuse Working Group as part of Alice



TOP: Male Health was one of a number of programs to have strategic plans reviewed during the year.

LEFT: Branch manager meetings occur weekly.

in Ten. Congress has continued its participation in the People's Alcohol Action Coalition. Directorate has represented AMSANT in the development of the substance misuse action plan through the Substance Misuse Action Group, set up under CARIHPC to implement the Substance Misuse Strategic Plan endorsed in 2001.

The Public Health Medical Officer is the Congress representative on the Central Australian Eye Health Action Group. The Eye Health Coordinator has continued to work hard to improve eye health services and an action plan has been developed.

The Public Health Medical Officer convenes the Primary Health Care Action Group, which implements the primary health care development agenda of the CARIHPC. Major activities this year have included the extension of the Medical Specialist Outreach Assistance Program in Central Australia, new and enhanced funding for the Amoonguna clinic and the Ntaria, Apatula, Santa Teresa and Urapuntja health services. Congress also manages a consultancy that has completed a major submission for new recurrent funding for the Southern Barkly zone to expand its primary health care services.



TOP: Social and Emotional Health Branch were involved in the Larapinta Valley Town Camp Yarrenty-Arltere Intergenerational Learning Centre.

ABOVE: Stephanie Bell addresses the 5th WONCA World Conference Rural Health Satellite Conference, 'Working Together — Sharing Experiences', held in Alice Springs in May 2002.

Congress retains a highly active research agenda, both through our core partnership of the Cooperative Research Centre for Aboriginal and Tropical Health (CRCATH) and through other collaborative research partnerships. Directorate staff dedicated considerable amounts of time and energy to the re-submission process for a proposed new Cooperative Research Centre for Aboriginal Health (CRAH). This bid was ultimately successful, with the announcement of the new CRAH in December. This new partnership — under majority Aboriginal control — will bring over \$20 million to the table for Aboriginal health research. With an expanded partnership of 12 members, representing both industry and research communities, Congress is well positioned throughout the new structure to continue to exercise considerable influence on its research agenda. This research is focused around the four core themes of: health systems; other social determinants of health; individual, family and community attitudes; and biomedical health research.

Congress's ability to actively engage in the CRC process was enhanced with the securing of funding for CRCATH Aboriginal Medical Services (AMS) Research Fellow Sanchia Shibusaki based in Alice Springs at Congress this year. Congress manages its involvement in the CRCATH and other research projects through a standing CRCATH reference group. Congress is currently promoting a number of research projects, such as the Alukura study (see Alukura Branch report), a proposed population study of education resource allocation within the Northern Territory, a longitudinal study of health services' impact and an organisational history project. In addition the Childcare Branch is participating in a study on childcare workers, the AMS Research Fellow is participating in an ischaemic heart disease project, an ethics project and an evaluation of

the Irrkerlantye project. An enhanced relationship with the Centre for Remote Health has provided opportunities for joint research projects, such as the ischaemic heart disease project. Congress is considering a number of approaches to participate in other research projects, including studies into poly-substance misuse among young people, a clinical research centre of excellence focusing on chronic disease and a review of secondary education in the Northern Territory.

## Plans & prospects

Directorate will continue to work with Congress programs, particularly on methods of collecting and interpreting data collection to enhance the capacity of all staff to evaluate our programs. We are coordinating the Congress History project to coincide with the celebrations being planned around our thirtieth anniversary. This project includes an oral history collection and research skills transfer training with Aboriginal research assistants.

Directorate will maintain its efforts to ensure that the Primary Health Care Access Program is successfully implemented in the Northern Territory. In particular, we will be seeking a commitment for the full funding of the program in all Northern Territory zones, including Alice Springs. We will continue to lobby with other stakeholders for workforce reform, the implementation of the National Aboriginal and Torres Strait Islander Health Workforce Strategy and equity of health professional distribution in Australia. Directorate has established a strong research agenda focusing on health systems and other social determinants of health, and we will pursue this agenda through our own research projects and in partnership with other organisations that share this focus.



