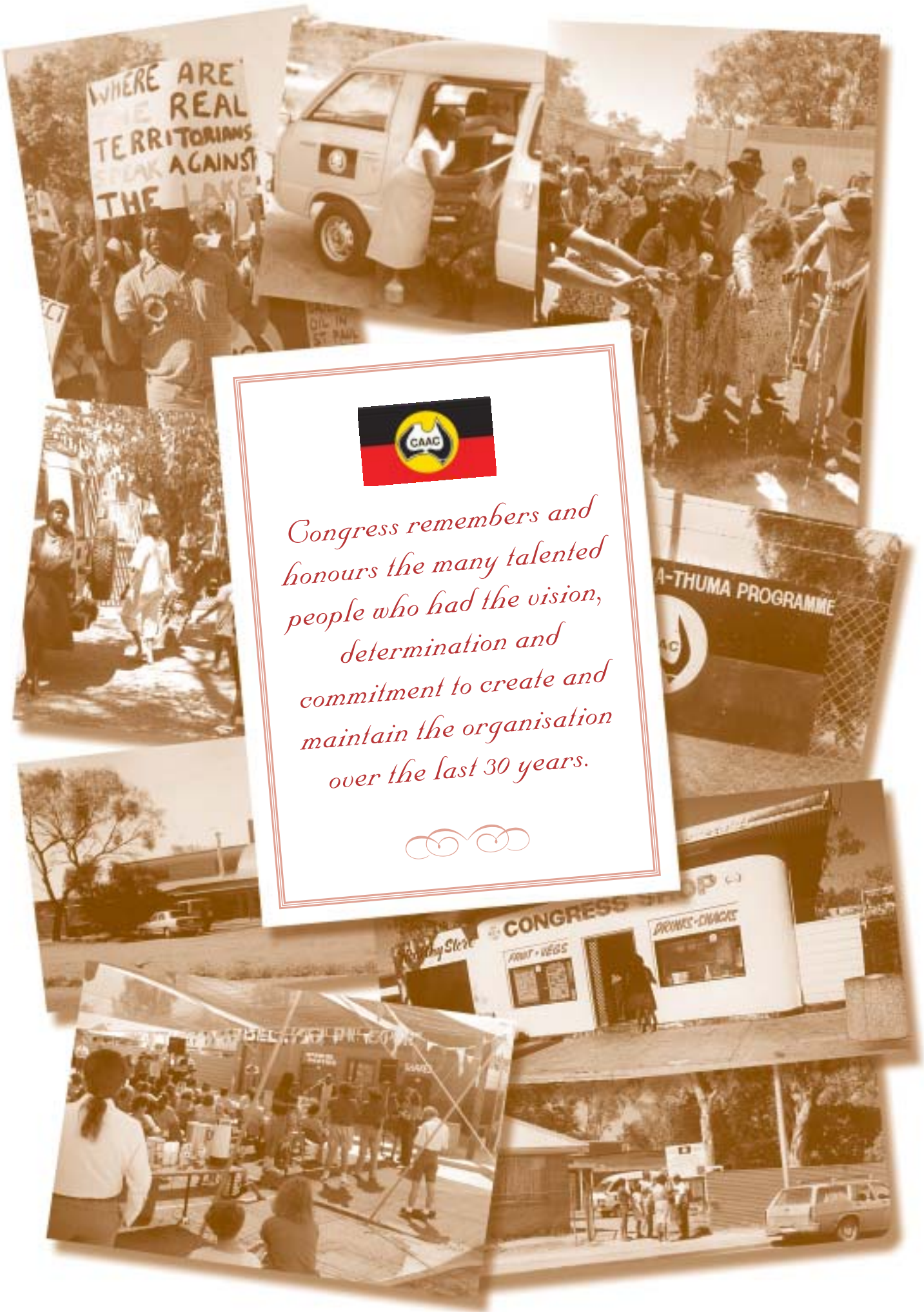




central australian
aboriginal congress
2003 annual report



celebrating 30 years of aboriginal health care



Congress remembers and honours the many talented people who had the vision, determination and commitment to create and maintain the organisation over the last 30 years.





central australian
aboriginal congress
annual report 2003



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celebrating 30 years of aboriginal health care

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Credits

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list of abbreviations

ACCHO	Aboriginal community-controlled health organisation	CRCAH	Cooperative Research Centre for Aboriginal Health
ACR	albumin-creatinine ratio	DEET	Department of Employment, Education and Training
AHW	Aboriginal health worker	DHCS	(NT) Department Health and Community Services
AIATSI	Australian Institute for Aboriginal and Torres Strait Islander Studies	EBA	enterprise bargaining agreement
AMS	Aboriginal medical service	FAAD	Frail Aged and Disabled (Program)
AMSANT	Aboriginal Medical Services Alliance of the Northern Territory	FACS	(NT Department) Family and Community Services
AQF	Australian Quality Framework	HETB	Health Education and Training Branch
ASH	Alice Springs Hospital	HR	Human Resources (Branch)
ASIST	Applied Suicide Intervention Skills Training	IT	information technology
ASYASS	Alice Springs Youth Assistance Support Service	NACCHO	National Aboriginal Community-Controlled Health Organisation
ATSI	Aboriginal and Torres Strait Islander	NTAHF	Northern Territory Aboriginal Health Forum
ATSIC	Aboriginal and Torres Strait Islander Commission	NTCOSS	Northern Territory Council of Social Services
CAAAPU	Central Australian Aboriginal Alcohol Programs Unit	NTGP	Northern Territory General Practice Education Ltd
CAAMA	Central Australian Aboriginal Media Association	NTRHWA	Northern Territory Remote Health Workforce Agency
CADPHC	Central Australian Division of Primary Health Care	OATSIH	Office of Aboriginal and Torres Strait Islander Health
CAISHAG	Central Australian Indigenous Sexual Health Action Group	OCP	Office of Crime Prevention
CARHDS	Central Australian Remote Health Development Service	QAMON	Quality Assurance Monitor
CARIHPC	Central Australian Regional Indigenous Health Planning Committee	PAAC	People's Alcohol Action Coalition
CARPA	Central Australian Rural Practitioners Association	PHAA	Public Health Association of Australia
CASG&FAC	Central Australian Stolen Generations and Families Aboriginal Corporation	PHCAP	Primary Health Care Access Program
CAYPIN	Central Australian Young People's Information Network	RTO	registered training organisation
CHP	Community Health Program	SEHB	Social and Emotional Health Branch
		SNAICC	Secretariat of National Aboriginal and Islander Childcare Centres
		YOT	Youth Outreach Team
		YWCHEP	Young Women's Community Health Education Program

about us

background

Central Australian Aboriginal Congress (here after 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 substandard dwellings around Alice Springs. As time went by, other Aboriginal organisations were established to take care of such matters as land, housing, emergency accommodation, child welfare and alcohol rehabilitation services. Many of these services, like the housing associations, were directly supported out of Congress's activities.

However, concern about health was a major focus for Aboriginal people; Congress started promoting the concept of community-controlled Aboriginal health services within months of its establishment. At a meeting with the Commonwealth Minister for Health in October 1973, Congress presented a proposal for a community-controlled health service. In March 1975 Congress engaged Dr Trevor Cutter to work on the Community Development Alternative Health Model and, in October, Congress started a medical service from a house in Hartley Street, Alice Springs, with Dr Cutter as its first doctor. Soon after (1976), transport, alcohol rehabilitation and welfare services were set up. Congress became the voice of Aboriginal health in the Centre. From its earliest beginnings in 1973 in Parsons Street to our current premises in Gap Road and the 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 need 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 to enhance Aboriginal self-determination in health
- Collaborative networking with other health organisations and those working on social determinants of health (such as education and employment) for health gain

aims & objectives

Congress is legally incorporated under the *Northern Territory Associations Incorporation Act 1978*.

Congress is a primary health care organisation run by Aboriginal people, for Aboriginal people and controlled by Aboriginal people. The purpose of Congress is:

- 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
- to break down barriers and to increase access to resources that will enhance Aboriginal culture, health and wellbeing



Congress Cabinet

Cabinet Members

Executive



Robert Le Rossignol
President



Margaret Liddle
Vice-President



Heather Campbell
Treasurer



Donna McMasters
Secretary

Native Title Holder Members



Valerie Burdett



Brian Stirling

Ordinary Members



Betty Campbell



Elizabeth Carter



Joe Hayes



Helen Kantawarra



Mary Le Rossignol



Margaret Orr



Peter Ross

The thirteen-member Congress Cabinet is made up of four executive positions, two nominees of Lhere Artepe Aboriginal Corporation (Native Title holder positions) and seven ordinary members. **This year's AGM** was attended by Aboriginal people from around central Australia and elections for Cabinet positions were held. The meeting saw all four executive members and five ordinary members re-elected, and two new ordinary members elected. This Cabinet will hold office for the next two years. Cabinet held eight sittings during 2003. Female members met prior to each Cabinet session 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 proud to be in office when Congress had its **30th Anniversary**, commissioning a range of activities to celebrate the occasion. Cabinet oversaw the programs and took an active role in each of the events.