# Congress statistics

## Professional staff seeing clients

SPECIALTY TYPE	TOTAL
Aboriginal Health Worker (all other)	16 756
Allied health aide or similar	1 429
Audiologist	320
Medical Practitioner: GP	14 927
Medical Practitioner: Specialist	774
Nurse: All other disciplines	4 488
Counsellors/psychologists	1 318
Dental professionals	1 258
<b>Total</b>	<b>41 270</b>

NB: These figures show all contacts of individual client with Congress staff and do not reflect the provider contacts, as on some visits clients may be seen by more than one member of staff.

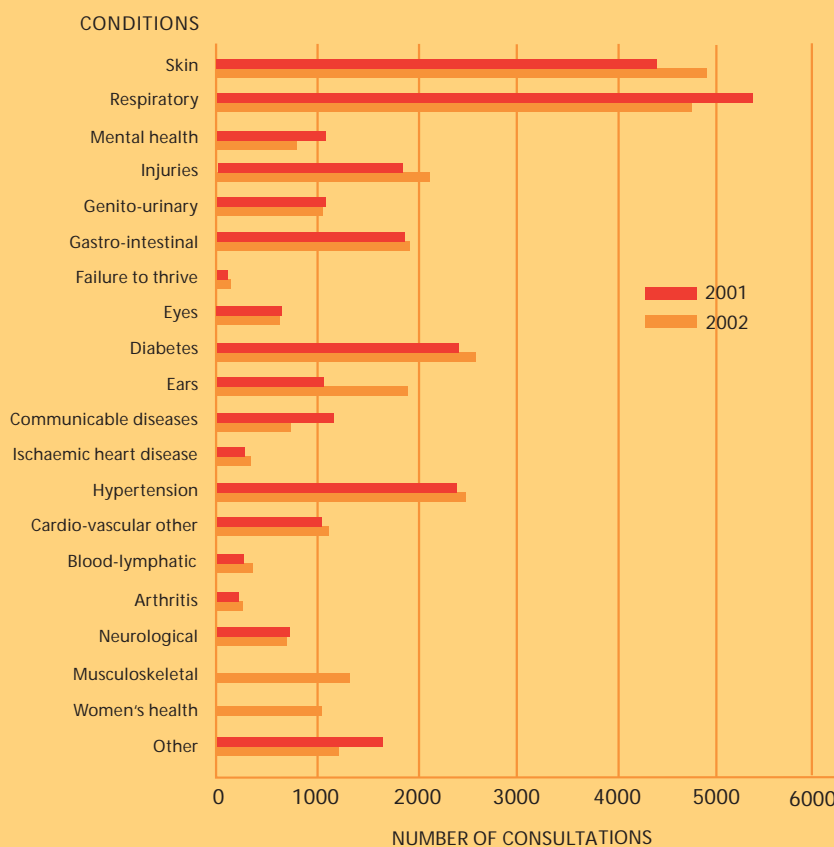
## Clients and consultations by specific localities

PLACE	NUMBER OF UNIQUE CLIENTS	NUMBER OF CONSULTATIONS	AVCPC*
Alice Springs, no fixed address	13	47	3.62
Alice Springs town camps	1 164	6 246	5.37
Alice Springs town houses	4 385	22 554	5.14
Outstations	122	718	5.89
Central Australian bush communities	723	2 211	2.93
Localities outside Central Australia	1 264	3 171	2.51

\*Average number of consultations per client

NB: Alice Springs locality figures may include some temporary residents from other regions who provided an Alice Springs address when they attended our services.