Continuing one of the organisation's traditions Cabinet authorised the **auspicing of a number of new Aboriginal health services** in the region. A number of Cabinet members travelled to other communities to discuss issues and the particular community's aspirations for their own services. Margaret Liddle and Helen Kantawarra attended a community meeting at Areyonga, and Valerie Burdett and Brian Stirling held discussions with the Amoonguna community. After an out-of-session Cabinet meeting to determine the organisation's support for requests from two of the emergent PHCAP Health Boards, Valerie Burdett, Robert Le Rossignol, Mary Le Rossignol, Margaret Liddle and Margaret Orr travelled to the North Barkly Health Zone, and Valerie Burdett, Robert Le Rossignol, Mary Le Rossignol and Margaret Liddle visited the WYN (Warlpiri) Health Board to discuss their respective services and Congress's auspicing role. In September Robert Le Rossignol accompanied NT DHCS Minister The Hon Jane Aagaard MP on a tour of central Australian communities. In August male Cabinet members accompanied by the Male Health Program's Aboriginal health worker visited the Katherine West Yarrallin Male Health Clinic to view its operations and facilities.

Members of Cabinet attended the quarterly meetings of AMSANT and the AGMs of AMSANT and NACCHO during the year. In addition they represented Congress at a number of **interagency meetings and workshops**. Locally, Peter Ross represents Congress on the Diabetes Australia NT Central Australian Committee, Robert Le Rossignol attended the ATSIC 2003-04 Policy Statements — Community Consultations, and Margaret Liddle attended a secondary education briefing held by the NT Department of Education. Margaret Liddle and Valerie Burdett were involved in discussions with the Executive of Tangentyere Council over the proposed restructure of the Congress Bush Mobile Service. Betty Carter attended the National Stolen Generations consultations in Canberra. Robert Le Rossignol was a member of the Congress presentation to the Department of Health and Ageing Interdepartmental Committee Review of Primary Health Care. Cabinet as a whole met with the NT Law Reform Commission Committee on Aboriginal Customary Law. Cabinet held in-session workshops on Congress's submission to the Senate Inquiry into Free Trade Agreements and AMSANT's submission to the Senate

Medicare Inquiry. Representing Congress, Robert and Mary Le Rossignol attended the reception for the new NT Administrator Ted Egan in Alice Springs. Betty Carter, Valerie Burdett and Margaret Liddle presented a paper, 'Self-management and responsibility by Aboriginal people in managing their health', at the Continuous Improvement Projects for Early Detection and Management of Chronic Disease for Aboriginal and Torres Strait Islander People Workshop in Alice Springs in December.

In recognition of the importance of good governance practice, Cabinet built upon the previous year's governance

training, participating in a one-day workshop conducted by the Central Australian Remote Health Development Service.

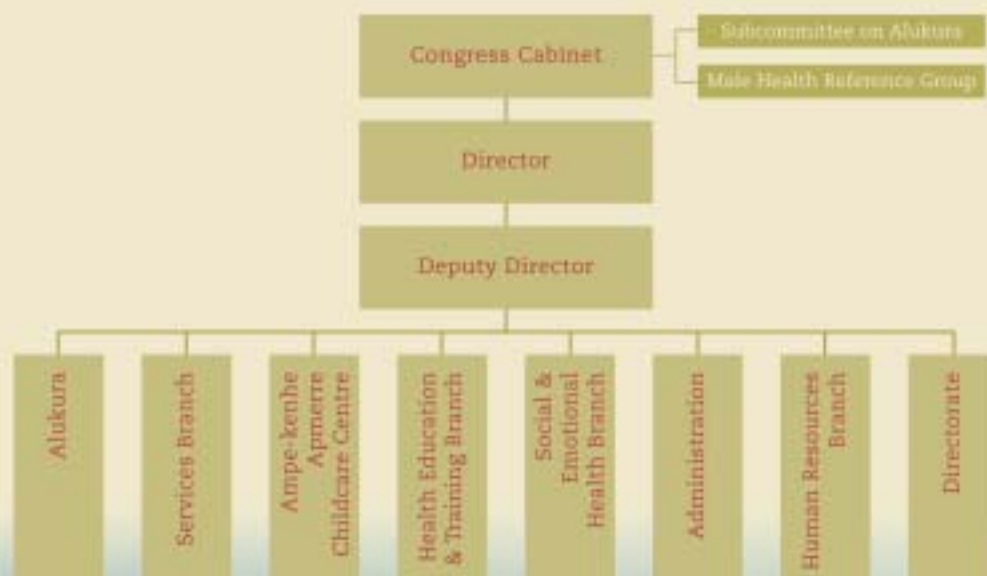
Betty Carter continued as the Cabinet representative on the Childcare Worker research project and Helen Kantawarra was the Cabinet representative on the Congress oral history project. Cabinet authorised Congress's involvement in two additional research projects in 2003: firstly, the participation of the Hearing Program in a Menzies School of Health project, and also their own participation by interview in a study of community attitudes to individual responsibility in health gain.

Cabinet attendance 2003

Cabinet Member	7/2/03	4/4/03	16/5/03	27/6/03	8/8/03	19/9/03	31/10/03	12/12/03
Robert Le Rossignol	p	p	p	p	p	p	p	p
Margaret Liddle	p	p	p	p	p	p	p	p
Donna McMasters	a	p	p	p	p	p	p	p
Heather Campbell	p	p	p	p	p	p	p	a
Brian Stirling	p	p	a	a	p	a	p	p
Valerie Burdett	p	p	a	p	p	p	p	p
Betty Carter	p	p	p	p	p	p	p	p
Betty Campbell	p	p	p	a	a	p	p	p
Peter Ross	p	p	p	p	p	p	p	p
Helen Kantawarra	p	p	p	p	a	p	p	p
Margaret Orr	p	p	p	p	a	p	p	p
Mary Le Rossignol	-	p	p	p	p	p	p	p
Joe Hayes	-	p	p	p	p	p	p	p
Alan Campbell	p	-	-	-	-	-	-	-
Johnny Briscoe	p	-	-	-	-	-	-	-

Legend: present p apologies a

Congress structure



director's report



● Director Stephanie Bell

This year has seen a number of significant achievements which I will highlight in my report: our workforce, our outreach programs, and our role in the delivery of health services to remote communities, which saw us return to an original function that the organisation was founded upon 30 years ago.

In 2003 Congress has been able to really see the rewards of many years of hard work in workforce planning and development. In order to deliver high quality health services you need to be able to recruit and retain a high quality workforce. Our health professionals, in particular, need to stay long enough to really get to know their patients, Congress's program aims and the health needs of the Alice Springs community. I am pleased to be able to report that there has been a big improvement in the last three years in the retention of staff at Congress. **Staff turnover in 2000-01 was 20%, 2001-02 was 14.6% and in 2002-03 it was only 1.9%.** This is making a major contribution to the quality and stability of all of our services — we now have a great multidisciplinary team of workers and we are working hard to maintain these retention rates.

If we take our doctors, as an example, Congress has achieved major changes in their recruitment and retention, especially in comparison with the situation in many other remote centres throughout Australia. In 1995 Congress only had three GPs and at that time we serviced the Alice Springs Gaol. It has taken a lot of hard work but we now have **10 full-time equivalent GPs**, a number of GP registrars and we employ a remote GP at Hermannsburg. The average length of stay is six years and the median length of stay is three years.

To reach this turnaround, Congress has made a number of improvements. Firstly, **consolidating the Enterprise Bargaining Agreement**, by improving pay and employment conditions, the introduction of the staff rewards and recognition system, establishment of a staff training and development plan to enhance the professional development and career path program for all staff.

Secondly, we have worked hard to improve the support services to GPs in collaboration with organisations such as the Northern Territory Remote Health Workforce Agency and the Central Australian Division of Primary Health Care. This has meant that we can have locum doctors when we need them — so our permanent GPs can take leave — as well as a range of other key support services. We have also been able to recruit a number of high quality GPs from overseas.

Thirdly, Congress, within the primary health care service model, offers our GPs an interesting, challenging work environment that is not constrained by fee-for-service medicine. Our GPs are not just involved in clinical care but choose from the range of Community Health Programs to become involved in. These programs include the Frail Aged and Disabled (FAAD) Program, Nursing Homes, the Youth Outreach Program, the Children's Services Program, the Chronic Disease Program, the Hearing Program, the Male Health Program, the Bush Mobile Program and others. Our programs have all been through major developments over the past few years and are now working in a manner which has enhanced the capacity of our staff who, in turn, are delivering better services to our community.

These programs provide crucial outreach services to many of the neediest members of our community. The FAAD program provides regular home visits to over 50 clients and it leads the development of comprehensive care plans with a range of other service providers. The Children's Services Program provides weekly or fortnightly home visits to over 50 mothers who need extra support in order to more effectively raise their children. The new Chronic Disease Program is visiting people in the community with chronic diseases who are not regularly attending Congress. A male and a female Aboriginal health worker sit down with these people in their homes and spend time assisting them to become more aware of their disease(s) to assist them to self-manage their health. To receive appropriate care at Congress, clients are also given information about all of our services, and appointments and/or referrals to relevant agencies are made on the client's behalf. We hope that this program will help to support members of our community who find it hard to follow an effective management plan and take the necessary medications.

Congress has continued to work on the development of bush health services. This year we were asked to auspice new health services on behalf of the Warlpiri Health Zone (covering the Yuendumu, Willowra and Nyirripi communities and outstations to their west), the North Barkly Health Zone (including the township of Elliott, and communities of Corella Creek through to the Queensland border) and South Barkly Health Zone (Ali Curung, and the

Canteen Creek and Wutunugurra communities). We also began managing the Utju Health Service (Areyonga). Congress is pleased to be able to offer our expertise in health service delivery to assist these bush communities who have requested Congress to assist in their health service development visions. This year we have seen the completion of **health planning consultancies in the five central Australian PHCAP zones** (Warlpiri, North Barkly, Anmatjere, Eastern Arrente and Pintupi-Luritja zones) with the approval of more than \$3 million of new Commonwealth PHCAP funds in the first 12 months. New clinical and other staff will be employed in all of these zones. In the Warlpiri zone there will be a new clinic built at a value of more than \$2 million, and new staff will include a full-time resident GP at Yuendumu, nurses, AHWs, as well as a health service development officer who will assist the Warlpiri people to develop their own health service. In the North Barkly zone there will also be many new staff, including a resident GP at Elliott and a new nurse position in the Barkly Tablelands based at Corella Creek. These are exciting developments and Congress is pleased to be able to assist these remote communities as they embark on the pathway of setting up their own health services.

● *The new clinic reception provides a spacious and welcoming environment for clients and improved working conditions for staff.*



director's report

Congress also played a major role in developing the submission that led to the allocation of major capital works funding from PHCAP slippage, around \$7 million, in the five zones in central Australia. We worked with AMSANT to obtain funding for a health planning consultancy under the Regional Health Services program (RHS) for the Western Arrernte Health Zone which is now under way. Congress employs a GP at Hermannsburg and have assisted in the development of a chronic disease submission under regional health planning funding on behalf of the Western Aranda Health Aboriginal Corporation.

Congress managed the South Barkly health planning consultancy which completed a RHS proposal for the zone, with \$250 000 recurrent for new PHC services, focusing on maternal and child health, and a one-off capital grant of \$400 000 for refurbishment of four women's centres. There is also funding for capacity-building in the zone. Congress has been asked to auspice this new service.

We continued to work on the development of the Amoonguna health service receiving increased funding for an AHW and administrative support positions. We worked on the new contract with the DHCS for the Areyonga health service which has finally seen the achievement of pooled Commonwealth and Territory resources and we are now involved in the management of the service.

Finally, I would like to say how very proud I was to share in the honours of **Congress's 30th Anniversary**, and to see so many past and present Cabinet members and staff getting together with their community at a range of celebratory events. This is such a great organisation that has achieved so much in Aboriginal affairs and health over the years. I would particularly like to give recognition to the previous directors, both permanent and temporary, that have filled in, often at short notice: the First General Secretary Neville Perkins, Directors Kumantjayi Perkins, George Ormrod, Bob Liddle, Geoffrey Shaw, Gordon Briscoe, Brian Ede, Johnny Liddle, Kenny Laughton and Betty Carter.

The outstanding leadership supporting Congress has played an important role in advocating for Aboriginal peoples' rights; this is a heritage that we maintain today. We must never allow anyone to attempt to turn the clock back to the days when we were told what to do and denied a voice in the community.

We are proud of this organisation. We are proud of its no-rubbish approach over the years. We know we have made, and are still making, changes. That it is a long and hard process and that there is still a long way to go is frustrating. However, we should look at the real blockages that are stopping necessary change, and continue to work with the many willing partners in the community to gain a healthy future.



● Kelli Brown (foreground) and Pamela Jones (AHW students) undertaking newspaper searches at Alice Springs Library as part of the Congress History Project.

internal management: committees

Italics denotes no longer a current staff and/or committee member

Branch Managers' Meeting

Stephanie Bell	Director
Donna Ah Chee	Deputy Director
Barbara Richards	Services Branch Manager
Dawn Fleming	Social and Emotional Health Branch Manager
Linda Zerna	Health Education and Training Branch Manager
Rebekah Kidney	Alukura Branch Manager
Alison Breheny/ Jacquie Charles	Ampe-kenhe Apmere Childcare Centre Branch Manager
Wayne Gorst	Administration Branch Manager
Bob Wharton	Human Resource Branch Manager

Occupational Health and Safety Committee

Bob Wharton	Human Resources Branch
Aileen Kennedy	Human Resources Branch
Leshay Maidment	Human Resources Branch
Jenni Mandersloot	Human Resources Branch
Melanie Marron	Ampe-kenhe Apmere Childcare Centre
Dow Williams	Ampe-kenhe Apmere Childcare Centre
Manu Rauhihi	Services Branch
Crina Solomon	Services Branch
Jenny Petterson	Services Branch
Brian Castine	Services Branch
Megan Griffiths	Services Branch
David Nicholls	Services Branch
Stephanie Mouthaan	Directorate
Raelene McGuinness	Directorate
Sonya Laughton	Directorate
Sheryl Alexander	Alukura
Linda Zerna	Alukura
Jill Richards	Health Education and Training Branch
Willie Orr	Environmental health specialist
Karen Collas	Clinical service specialist
Charmaine Nicholls	Clinical service specialist
Duane Murdock	Ergonomics and work practices specialist
Stephen Meredith	Workplace stress specialist
David Kenny	Driver specialist
Hayden Stuart	Plant and substances specialist

Cultural and Political Committee

Donna Ah Chee	Deputy Director
Clive Rosewarne	Research and Policy Officer
Dawn Fleming	Social and Emotional Health Branch Manager
Jenni Mandersloot	Training Officer
Rebekah Kidney	Alukura Branch Manager
Barbara Richards	Services Branch Manager

CRCAH Reference Group

Stephanie Bell	Director
Donna Ah Chee	Deputy Director
Sanchia Shibasaki	CRCAH AMS Research Fellow
John Boffa	Public Health Medical Officer
Clive Rosewarne	Research and Policy Officer

Services Branch Meeting

Barbara Richards	Services Branch Manager
Trish Hall	Clinical Services Manager
Tania Janusic	Medical Officer Coordinator
Peter Tait	Medical Officer Coordinator

Tracey Roman	Administration Officer
Norman Dulvarie	AHW-nominated representative
Donna Ah Chee	Deputy Director
John Boffa	Public Health Medical Officer
Melissa Roberts	Services Branch Health Promotion and Programs Officer

Communicare Working Group

Rebekah Kidney	Alukura Branch Manager
Jo Hammond	Alukura Women's Policy and Research Officer
Dawn Fleming	Social and Emotional Health Branch Manager
Stephen Meredith	Social and Emotional Health Branch Public Health Medical Officer
John Boffa	Medical Officer
Peter Tait	Information Systems Coordinator
Lyle Burrows	Administration Branch Manager
Wayne Gorst	Services Branch Health Promotion and Programs Officer
Melissa Roberts	Information Systems Support Officer
Renee Bray	

STI Working Group

Rebekah Kidney	Alukura Branch Manager
Yvette Story	Alukura Senior Midwife
Peter Tait	Medical Officer
Douglas Walker	Male Health Program Coordinator
Brian Castine	Male Health Program AHW
John Boffa	Public Health Medical Officer
Barbara Richards	Services Branch Manager

Domestic Violence Working Group

Donna Ah Chee	Directorate
Yvette Story	Alukura
Jo Hammond	Alukura
Heather Alley	Social and Emotional Health Branch
Ken Hampton	Social and Emotional Health Branch
Maxine Campbell	Social and Emotional Health Branch
Thea Dempsey	Services Branch
Lone Anderson	Services Branch
Doug Walker	Services Branch
Bella Isles	Ampe-kenhe Apmere Childcare Centre
Jacquie Charles	Ampe-kenhe Apmere Childcare Centre
Jill Richards	Health Education and Training Branch
Eileen Campbell	Health Education and Training Branch
Hazel Andrews	Administration/Human Resources Branch

Peer Support

Maria Beattie	Alukura
Matthew Strangways	Services Branch
Michael Campbell	Services Branch
Melissa Roberts	Services Branch
Trish Hall	Services Branch
Doug Walker	Services Branch
Cindy Koolmatrie	Services Branch
Megan Griffiths	Services Branch
Leshay Maidment	Human Resources Branch
Christine Palmer	Social and Emotional Health Branch
Stephen Meredith	Social and Emotional Health Branch
Megan Brown	Ampe-kenhe Apmere Childcare Centre

celebrating 30 years of aboriginal health care congress: the first 30 years

1973 1974 1975 1976 1977 1978 1979 1980 1981 1982 1983 1984 1985 1986 1987 1988

The Central Australian Aboriginal Congress celebrated its 30th Anniversary this year. Congress began at a meeting in Alice Springs on 9 June 1973. Over 100 people from town and bush talked about the need to safeguard and promote the interests of Aboriginal people. Congress's initial aims were to be a voice for the Aboriginal people of central Australia on all matters that concerned them. Congress was one of the first Aboriginal community-controlled organisations in central Australia and one of the first Aboriginal medical services in the country. It has now grown into one of the largest and most respected services with a national and international reputation in the field of Aboriginal comprehensive primary health care. Today, Congress has a client base of over 7500 people, delivering around 35 000 separate consultations annually.

One of Congress's first services was the 'Tent Program', providing shelter to Aboriginal people in the town area; this grew from the crisis response caused by the 1973 floods, when Congress provided emergency relief. Congress gained limited funding to purchase large tents for people living around town, a project officer was employed and basic services were provided. Congress acted as an advocacy body on behalf of individuals and their families seeking better living conditions. From this early campaigning, the housing association movement developed. In 1977-78 the responsibility for the tent program and camp advocacy program was formally transferred to Tangatjirra (Tangentyere) Council.