## Conditions seen at Congress



# Staff list

best practice/community control



Congress Fleet  
Coordinator David Kenny

## DIRECTORATE

### *Director*

Stephanie Bell

### *Deputy Director*

Donna Ah Chee

### *Executive Secretary*

Leshay Maidment

Ronda Ross

Stephanie Mouthaan

### *Public Health Medical Officer*

John Boffa

### *Promotions Officer*

Barbara Clifford

### *Research & Policy Officer*

Clive Rosewarne

### *Strategic Planning & Evaluation Officer*

Simon Kroes

## ATTACHED TO DIRECTORATE

### *AMSANT Services Support Officer*

Bob Durnan

### *CARIHPC Project Officer*

Michelle Stevens

Ariel Couchman

### *CRCATH AMS Snr Research Fellow*

Jeannie Devitt

### *CRCATH CA AMS Research Fellow*

Sanchia Shibasaki

### *CARIHPC Eye Health Coordinator*

Arnawaz Merchant

## ADMINISTRATION

### *Branch Manager*

Wayne Gorst

### *Financial Manager*

Ian Bruce

### *Debtors Clerk*

Hazel Andrews

### *Pay Clerk*

Kylie Brugga

Charmaine Nicholls

### *Accounts Payable*

Ellen Stubbins

Kylie Preece

### *Senior Finance Officer*

Sharee Crisp

### *Computer Support*

Lyle Burrows

### *Clinical Information Systems Officer*

Renee Bray

### *CRCATH IT Trainee*

Vaughn Hampton

### *Property Officer*

Willie Orr

### *Fleet Co-ordinator*

David Kenny

### *Yardman*

Hayden Stuart

### *Security Coordinator*

Michael Campbell

### *Conflict Resolution Officer*

Peter Watson

### *Reception*

Michelle Lankin

## ALUKURA

### *Branch Manager*

Rebekah Kidney

Yvette Story

### *Admin Secretary*

Sandra Alley

Raelene McGinness

### *Women's Policy & Research Officer*

Liz Orr

Shivaun Inglis

Jo Hammond

### *Receptionist*

Raelene McGinness

Deanna Willetts

### *Cleaner*

Margaret Woodbury

### *Young Women's Community Health Education Program Educator*

Isabella Tusa

Isabella Tusa

### *Aboriginal Liaison Officer*

Elaine Campbell

### *Doctor*

Sue Bain

### *Senior Midwife*

Yvette Story

### *Midwife*

Sheryl Alexander

Maria Beattie

Barbara Purcell

### *Aboriginal Health Worker*

Sharon Milera

### *Driver*

Julie Lechleitner



Dental Surgeon Terence  
Keong celebrated 10 years  
at Congress this year.

## AMPE-KENHE CHILDCARE CENTRE

### Branch Manager

Alison Breheny

### Childcare Supervisor L5

Anne-Marie Smith

### Childcare Worker L4

Jackie Rout

Cleveland Mendez

### Childcare Assistant L2

Shirley Urban

Janelle Iles

Melanie Marron

Mahima Light

Kurt Brandso

Lisa Lockyer

Mark Lockyer

Vanessa Cole

Nickolas Rosalski

### Gardener/Driver

Michael Rout

Lisa White

### Cook

Noelene Hayes

### Administration Assistant

Tracey-Lee Forester

## HEALTH EDUCATION AND TRAINING

### Branch Manager

Lesley Nelson

### Clinical Educator

Jill Richards

Linda Zerna

## HUMAN RESOURCES

### Branch Manager

Bob Wharton

### Training Officer

Jenni Mandersloot

### Administrative Officer

Charmaine Nicholls

Aileen Kennedy

## SERVICES

### Branch Manager

Barbara Richards

### Administration Officer

Tracey Roman

### Clinical Services Manager

Trish Hall

### Services Planning & Policy Officer

Belinda Mawby

### Driver

Matthew Strangways

Steve Peckham

Michael Dodd

Jake Harvey

Syd Strangways

### Medical Officer Coordinator

Tania Janusic

### Medical Officer

Lone Anderson

Kristien Brouwers

Zareen Baqar

Koen de Decker

Dan Ewald

Jackie Glennon

Crina Solomon

Wakinyja Tabart

Peter Tait

Susan Wearne

Arman Yazdani

John Wakerman

Tony Rix

Ian Dumbrell

### Medical Registrar

Nina Kilfoyle

### Public Health Nurse

Karen Collas

### Registered Nurse

Tahniah Edwards

Jenny Nott

Jeannie Kreimer

Moira-Jane Conahan

Jules Scheid

### Aboriginal Health Worker

Terry Braun

Eileen Campbell

Louise Dennis

Norman Dulvarie

Josie Fly

Margie Lankin

Cindy Koolmatrerie

David Nicholls

Della Pearce

Karina Penhall

Alicia Ross

Susan Walker

Doraleen Warrior

Teresa Dodd

Adrian Coulthard

Leslee Warrior

### Enhanced Primary Care Social Worker

Nettie Flaherty

### Dentist

Terence Keong

### Dental Assistant

Dustin Taylor

### CRCATH Dental Assistant Trainee

Codie Machielson

### Male Health Coordinator

Doug Walker

### Male Health Worker

Brian Castine

### Audiometrist

Kathy Bethune

### Pharmacist

Jane Strauss

### Pharmacy Assistant

Jean McCarthy

Richard Grinvalds

### CRCATH Pharmacy Assistant Trainee

Devena Lankin

### Senior Receptionist

Jennifer Petterson

### Senior Clinical Receptionist

Donna Lemon

Rochelle Gardoni

### Clinic Reception

Manu Rauhihi

Renee Bray

Melissa Walker

Darryl Winter

Donna Roman

Elizabeth Dash

Veronica Campbell

### Cleaner/Hygiene Worker

Elizabeth Campbell

## SOCIAL EMOTIONAL WELLBEING

### Branch Manager

Dawn Fleming

### Receptionist

Donna Fraser

### Psychologist

Stephen Meredith

### Counsellor

Christine Palmer

Ken Hampton

Heather Alley

Fran Coughlan

### Mental Health Worker

Phyllis Gorey

### Senior Youth Worker

Karen Walshaw

### Youth Counsellor

Gerard Waterford

### Aboriginal Liaison Worker

Ronnie Peckham

Sabella Turner

### Youth Worker

Maxine Campbell

James Braeden

# Congress outreach

best practice/community control

## External committees

### DIRECTOR

AMSANT (Chair), NTAHF (Chair), CRCATH, NACCHO, IAD, CARHDS (Chair), National Aboriginal and Torres Strait Islander Health Council Expanded meeting, Australian Health Ministers Council Australian Health Care Agreements Reference group: Improving Rural Health, NHMRC Guidelines Review Group Screening to Prevent Cancer, CADPHC, PHAA, NtSafe, General Practice Division NT, CADPHC, Youth Link-Up Service Consortium, NT Rural Workforce Agency Interim Board

### DEPUTY DIRECTOR

AMSANT, CARIHPC (Chair), CRC Education and Health Reference Group, PAAC, CRH Advisory Group, Central Australian Human Ethics Aboriginal Sub-committee, NTAHF Workforce Issues Working Party

### ALUKURA BRANCH MANAGER

NTAHF Women's Health Working Party, Aboriginal and Torres Strait Islander Women's Forum

### SOCIAL & EMOTIONAL HEALTH BRANCH MANAGER

Royal Australian and New Zealand College of Psychiatrists Aboriginal and Torres Strait Islander Advisory Committee, NTAHF Social and Emotional Wellbeing Working Group, Social Health Reference Committee

### EDUCATION & TRAINING BRANCH MANAGER

Regional Providers Forum, AMSANT Trainers Network, Undergraduate Nursing Advisory Committee, IAD

### CHILDCARE BRANCH MANAGER

Child Protection Week Committee

### PUBLIC HEALTH MEDICAL OFFICER

AMSANT, CADPHC, CARIHPC Primary Health Care Standing Committee, CARIHPC Eye Health Action Group, PAAC, General Practice Division NT, NT Remote Health Workforce Agency (Chair), NT GP Education and Training, Alice Springs Hospital Liaison Meeting, Tristate Management Committee, PHC Research Education and Development Committee, Alice in 10 Quality of Life Substance Misuse Sub-committee, Chronic Disease and Social Determinants Standing Committee

### RESEARCH & POLICY OFFICER

PAAC, Scientific Sub-committee WONCA Satellite Conference, CRCATH Development Working Group