As time went by, other Aboriginal organisations grew up to take care of issues like land, housing, emergency accommodation, child welfare and alcohol rehabilitation services. Many of these services, like the housing associations, were directly supported out of Congress's activities.



PHOTO COURTESY OF NEVILLE PERKINS



- 1973** ■ The Interim Central Australian Aboriginal Rights Council establishes Central Australian Aborigines Congress. Membership fee is 50c ■ Congress model for community-controlled health service is presented to the Commonwealth Minister for Health ■ DAA funding commenced \$16 000 pa ■ Sharing office with Legal Aid Service
- 1974** ■ New Office Parsons Street ■ Incorporated under the NT Associations Incorporation Ordinance (1963)
- 1975** ■ Dr Cutter commences work on Community Development Alternative Health Model project ■ \$30 000 from DAA to establish a pick-up service and night shelter ■ \$34 500 from DAA for tents for fringe dwellers. Two hundred tents purchased and field officer

- employed ■ Report on Aboriginal living conditions in Alice Springs released ■ Patient bus service started ■ Name changed to Central Australian Aboriginal Congress (Inc) ■ Congress moves into the Hartley Street premises, a big old house, and commences health service delivery. Clinic named 'Njarlka', meaning Caterpillar Dreaming
- 1976** ■ Congress buys farm on Emily Gap Road and establishes an alcohol rehabilitation centre ■ Welfare section established ■ 7000 Aboriginal people had used the clinic in the preceding year ■ Dr Cutter Alternative Health Model Report completed
- 1977** ■ Congress Night Shelter supports over 400 people per day (hot meals, shelter and food) and a total of over 1000 people during heavy

- wet-weather period ■ Congress affiliates to FCAATSI ■ Congress calls for an enquiry into relations between police and Aboriginals ■ Bus service and nutrition program for school children ■ Papunya community requests Congress to take over the hospital and run their medical service ■ Utopia Angarappa Health Service established with Congress auspicing monies ■ Pitjantjatjara Homelands Health Service (Pipalyatjara) is established
- 1978** ■ Lyappa Congress operating at Papunya ■ Fringe Camp Health Program Report developed and endorsed
- 1980** ■ Dental Clinic starts ■ The medical Clinic handles 20 000 patient contacts in a year
- 1981** ■ Family Support Program targeting

- underweight children ■ Childcare centre established in Bath Street
- 1983** ■ *Settle Down Country* published ■ Pintupi Homelands Health Service begins with Congress assistance ■ Congress assists in establishing Nganampa Health Service
- 1984** ■ Funding received for research program ■ Congress Alukura and Congress holds birthingrights conference for Aboriginal women ■ Congress staff protest outside DAA in car park because of lack of resources to continue the medical service
- 1986** ■ March in support of *Northern Territory Land Rights Act*
- 1987** ■ Alukura pilot program commences on women's health. A council is established with

However, health remained a great concern for Aboriginal people, Congress had started promoting the concept of community-controlled Aboriginal health services within months of its establishment. At a meeting with the Commonwealth Minister for Health in October 1973, Congress presented a proposal for a community-controlled health service. In March 1975 Congress engaged Dr Trevor Cutter to work on the Community Development Alternative Health Model, and in October Congress started a medical service from a house in Hartley Street, Alice Springs, with Dr Cutter as its first doctor. Soon after (1976), transport, alcohol rehabilitation and welfare services were set up. Congress became the voice of Aboriginal health.

Since then Congress has continued to expand its services and has maintained an active program of support to communities seeking to establish their own community-controlled health services. Congress remains committed to advocating on issues of concern to Aboriginal people in central Australia and over the last thirty years has led the debates that have created many key policy changes in Aboriginal health.



PHOTO IN CIRCLE COURTESY OF NEVILLE PERKINS



PHOTO COURTESY OF NEVILLE PERKINS



PHOTO COURTESY OF NEVILLE PERKINS

- members from town and bush ■ Publication of *All that Rama Rama Mob* report on Aboriginal mental health ■ In August Alukura moves into Aboriginal Hostels premises in Mueller Street
- 1988** ■ Congress staff travel to Sydney to take part in protests against the Bicentennial celebrations ■ Congress moves into Gap Road premises
- 1990** ■ Aboriginal Housing Information and Referral Service begins ■ Purchase of the McLeod's Store, or the Red Shop – NT Government refuses to buy back alcohol licence, so all alcohol is poured down the drain in protest. New shop opens selling healthy food
- 1991** ■ Opening of Apme-kenhe Apmere

- Childcare Centre
- 1992** ■ Alukura relocates to new premises in Percy Court ■ *The Adventures of Cuz* Congress video released
- 1993** ■ Town Camp Program changes to the Community Health Program to broaden the area of service provision
- 1994** ■ Aboriginal Medical Services Alliance NT (federation of Aboriginal community-controlled health services) established
- 1995** ■ Aboriginal health funding body changes from ATISIC to Commonwealth Department of Health ■ National accreditation of CAAC Aboriginal Health Worker Training
- 1996** ■ Congress, as part of AMSANT, attends the United Nation Working Group on Indigenous

- Population in Geneva and presents the Australian paper on Aboriginal Health. Delegation also holds discussions with the WHO ■ Report *Living on Medicine* released
- 1997** ■ Congress establishes the Male Health Program ■ Congress Alukura hosts Women's Health Confest for three days, over 700 women attend ■ Congress as a core-founding members establishes the Cooperative Research Centre for Aboriginal and Tropical Health ■ Social and Emotional Health Branch established
- 1998** ■ The Central Australian Aboriginal Health Planning Committee established ■ The NT Framework Agreement in Aboriginal Health comes into effect ■ Congress organises Youth Forum ■ Congress co-hosts, with

- AMSANT and CLC, the Ilpurla Aboriginal Health Summit ■ *Living on Medicine and On the Machine* published ■ Youth Outreach Team established ■ Social and Emotional Health Branch moves into Gap Road (old Arrernte Council) premises
- 2001** ■ Congress organises the Central Australian Indigenous Youth Summit at Ross River ■ The Clinic achieves accreditation with the Australian General Practice Accreditation Ltd
- 2002** ■ Birthing Agreement signed between Alukura and Alice Springs Hospital ■ The video *Cover Your Tracks* released ■ Clinic re-development commences
- 2003** ■ Clinic re-development completed



Congress's 30th anniversary celebrations

Past and present Cabinet members, staff and friends from all over Australia, enjoyed a range of activities to celebrate Central Australian Aboriginal Congress's 30th Anniversary.

During the **Open Day** on 6 June over 500 people attended the events and fun at Congress. A formal traditional dance by the Lhere Artepe Traditional Owners welcomed everyone, then participants joined in the celebrations with a huge cake and speeches; everyone enjoyed the food and other activities. Children were particularly well catered for with games, face painting, balloons and a visit from Cuz Congress and Yamba.

A **celebratory dinner** was held at the Alice Springs Convention Centre on 13 June. The evening featured speakers from the early days of the organisation, historic displays and provided an opportunity for old friends to catch up and relive their experiences. A minute's silence was held in memory of those no longer with us.

A **Youth Disco** on 28 June had over 300 young Aboriginal people enjoying a hugely successful night of dancing, entertainment and prizes.

A special **Christmas luncheon** was held on 11 December for the clients of the Frail, Aged and Disabled Program in recognition of their difficulties and their value to the community.



PHOTO: MOVING PICTURES



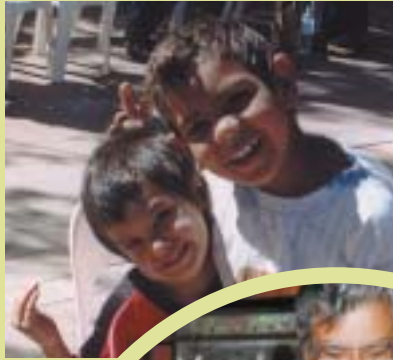


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PHOTO: MOVING PICTURES



Anyone attending the Congress clinic couldn't have helped but notice that the **Clinic underwent a major renovation this year.**

Temporary measures were set up to maintain the clinic operations during the construction phase, with the waiting area and various consulting rooms being moved around. As promised, though, the pain has been worth the gain, with a vastly improved working and client-waiting environment, better medical records handling and storage facilities, more consulting rooms, an improved pharmacy facility and specialist clinic infrastructure. These facilities have also meant that a range of new systems can be effectively implemented now that there is the physical space available. The renovations were officially opened as part of the Congress 30th Anniversary Open Day celebrations. The Community Health Programs have continued to grow and develop during the year, with changes in the Bush Mobile and Schools Programs and continued strong demand upon the Frail Aged and Disabled Program, Under 2s Program and Specialist Clinic. The Male Health Program continues to assess male health needs in the region and the Hearing Program has actively been pursuing funding for a major new hearing centre for central Australia.

A notable characteristic of the central Australian Aboriginal population's health profile is the high incidence of chronic diseases, such as diabetes, ischaemic heart disease and renal conditions. Many of these health conditions are appearing at younger and younger an age, which is of particular concern. Reviewing procedures on how best to deal with this chronic disease load within our community has been a major focus of Services Branch during 2003.