### STRATEGIC PLANNING & EVALUATION OFFICER

HCV/IDU/NSP Implementation Committee

### SENIOR MIDWIFE (ALUKURA)

Regional Maternity Services Meetings

### SENIOR YOUTH WORKER

Interagency Case Management Meeting, Youth Link-Up Service Board, Youth Drop-In Centre Planning Committee, Intensive Youth Crisis Accommodation Service — Community Feedback/Steering Committee Meetings

### YOUTH COUNSELLOR

Central Australian Inhalant Substances Abuse Network, Crisis Response Team

### YOUTH WORKER

National Indigenous Youth Movement of Australia, Interagency Case Management Meeting, Athletes as Role Models Tour Committee, Intensive Youth Crisis Accommodation Service — Community Feedback/Steering Committee Meetings, Job Placement Employment and Training, Deadly Mob Mentor

### PSYCHOLOGIST

Allied Health Education Reference Group, Centacare Family Contact Centre Advisory Group

## Publications, submissions and papers

### PUBLICATIONS

Boffa J. 2002, 'Is there a doctor in the house?', *Australian and New Zealand Journal of Public Health*, Vol. 26, No. 4, editorial.

### SUBMISSIONS

NT Ministerial Taskforce on Illicit Drugs, April 2002.

NT Legislative Assembly Select Committee on Substance Abuse in the Community, July 2002.

Commonwealth House of Representatives Standing Committee on Aboriginal and Torres Strait Islander Affairs: Inquiry into Capacity Building in Indigenous Communities, August 2002.

National Research Priorities Taskforce Developing National Research Priorities, August 2002.

National Aboriginal and Torres Strait Islander Health Council Comments on the Draft National Strategic Framework for Aboriginal and Torres Strait Islander Health, August 2002.

NT Department of the Chief Minister Social Policy Unit Social Strategy November, 2002.

### PAPERS

'Treaty and Health'; position paper, July 2002.

'Social Justice Principles'; statement, November 2002.

## Outreach

### NATIONAL YOUTH WEEK, 10 APRIL

Youth Outreach Program attended the Youth Expo at Alice Springs Youth Centre, showcasing their services.

### DOMESTIC VIOLENCE CAMP, JUNE

Youth Outreach, Services and Male Health programs participated in inter-agency organised camps (separate male and female) to discuss a range of issues around domestic violence held at Harts Range.

### DRUG AWARENESS WEEK, 26 JUNE

Youth Outreach Program participated in activity at Alice Plaza shopping centre providing information to young people and families.

### ALICE SPRINGS SHOW, 5–7 JULY

Stall display featuring the Cuz Congress car, Audiologist Hearing Booth, balloons, kids activities, dental care materials etc. Distributed 700 free show bags (containing *2001 Annual Report*, program and health promotion information). Stall won 3rd prize in our category. Childcare children won 1st and 2nd prizes in the craft section.

### DIABETES WEEK, 14–20 JULY

Services Branch organised a Soup and Damper Day, which included health information displays and pamphlets.

### NATIONAL ABORIGINAL AND TORRES STRAIT ISLANDER CHILDREN'S DAY, 4 AUGUST

Congress Childcare conducted a Toddle Waddle Fun Run to raise funds for the Meningitis Foundation. Alison Breheny (Childcare Manager) interviewed on ABC Morning Program about the event and childcare services.

### SENIORS' WEEK, 13 AUGUST

FAAD program took a group of clients to the Telegraph Station for an Alice Springs Town Council morning tea.

### HEARING AWARENESS WEEK, 25–31 AUGUST

Colouring-in competition held for children of the Yipirinya and Amoonguna Schools. A competition was also held to encourage children to come to the clinic to be tested. Any child under the age of 12 who came to the Hearing Clinic went in the draw for a bicycle or tricycle for the smaller children. Mum or Dad could win a car wash voucher. Competition winners announced on CAAMA, which also ran a commercial over five days, five times per day.

### CHILD PROTECTION WEEK, 2–6 SEPTEMBER

Public display in the Town Council Amphitheatre of the Childcare Centre, Youth Outreach Program and Young Women's Community Health Education Program services and information. Program staff participated in a 'hypothetical' debate regarding service delivery issues for child/youth with multiple presentation issues, such as how parents/families access services.