A key element of this process is the **Continuous Improvement Project: Early Detection and Management of Chronic Disease.** The project's purpose is to implement a comprehensive sustainable model for the early detection and management of chronic disease at Congress. This is a long-term strategy with the initial aim to restructure Congress clinical services to more effectively diagnose and manage chronic disease. The project has been funded by the Commonwealth Office of Aboriginal and Torres

Strait Islander Health (OATSIH). Over the next two years Congress will implement a new health-system approach. In the initial phase, the project is undertaking a review of the current chronic disease management practice at Congress. The project team comprises a project manager, quality enhancement nurse and triage nurse.

In 2003 the **Congress Quality Assurance Program** was improved. A new system, the Quality Assurance Monitor (QAMON), has been developed. This program allows Services Branch to conduct a file audit against set criteria. The file audit assures that practitioners are conducting their consultations in accordance with Congress's clinical expectations, such as using the *CARPA Standard Treatment Manual* protocols — regarded as best practice for remote and rural health management in central Australia. The QAMON program uses data extracted from Communicare to show other information such as immunisation rates, and average waiting times for clients. This data provides management with up-to-date information to continuously improve systems and processes in the clinic for improved health-care outcomes.

Further to the quality auditing program, Services Branch is continuously improving the collection, review and presentation of clinic and program data. **Data sets have been developed** that better reflect the Clinic and program strategies, allowing verifiable data on the essential performance indicators for these programs. The data is presented to Services Branch management on a monthly basis and to Directorate and Cabinet quarterly.

Clients now have an increased range of options for attending the clinic, with **the introduction of a 1800 phone number**, which allows them to contact Congress at no charge to arrange transport to take them to the Clinic. To coincide with this new service, Congress has extended the clinic bus pick-up service to operate on Sundays.

Early in the year Services Branch held a **one-day workshop for all its staff** to develop team-building and to get staff opinion on the operations and future directions of the branch. Prior to the workshop, consultant Kevin Hayes spoke with staff individually. Issues raised in these interviews were fed back to the group at the workshop. From discussion held that day, a Services Branch Action Plan was developed to address key issues. The Action Plan has been progressively implemented throughout the year.



clinic plans & prospects

Congress has secured the services of La Trobe University to work with Congress staff on a 12-month action research project to analyse the operations of the branch.

community health program

The Community Health Program (CHP) provide 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.

The program complements the function of the Clinic. It ensures that for those people who for valid reasons cannot easily or regularly access the Clinic, whether through disability, infirmity or other complicating factors, such as remoteness, there is still access to quality targeted services and a contact and referral point to the comprehensive services available at the Clinic.

Initially established to service outstations (within a 100 km radius of Alice Springs), the **Bush Mobile Program** was redesigned this year to focus upon supporting clients on outstations and town camps to manage their chronic disease-related conditions. The program is staffed by a male and a female AHW, with a part-time doctor. The AHWs work on a three-week roster, involving two weeks of bush visits and one week servicing

town camps. The doctor visits the bush communities once a month. Outstation visits now concentrate on clients with chronic conditions, while also dealing with acute conditions that present during their visit. This new chronic disease outreach service has identified nine town camps, thus providing coverage for all language groups. Their starting point was an initial focus on diabetes. Through file checks (identifying people with diabetes who haven't attended the clinic for over six months) and adult well-people checks on the town camps, clients who need to manage their condition will be consulted about their health care, the condition and what can be done to manage it, have medication issues discussed, and have appointments arranged with the Specialist Clinic. The aim of the program is to have these clients effectively managing their conditions and creating greater awareness amongst the population of the causes of chronic disease.

The **Frail Aged and Disabled Program** supports those people requiring ongoing medical care, support and education to manage their illness, and who cannot present to the clinic for follow-up because of frailty or disability. The inability to attend the Clinic may be short or long term. Staffed by two AHWs and a 0.5 doctor, the program is heavily subscribed and requires expansion to meet the demand from the community. The program is

● *Specialist Clinic reception, part of the clinic renovations completed this year.*



In October 1973, just months after its establishment, Congress commenced lobbying for an Aboriginal community-controlled health service. In March 1975 Dr Trevor Cutter was employed by Congress to further develop the model of a community-controlled health service. And in October 1975 the service, with Dr Cutter as its first medical officer opened as the Njarkala Clinic in a house on the corner of Hartley Street and Stott Terrace, Alice Springs. At its 1976 AGM it was reported that 7000 people had used the clinic in the previous year. In 1980, despite strong opposition from the NT Government, the Congress dental service commenced. In 1988 Congress relocated to its current premises in Gap Road. In 1993 the Community Health Program was established to broaden the scope of the outreach programs to include outstations within 100 km radius of Alice Springs and to provide targeted services to particular sections of the community. The Male Health Program was established in 1997. In 2001 the Clinic achieved accreditation with the Australian General Practice Ltd. The Clinic was redeveloped during 2002-03, and was officially opened as part of Congress's 30th Anniversary celebrations in June 2003.



Branch Manager
Barbara Richards

seeing people as young as 30 with chronic disease. Clients may have pre-dialysis renal conditions, chronic lung disease (often as a result of inadequate treatment of pneumonia when young), chronic liver disease as a result of alcohol misuse, or diabetes complications, which have the potential to lead to amputation. There are also the particular needs of aged patients: cultural awareness is required of staff of the program because of the age and emotional sensitivities of patients dealing with illness. The FAAD Program provides liaison between Congress and Alice Springs Hospital (ASH) specialists and other staff through case-management meetings. This type of coordinated care is often what makes a difference in patient outcomes. The FAAD Program works closely with the DHCS Palliative Care Unit to ensure that Aboriginal people have access to this form of care.

In addition to providing medical support, the FAAD Program has a vital advocacy and support role for its clients; this includes dealing with clients' housing problems and liaising with other agencies, particularly in the town camps, to improve the availability of services. Although it is not always possible, due to the shortage of accommodation, the FAAD team also attempts to find respite support for carers and works with families to gain permanent nursing home placements for patients. Dealing on site, in clients' homes, with both the health problems and the social conditions confronting clients, means that staff in this program are graphically

confronted with the disease burden present within the Aboriginal community and the social and economic problems that compound it.

With high birth rates and a comparatively young age of mothers in central Australia, the **Children's Services**

Program is another of the Community Health Programs that is in high demand. Having

increased the staff to one coordinator, one AHW and a 0.5 registered nurse this year, there is still potential to expand the program further: increasing the number of Well Baby Clinics from the current two afternoons a week, increasing the number of clients in the targeted Under 2s Program (an outreach program supporting families of children considered at risk or who have been identified as 'failure to thrive') and maintaining the immunisation program. Access to a Well Baby Clinic should be a right for all babies and their parents anywhere within Australia however the current funding provided by DHCS limits the level of this important service. The Under 2s Program supports young parents facing economic, social and other hardships impacting upon their baby's health. On these criteria alone there are substantial numbers of potential clients not currently being catered for in the region. The main issues identified are low incomes/poverty leading to a lack of food and poor nutrition, environments dominated by domestic violence, and poor hygiene. A major underlying issue is the low levels of educational attainment by many young mothers. This directly impacts upon them and their babies' health status, reflected by a lack of awareness of the value of seeking health care, a reticence in questioning or clarifying advice, and an inability to read and comprehend medical and other health information. A concurrent lack of confidence in asserting their rights in either the domestic/social or health setting further places them and their babies at risk. Common conditions encountered are failure to thrive (nutrition deprivation), iron deficiency (anaemia) — both conditions strongly related to diet and nutrition — bronchitis, chronic suppurative lung disease and chronic suppurative otitis media. To address these issues the program has targeted a case-management approach to support clients. This approach includes working closely with other agencies, including the Alice Springs Youth Support Service young mothers' program Ampe Akweke, Tangentyere Council financial counsellors, the Gap Youth Centre, the Congress Social and Emotional Health Branch, FACS, Good Beginnings and paediatric liaison at ASH. In addition the ASH paediatricians have increased their visits to Congress from once a month to three times per month.



● *Dr Koen de Decker and a young patient in one of the refurbished consulting rooms.*



● *TOP: Congress's Well baby Clinic visiting a family on a town camp.*
 ● *BELOW: Physiotherapy sessions, one of the specialist services available at the Congress Clinic.*

The program is exploring the possibility of establishing a playgroup in conjunction with the Congress Ampe-kenhe Apmere Childcare Centre and to develop further coordination with the Congress Alukura.

This year the **Schools Program** had staffing changes and is in the process of developing a strategic plan. The program provides an off-site clinic at Yipirinya School and Yarrenyty Arltere (Larapinta Valley) Intergenerational Learning Centre. These clinics focus on identifying acute conditions of students. Then the necessary follow-up and treatment is sought through liaising with school staff and parents/carers. Health promotion and education are provided to students in one-on-one consultations. The program commenced a collaboration with the Hearing Program to address the prevalence of chronic suppurative otitis media.

The Schools Program was fortunate to be involved in the celebrations marking the 25th anniversary of Yipirinya School this year. This was a great opportunity for the program to further build relationships with parents, students and staff, past and present. In 2004 the program will continue working closely with the Hearing Program, school staff and parents/carers for improved health outcomes for students. The program will coordinate an immunisation health promotion and awareness day in 2004.

Congress continues to provide a **Specialist Clinic**, in recognition of the disproportionate chronic disease load and lack of access to specialist services experienced by Aboriginal people. By providing these services within a community-controlled service increases access and acceptance by Aboriginal people, a point acknowledged by the specialists themselves. Congress utilises some of its primary health care funds to provide this service; for non-Aboriginal people this would not be the case — they do not need to use their primary health care funds to get these services, thus allowing them to utilise primary health care services at a higher level.

The service is staffed by an AHW who provides support and counselling on issues such as nutrition, and coordinates visiting specialists and a receptionist, who manages appointments, transport and follow-up referrals. Clients no longer go to Congress's main



- **AHWs Anna Smith and Ross Cole (Bush Mobile Program)** deliver a chronic disease outreach program to outstations and town camps.

reception but directly to the Specialist Clinic reception. The Alice Springs Hospital provides paediatrician, physician, and ophthalmologist specialists. The Department of Health and Community Services provides a physiotherapist, Laubman & Panck provide an optometrist, Mary Menotti (private practice) provides an acupuncture service, and Darralyn Duffy (private practice) a podiatry service. A new partnership with Diabetes Australia NT provides Congress clients with access to a diabetic educator (at ASH) and for patients rehabilitating after surgery in Adelaide, a cardiac educator (at Congress). Unfortunately, due to limited Commonwealth funding, the proposed introduction of albumin-creatinine ration (ACR) testing has not been introduced at this stage. ACR is a marker for early kidney disease in diabetes, in particular, and is also a predictor of risk for heart disease. When further national funding becomes available, Congress will be considered a site for the program. The Specialist Clinic was actively involved in National Diabetes Week activities, again holding a successful Soup and Damper Day to help raise awareness of the Specialist Clinic and other support services.

male health program

The Male Health Program relocated to the old Congress Shop at 21 Gap Road to provide Aboriginal males a private area to access the service. Having a male-only place provides clients with a comfortable and discrete



● Congress, in conjunction with *Imparja Television*, produced a community service announcement aimed at raising awareness about safe sex practices.

area to meet with program staff. Clients can receive information, discuss social and domestic issues, and seek medical information. While Aboriginal males do regularly use the main clinic, there are some issues which may not be being addressed through such regular consultations but can be raised more comfortably in the atmosphere of the Congress Male Health Centre. The centre provides a meeting and discussion area to

host workshops and access other providers. Male members of the Congress Cabinet continued to meet prior to each Cabinet meeting during 2003 to provide policy direction for the program. The Male Health Program has undertaken a range of outreach programs during 2003. A major target group is young males, between 15 and 25 years, who often exhibit at-risk behaviour. The program has provided health awareness, education and well men's checks for this group. These services were provided to males of all ages in a number of town camps, Amoonguna community, the Gap Youth Centre and the Central Australian Aboriginal Alcohol Programs Unit during 2003. The Male Health Program funded the development and broadcast of a community service announcement, in conjunction with *Imparja Television*, featuring Cuz Congress aimed at raising awareness of the risks of having unprotected sex. Discussion has been held with both town and country football clubs to work with them on health promotion strategies in the 2004 season. New information materials and program promotional activities are currently being drafted and are due to be launched in 2004.

pharmacy

The new Pharmacy provides a more visible presence within the Clinic, an improved stock space and the ability to display health promotion material. The provision of a small counselling room facilitates discussions with clients, in a private setting, regarding their medication regimen and management, both preventative and curative of their conditions. The yellow card Pharmacy Direct system allows patients attending Congress for medication needs to be directed straight to the Pharmacy after presenting at Reception. Pharmacy staff continue to

restock the consulting rooms, thus freeing up the time of other practitioners to attend to consultations. The extension of the Pharmaceutical Benefits Scheme Section 100 to cover clinics like Congress, and having on-site pharmacy staff, has provided better patient access to pharmacy services and, hence, improved the use and efficacy of medications. Pharmacy staff actively support AHW training in the Health Education and Training Branch and anticipate continuing this involvement in 2004, along with developing a range of culturally appropriate health promotion and medicine information materials.

hearing program

The Hearing Program further developed its role as a regional service provider in 2003, expanding its early intervention and monitoring program and consolidating support for the regional hearing centre model, Irlpe Apmere.

Otitis media, or problems in the middle ear, is the cause of most of the hearing disability in Aboriginal people. The chronic form of otitis media is known as 'a disease of poverty'. Studies have established that this ear disease is recorded to be prevalent at levels up to 37% in inland Aboriginal communities, the World Health Organization states that a prevalence of over 4%, represents a 'massive public health problem'. This type of ear disease is associated with moderate to severe deafness. **Up to 53% of Aboriginal school children in central Australia failed hearing screenings**; most of these children do not receive intervention or special support and are learning English as a second language. Nearly all of these children have had fluctuating hearing levels from birth. Otitis media, with associated hearing impairment, impacts on language development, communication, socialisation, learning and self-esteem. Consistent hearing levels, which allow all speech components to be heard, is crucial in the first years of life to develop strong language skills. These skills will provide the foundation for further learning and academic development throughout life. This issue contributes to a range of other issues, including unemployment, substance abuse, mental health problems and over-representation in the criminal justice system. This massive public health problem underlines an ongoing poverty cycle amongst Aboriginal communities.

The Hearing Program provided a full range of client services in 2003: monitoring and providing treatment advice for ear disease in babies and children, coordinating access to the Ear Nose and Throat Clinic at the Alice Springs Hospital and on-site testing of hearing with diagnostic equipment. The **purchase of an Otowizard** has been a valuable acquisition for the program. It is a highly portable precision instrument that functions as a video-otoscope (the camera that can view and record eardrum condition), as well as assessing hearing levels, programming hearing aids to individual requirements and simulating hearing loss based upon ear

readings. This last function assists family and service providers of the hearing impaired to understand what people are actually hearing, both in volume and distortion of sound. These new developments will allow for mobile services to be offered in remote areas, such as Mutitjulu, Santa Teresa, Areyonga and Utopia. The Hearing Program continues to offer services at local schools: Amoonguna, Yipirinya, Irrkerlantye and the Yarrenyty Arltere (Larapinta Valley) Intergenerational Learning Centre.

Congress has secured a supply of hearing aids to establish a **Hearing Aid**

Bank for Aboriginal people to access in the region. With donations from the Office of Hearing Services and the support of hearing aid manufacturer Bernafon, who will also provide free repairs, the bank can provide aids for people who do not meet the eligibility criteria of government providers. In the past Congress had provided hearing aids out of its own primary health care funding to meet this gap in service provision by mainstream agencies.

The endorsement of the **Aboriginal Ear Health and Hearing Services Strategic Plan** by the NT Aboriginal Health Forum, has set the policy context for ACCHOs to take a leadership role in coordinating case management and service delivery. The plan had extensive input from Hearing Program staff through its AMSANT representation on the NTAHF Ear Health Working Party. The new plan is based around the model of the regional ear health centre, Irlpe Apmere, developed by Congress. This model considers ear disease in the context of being a disease of poverty, and one that is preventable. Further lobbying for the funding of Irlpe Apmere was undertaken this year: extensive coverage of ear health problems and the regional ear health centre proposal were screened on ABC TV's Stateline, with the involvement of Irrkerlantye and Yipirinya School. AMSANT, in conjunction with the Pratt Foundation, did an intensive lobbying program for politicians and others in Canberra.

The program coordinator, funded through OATSIH, undertook a training needs and infrastructure assessment study of remote Aboriginal communities within the region. A second audiologist joined the program this year, releasing the program coordinator to work on the study. The report from the study has identified the need for ongoing training which has



● *The new Pharmacy.*

commenced in five communities — Santa Teresa, Mutitjulu, Areyonga, Ampilatwatja and Urapuntja — involving nine AHWs. The training, provided in conjunction with CARHDS and Congress staff, gives remote AHWs specialist ear health skills in the prevention, treatment and diagnoses of ear disease, enabling them to assess whether the condition can be dealt with on site or requires referral to a specialist service, like Congress. Consenting Congress clients of the Hearing Program are participating in a multi-site two-year project being conducted by the Menzies School of Health Research into comparative antibiotic treatment regimens. The study began in May 2003.

dental

The Dental Surgery was re-accredited for a further three years (2006) by the Accreditation Services of the Australian Medical and Dental Association. Client numbers remained constant from previous years, although again the program was short-staffed for much of the year. The Congress dental service is primarily a treatment service, with patients either self-presenting or being referred from other programs and bush communities. The main conditions encountered in the program are treatment of gum-related disease and cavities. Both these conditions reflect poor nutrition and lifestyle chronic condition, such as diabetes. While current staffing levels remain, the program is limited in the services it can offer beyond the current clinical treatment service.

The consolidation of the Alukura Birthing Program was a major feature of the branch's work this year. At the same time there has been ongoing focus on realising the outstanding recommendations of the 1998 Alukura Review, particularly those relating to governance. The Young Women's Community Health Education Program continued their work on sexual health matters, building upon the success of the *Cover Your Tracks* video released in 2002.

alukura birthing program

The Alukura Birthing Program, currently being delivered through an agreement with the Alice Springs Hospital (ASH) celebrated its **first anniversary** in May 2003. Congress staff and women Cabinet members were joined by past and present clients and their babies, as well as ASH staff and external agencies associated with the program to celebrate this special event. The program has seen a steady rise in the number of clients wishing to utilise the program; 25 eligible clients participated in the program, almost half required intervention resulting in transfer of care to ASH, with 15 clients birthing on the program.