### PALLIATIVE CARE WEEK, 7–9 OCTOBER

Congress hosted visitors. FAAD program members attended a sunset service on the lawns of the Uniting Church.

### CHILDREN'S WEEK, 25 OCTOBER

Childcare display and activity in the Todd Mall.

## Conferences

Australian & New Zealand Adolescent Health Conference 'Expanding the Vision for Youth Health and Wellbeing', Centre for Adolescent Health, Melbourne, March 2002. Maxine Campbell (SEHB) and Isabella Tusa (Alukura).

18th Orthodontic Conference, March 2002. Terence Keong (Services).

Julia Ross Human Resources Summit, Melbourne, May 2002. Bob Wharton (HR).

Australian and New Zealand Family Therapy Conference, Hobart, August 2002. Stephen Meredith (SEHB).

Central Australian Remote Practitioners Association Conference, Alice Springs, October 2002. Norman Dulvarie (Services).

Chronic Diseases Conference, October 2002. Karen Collas (Services).

Public Health Association Australia Annual Conference, Adelaide, September–October 2002. Stephanie Bell (Director), Donna Ah Chee (Deputy Director), John Boffa (Directorate), Kathy Bethune and Peter Tait (Services).

Remote Area Children's Services Support Unit, Batchelor College, 'It takes a whole community to keep children safe and strong', Darwin, October 2002. Alison Breheny and Jackie Rout (Childcare).

Royal Australian and New Zealand College of Psychiatrists Conference, March 2002. Dawn Flemming (SEHB).

5th WONCA World Conference Rural Health Satellite Conference, 'Working Together — Sharing Experiences', Alice Springs, May 2002. Stephanie Bell (Director), Donna Ah Chee (Deputy Director), John Boffa and Clive Rosewarne (Directorate), Kathy Bethune, Tahnia Edwards and Belinda Mawby (Services), Lesley Nelson (HE&TB).

## Visitors

Jane Aagaard MLA, NT Minister for Health and Community Services.

Alan Bansemmer, Departmental Review, NT Department Health and Community Services.

Gaby Carny, Australian Law Reform Commission & William Uren, National Health and Medical Research Committee.

The Hon Trish Draper MP, Member for Makin, SA.

Chris Fry (Adviser), Office of the Hon Simon Crean, Leader of the Opposition.

Dennis Gray, National Drug Research Institute, Curtin University of Technology.

Jenny Hefford, Office of Hearing Services, Department of Health and Aged Care & Brian Rope, Deafness Forum of Australia.

Professor Stephen Kunitz, Department of Community and Preventive Medicine, University of Rochester Medical Centre, USA.

The Hon Dr Carmen Lawrence, Shadow Minister for Reconciliation Aboriginal and Torres Strait Islander Affairs, the Arts and Status of Women, Member for Fremantle, WA.

Learning Lessons Implementation Steering Committee.

Meg Lees, Senator for South Australia.

The Hon John Murphy MP, Member for Lowe, NSW.

The Hon Kay Patterson, Commonwealth Minister for Health and Ageing, Senator for Victoria.

Dr Ray Reid, Navajo Tribe Member and Johns Hopkins University, USA.

The Hon Warren Snowden MP, Member for Lingari, NT.

Paul Stewart, VicHealth Koori Health Research and Community Development Unit, University of Melbourne.

Professor Ian Webster, Alcohol Education Rehabilitation Foundation.

The Hon Trish Worth MP, Member for Adelaide, SA.



Jane Aagaard MLA, NT Minister for Health and Community Services, with CAAC Director Stephanie Bell.