All four of the Alukura midwives received **Australian College of Midwives Independent Practising Midwife Accreditation**, a condition of visiting privileges at the Alice Springs Hospital. This accreditation will allow Alukura midwives to provide birthing at Alukura when this is re-established. Alukura staff participated in the review of the ASH Midwifery-Led Care Criteria, which was finalised in September 2003. The criteria is the document, which determines a client's eligibility to birth on the program.

Congress Alukura will engage a consultant to evaluate the Birthing Program since its inception and to provide direction for the re-establishment of birthing at Alukura.

ywchep program

The Young Women's Community Health Education Program (YWCHEP) recommenced in April 2003 when the educator returned from maternity leave. The YWCHEP built on their successful video *Cover Your Tracks* (released in 2002) by producing a

resource booklet to assist educators who use the video as an educational resource. The program continues to provide sexual health education to primary and high schools, community and youth organisations, and to some remote communities. YWCHEP have focused on young women on town camps, with weekly education sessions being provided at Alukura.

planning & development

Other key activities of the service were in planning and development in order to progress the outstanding recommendations from the 1998 review. To address some historical operational issues and gain some long-term focus and direction, the first stage of a **comprehensive strategic plan** was initiated and continues to be developed. Planning and coordination of the re-establishment of the Alukura Council began this year with the Alukura Subcommittee meeting to discuss the formation of the council.

other activities

Alukura maintained and developed its association with other key external activities and agencies. Alukura continued its active association with the **Women's Law and Culture Meeting**. This year's clinic was coordinated by Congress Clinic with Alukura midwives and staff as support.

To address the lack of support services for families who have experienced the loss of a baby through SIDS, stillbirth, neonatal death or other causes, Alukura played a key role in an interagency collaboration to establish a support group for women and their families. The Alukura branch manager's commitment in the area of **SIDS**, and her own experience, led to her being offered a place on the National Aboriginal and Torres Strait Islander Advisory Council to SIDS & Kids. Alukura has been working with SIDS & Kids NT to recruit Aboriginal people as trained SIDS & Kids parent supporters.

Alukura and Congress have been represented on the Central Australian Indigenous Sexual Health Action Group (CAISHAG) since its commencement. Alukura took on the coordination and host role of the **Women's Sexual Health Resource Workshop** in November. The workshop aimed to promote awareness of existing sexual health resources and provided organisations, including Alukura, with the opportunity to showcase their



resources. This event was jointly funded by Congress Alukura, Tristate and Central Australian Division of Primary Health Care.

Alukura hosted visits from Professor Fiona Stanley (Australian of the Year), Dr Margaret Clarke (Canadian paediatrician) and Graduates of the Australian Indigenous Leadership Program of the Australian Institute of Aboriginal and Torres Strait Islander Studies. These visits provided an important opportunity to explain the ethos and underpinning values of the Congress Alukura by the Grandmother's Law and to gain further support for this model of health care for Aboriginal women.

plans & prospects

To assist with the re-establishment of the Alukura Council an **Alukura Summit** is being planned for 2004. This will necessitate extensive consultations with central Australian women to ensure wide representation at the meeting. This process and the final reformation and sustainability of the Council will require additional funding. Lobbying for this funding will be a major project during next year.

A joint project of Alukura and the Nganampa Health Council will be the release of the fourth edition of the

Women's Business Manual. Planning has already commenced, with a project officer expected to be engaged early in 2004.

Discussions with the NT Department of Health and Community Services' Women's Cancer Screening Program have seen a commitment to recommence **Mammogram Screening Week** at Alukura. It is expected that this will recommence in 2004 and provide an appropriate and comfortable place for Aboriginal women, particularly those from remote areas, to seek breast screening, providing Alukura the ideal opportunity to conduct Well Women's Screening in conjunction with breast screening.

In 2004 the YWCHEP will be seeking funding to produce another sexual health educational video as the second in the *Cover Your Tracks* series, planning a review of the YWCHEP curriculum, and reviewing and reprinting the sexual health pamphlet series. Discussions will commence with other Congress programs on the feasibility of holding a **young women's health summit** to provide young women with the opportunity to make recommendations on issues in relation to their sexual health and other matters.

Central Australian Aboriginal women began talking with Congress about the need to respect traditional birthing practices in the early 1980s. In 1984 Congress started an extensive community consultation research program that culminated in the first Birthrights Conference in Alice Springs. This conference directed Congress to pursue the model of the Alukura Women's Health program. In late 1986 funding was received to start a pilot program from the Hartley Street premises. In 1987 the Alukura Council was established and in 1988 the program moved into an Aboriginal Hostels house in Mueller Street to provide antenatal and postnatal care and promote women's health checks. The Alukura Council meeting in June 1989 recommended that Alukura develop a birthing centre. Funds were secured in 1991 and the service moved into its purpose-built centre in 1992. The first birth at Alukura occurred in September 1993. Alukura received the United Nation Human Rights Award in 1994. In 1997 Congress Alukura hosted a three-day Women's Health Confest attended by over 700 women. Congress and the ASH signed a historic Birthing Agreement in 2002, giving Alukura midwives visiting rights at the hospital, and in May of that year the first birth was delivered at the hospital by Alukura midwives.



Branch Manager
Rebekah Kidney

Ampe-kenhe Apmere Childcare Centre experienced another very busy year in meeting community demand for its places. The 55 places were all filled and many requests, unfortunately, had to be turned down during the year. Whilst providing for the needs of its regular children, the centre also retains a capacity to provide childcare to the children of students of the Batchelor Institute of Indigenous Tertiary Education and the Institute for Aboriginal Development during their study blocks.

The childcare centre was actively involved in Child Protection Week, Universal Children's Week and Aboriginal and Torres Strait Islander Children's Day. For Aboriginal and Torres Strait Islander Children's Day, the centre **hosted a barbecue** attended by families of the centre and the broader community. There were Aboriginal dancers teaching the children traditional moves and providing entertainment for the guests.

Branch Manager Jacquie Charles attended the **Secretariat of National Aboriginal and Islander Childcare Centres (SNAICC) Conference** in Melbourne in July. The conference brought together a wide range of people working to improve services in childcare and welfare for the Aboriginal community. It was a valuable experience to meet and network with other multifunctional Aboriginal childcare centre staff and talk about common problems, and exchange ideas about potential solutions to issues facing both the centres and their clients. In common with other centres the need to address funding and workforce issues is of great importance to Congress.

Ampe-kenhe Apmere continued its work with the Department of Family and Community Services (FACS) in the **foster program for Aboriginal children**. As well, the centre provided a number of local education institutions with work placements for trainee childcare workers or students gaining work experience.

A major highlight of the year was the completion of a **multicentre study into the health of childcare workers** and its impact upon their work, in which Ampe-



● *Decendance dance group visited Ampe-kenhe Apmere Childcare Centre as part of Aboriginal and Torres Strait Islander Children's Day festivities.*

kenhe Apmere participated. It was one of five long-daycare centres studied. The results were presented to Congress in October. The study's objectives were to identify major issues for childcare workers regarding health in the workplace, childcare worker absences and related movements, absences due to illness and injury in childcare workers, and the turnover of childcare workers and the impact on staff of staff shortages. Data from the study identified that childcare workers were exposed to high levels of common disease that led to absences, and that staff experienced stress dealing with staff shortages, parents and feelings of commitment to work, even when staff had their own wellbeing to consider. These issues were noticeably compounded by whether workers were smokers: non-smokers have half the number of absences of smokers. Whether or not study participants held childcare qualifications was another important factor, with unqualified workers exhibiting twice the level of absences as qualified workers. This was explained by the qualified workers having training that better equipped them to cope with the stresses they experienced. A major recommendation arising from the study was the need for both the community and governments to improve the status afforded to childcare workers, by changing the perception that childcare is a low status career and by improving the remuneration of childcare workers to reflect the valuable role they play in the community.

Congress engaged Darwin-based consultants Debbie Wilson and Associates to undertake an **operational review** of Ampe-kenhe Apmere: to access its financial situation, taking into consideration regulatory and funding requirements, the centre's mission, structure,

program, staffing, and demand for its services. The final review, received in March, identified that a number of one-off expenses had been born by the centre in recent years. The review recommends some cost-saving measures which are being considered to stabilise the financial situation, whilst supporting the commitment of the centre to provide quality, affordable and a culturally empowering range of programs and services for its clients.

plans & prospects

The centre will proceed with the reaccreditation process with the Quality Accreditation Organisation. A self-study report was submitted in late 2003 and a visit by evaluators is anticipated for early 2004.

The centre aims to have Aboriginal elders spend time at the centre on a regular basis, teaching the children music, stories and the art of painting so that the children's understanding of Aboriginal cultural heritage can be enriched.

In 1981 Congress opened a childcare drop-in centre in Bath Street, Alice Springs, where parents could drop off their children while they did business in town. When this service outgrew its premises it was moved to a house in Bloomfield Street and became a childcare centre. In 1990 funding was secured and building commenced on a purpose-built facility at 23 Gap Road: the new Ampe-Kenhe Apmere Childcare Centre was opened the following year. Later the centre was recognised as a Multifunctional Aboriginal Children's Services (MACS).