 Media

15 Jan	ABC Radio	Domestic violence
22 Jan	Murri radio QLD	Domestic violence
12 Feb	<i>Centralian Advocate</i>	Clinic AGPAL accreditation
1 Mar	<i>Land Rights News</i>	Alukura Birthing Agreement
8 Mar	<i>Centralian Advocate</i>	International Women's Day (advertisement)
Mar	Family News	Youth Outreach Team
15 Mar	<i>Centralian Advocate</i>	Alukura Birthing Agreement
24 April	<i>Alice Springs News</i>	Workforce
17 April	<i>Koori Mail</i>	Alukura Birthing Agreement
22 May	ABC Radio AM	PHCAP
22 May	<i>The Australian</i>	PHCAP
22 May	BBC World News	PHCAP
29 May	<i>Alice Springs News</i>	PHCAP
12 Jul	ABC Radio	Cuz Congress
21 Jun	<i>Centralian Advocate</i>	Drug Action Week (advertisement)
4 July	<i>Centralian Advocate</i>	Alice Springs Show
11 July	ABC Radio	Cuz Congress
15 July	8TOPFM	Cuz Congress
19 July	<i>Centralian Advocate</i>	Cuz Congress
2 Aug	<i>Centralian Advocate</i>	Childcare Centre Toddle Waddle
4 Aug	ABC Radio	Childcare Centre Toddle Waddle
11 Aug	<i>Weekend Australian</i>	'Focus on the Outback' (advertisement)
13 Aug	<i>Centralian Advocate</i>	Alukura first birth (re-commencement)
25–31 Aug	CAAMA Radio	CSA: Hearing Awareness Week
30 Aug	CAAMA Radio	Talk about Hearing Awareness Week
9 Sep	CAAMA Radio	CSA: YWCHEP video
11 Sep	<i>Centralian Advocate</i>	Vocational Training Awards
13 Sep	CAAMA Radio	CSA: YWCHEP video
15 Sep	<i>Sunday Territorian</i>	Vocational Awards

17 Sep	CAAMA Radio	Talk about SEHB: Men recovering from sexual abuse
18 Sept	<i>Koori Mail</i>	YWCHEP video
20 Sept	<i>Centralian Advocate</i>	YWCHEP video
20 Sept	<i>Centralian Advocate</i>	Childcare Centre
21 Sept	ABC Radio	YWCHEP Video
24 Sept	<i>Centralian Advocate</i>	SEHB: Men recovering from sexual abuse
26 Sept	CAAMA Radio	Talk about YWCHEP Video
8 Oct	<i>Centralian Advocate</i>	SEHB Mental Health Week
8 Oct	<i>Centralian Advocate</i>	SEWB (advertisement)
22 Oct	<i>Centralian Advocate</i>	Podiatry
30 Oct	CAAMA Radio	CSA: Talk about AIDS
5 Nov	ABC Radio	Alice Springs Youth Drop-in Centre
11 Nov	CAAMA Radio	Talk about Immunisation Week
12 Nov	<i>Centralian Advocate</i>	Vocational Training Awards
14 Nov	ABC Radio	Vocational Training Awards
14 Nov	NT News	Vocational Training Awards
22 Nov	<i>Centralian Advocate</i>	Vocational Training Awards
29 Nov	<i>Centralian Advocate</i>	YWCHEP <i>Cover Your Tracks</i> launch
29 Nov	<i>Centralian Advocate</i>	AHW graduation
Nov	CAAMA Radio	CSA: AIDS
Nov–Dec	<i>Aboriginal &amp; Islander Health Worker Journal</i>	Health Worker graduation
Dec	NACCHO News	Hearing program
Dec	NACCHO News	Alukura Birthing program
Dec	<i>Land Rights News</i>	YWCHEP <i>Cover your tracks</i>
Dec	<i>Land Rights News</i>	AHW graduation
17 Dec	ABC Radio National	ABS Report: Regional mortality rates for Aboriginal people
17 Dec	ABC NT Regional TV	ABS Report: Regional mortality rates for Aboriginal people
17 Dec	<i>Centralian Advocate</i>	Hearing program

CSA = Community service announcement

# *He's back!*

# CUZ CONGRESS



Cuz Congress, the character created by Congress in the 1980s to promote the serious issues of good health in a light-hearted way, will be relaunched in 2003.

Watch out for Cuz in his relentless pursuit of 'Truth, justice and the Aboriginal way' in 2003.



*'Truth, justice  
and the  
Aboriginal way'*