Branch Manager
Jacquie Charles

Jacquie commenced as branch Manager in early April following the resignation of the previous Branch Manager Alison Breheny in March.



● Director Stephanie Bell and children cut the cake as part of the Aboriginal and Torres Strait Islander Children's Day activities held at Ampe-Kenhe Childcare Centre.



Strong demand for Congress's AHW training from both students and employers has fuelled the continued growth of the branch since its re-establishment in 2002. This year saw success for both completing students and the year's new intake. Underpinning this success has been the hard work of staff in recognising and addressing the particular needs of Aboriginal students undertaking vocational training. In addition to course-based activity, the Health Education and Training Branch (HETB) has addressed registration issues to ensure the continued viability of the unit.

Initial heavy interest in the course translated into **strong enrolments** for the 2003 intake in April. Training for these students is progressing well. Students training through Congress get to access on-site clinical placements that provide real hands-on training experience as they progress through the course, backed up by immediate access to lecturing staff, as well as the extensive knowledge of the team working in the Clinic. Students from remote communities undertake placements in their local Aboriginal community-controlled health services, gaining support from those services' staff, as well as visits from Congress and CARHDS staff. Students from the 2002 intake have completed their studies, including one from the Mutitjulu Health Service.

Identifying **student support needs**, and being able to create an environment to address those needs has been a key determinant in the successful retention of students. Where such factors are in the control of the branch — factors such as ensuring that students are well orientated to the rigors demanded of the course at the outset, that careful literacy and numeracy assessments are undertaken and additional training support is available — coordinated and planned action can be taken. However, some issues are outside the direct control of the program. These issues, such as the poor level of the Abstudy allowance leading to students living in poverty and the difficulties experienced by some students in balancing their role as young mothers and as students, must be dealt with at a broader level. Then the role becomes one of advocating for government reform in education financing policies or assisting



● AHW students training at Congress have access to on site clinical placements.

students to seek childcare places or counselling students on the appropriate time for them to return to study.

There have been some practical changes to support course delivery, including **upgrades to the training facility and the purchase of new teaching equipment**. The teaching program is constantly reviewed and improvements documented. In January, Branch Manager Lesley Nelson resigned to take up opportunities interstate. New Branch Manager Linda Zerna was appointed from amongst the lecturing staff; her old position was successfully filled with the recruitment from within Congress of AHW Eileen 'Beanie' Campbell, herself a graduate of the Congress program some years earlier. Eileen brings an AHW's perspective to the teaching complement. The departure of Lecturer Jill Richards to take up a nursing position with the Amoonguna clinic led to the recruitment of Marita Hope in July. With all branch staff having both clinical and teaching skills there is considerable flexibility to deliver training across a broad spectrum of competencies.

The Health Education and Training staff are members of the AMSANT Trainers Network and the Central Australian Trainers Network. The networks meet every six weeks and quarterly, respectively. These forums provide an invaluable opportunity to meet with other stakeholders, to share new information, resources and ideas, discuss issues, problem solve and forward plan. Both networks are proactive and, on occasion, lobby government to improve access and equity for the funding, training, literacy and numeracy, assessment and resources of AHW training and professional development.

In May 2003 Community Services and Health Training Australia, undertook the **AHW&TSI National Competency and Qualifications Project**. Branch Manager Linda Zerna is a mem-

ber of the Northern Territory working group and the National Industry Reference Group. Linda was invited, and accepted, a role as technical writer for this project. It is anticipated that the project and a new qualification framework will be completed by the end of 2004.

A final **Australian Quality Framework (AQF)** compliance report was forwarded to DEET in May 2003. The HETB completed the annual self-assessment against the AQF standards in November, ensuring a quality service delivery in education continues. The branch has been involved in the Commonwealth Office of Aboriginal and Torres Strait Islander Health (OATSIH) working group to develop and review performance indicators for OATSIH-funded AHW training providers.

plans & prospects

Negotiations are well advanced with Urapuntja Health Service and discussions have commenced with Areyonga regarding the provision of AHW training for these communities. In 2004 the HETB proposes to establish a course-management committee to provide industry and client oversight of the courses delivered by the branch. This will provide a further formal

mechanism for communication and feedback between industry, students and course management.

While it has been a goal for some time to secure recurrent funding from the NT Department of Education Employment and Training to facilitate training in Aboriginal health work, in 2004 this will become a major priority. With the roll-out of the new primary health care services, funded under PHCAP, there is a growing demand for quality trained AHWs for these new and other emergent services in the region. In addition there are now a substantial number of existing AHWs who have gained recognition for their competencies under Certificate III, who now wish to go on with further study for higher qualifications. A planned collaborative effort by stakeholders such as OATSIH and AMSANT registered training organisations to convince the Northern Territory Government of this need, will aim to achieve positive funding outcomes. Subject to securing an adequate funding base the HETB will apply for an extension of scope to provide for new apprenticeships and the AHW Certificate IV.

● *Congress in 2003 continued a 30-year tradition of training Aboriginal health workers.*

Congress started employing AHWs from very early in its development; their training was managed on-the-job by doctors and other staff. From this commitment to incorporate Aboriginal staff into the clinical and community development programs of the organisation, Congress has maintained a training program throughout the various changes that have occurred in the national training agenda. The Congress Aboriginal Health Worker training course was accredited in 1995. Congress, along with the other AMSs in the NT, has led the campaign to gain recognition at a national level for the unique clinical competencies and skills held by NT AHWs.



Branch Manager Linda Zerna



SOCIAL EMOTIONAL WELLBEING BRANCH



The Social and Emotional Health Branch (SEHB) social health team provided an extensive range of counselling and support services to clients confronting an increasingly complex range of social issues. This program was maintained while **the branch relocated to improved and expanded premises in the centre of town.** The Youth Outreach Team also delivered an active program of support activities and advocacy services while maintaining an extensive range of collaborative relationships with other agencies. A key outcome of these interagency collaborations was the development of the 'out-of-hours' Youth Drop-In Centre. Hosting the very successful Congress 30th Anniversary Youth Disco was a highlight of the year.

The SEHB implemented the **new structure** for its service, as recommended in the review of the service undertaken in 2002 by Dr Pam Nathan. The new structure is built around the comprehensive Social Health Team model. Social Health Teams in Aboriginal community-controlled health services are multiskilled and multidisciplinary teams that provide a range of social health services, including mental health, substance use, grief and loss, and family and welfare support. These may address issues in the area of depression, anger management (including responses to racism and personality issues), suicidal thoughts, loneliness (isolation from country, friendship and family), financial and budgeting, assisting youth to return to school and specialist support from a psychiatrist.

With the implementation of the social health structure the ability of the service to assist clients in dealing with the many and varied issues they confront saw **presentations increase by 68%**. Although emergency relief presentations were 6% lower than expected for the year, this probably reflects the delay experienced in funds being made available from the funding agency, rather than a lower demand for the service by the community.

Congress SEHB relocated from its Gap Road premises in July to the Colocag Plaza (Todd Street), in the central business area of Alice Springs. The branch had outgrown the old Gap Road building and staff felt that

during the process of waiting for funding to redevelop the site for purpose-built premises, Congress should consider relocating to ensure service demand was being met with more suitable consulting rooms providing improved client comfort.

The year saw an **increase in bush clients** presenting for social support. These clients have often relocated to town due to illness (chronic diseases) and experience difficulties adjusting to a new lifestyle and its demands. The SEHB provided a range of support, from counselling to assisting with budgeting and general orientation into the demands of town life. Clients also present in crisis with family pressures from extended families, the result of overcrowded accommodation and lack of support for these individuals. Grief and loss (cultural obligation) issues increase pressure for individuals to provide for others when they are surviving on a bare minimum with their own immediate family. Although a majority of clients will present to the clinic with domestic violence issues, which require medical attention, SEHB sees individuals to provide counselling and social support. This can include strategies to deal with the issue and information on access to other services. These types of issues are daily events in clients' lives; often people present to the service in crisis, unsure of how to address such issues in the framework of modern expectations of daily living.

There has been an increase in clients presenting with social service issues that are not being adequately or properly addressed by other agencies. This adds extra work upon SEHB staff to provide an advocacy service for these people in dealing with and getting other agencies to fulfil their obligations correctly. Housing is an urgent issue, with waiting times for government housing in Alice Springs increasing and the criteria for entering the private housing sector a barrier for Aboriginal people in need. The lack of housing adds pressure on families who do have accommodation to provide housing to those who are homeless or in desperate need; this creates overcrowding and can lead to family disputes.

SEHB staff are often called to clarify medication, treatment and care issues with Alice Springs Hospital clients after their discharge, and to ensure the client arrives home safely. This may require financial support, making calls to seek temporary accommodation while families are contacted to pick them up



(families may live up to 500 km outside Alice Springs). Again, this is providing a service and a liaison function which are other agencies' responsibilities; the hospital have their own staff for this purpose.

Applied Suicide Intervention Skills Training (ASIST) was provided by qualified SEHB staff who delivered two training units in March and November to community members working with at-risk clients. Participants gained skills in intervention and suicide prevention when dealing with clients who are considered as being at risk.

A **National Strategic Framework for the Aboriginal and Torres Strait Islander (ATSI) Mental Health and Social Emotional Wellbeing** has been developed; this document is linked to the revised National Strategic Framework for ATSI Health. It is a five-year plan for progressing social and emotional wellbeing in the community-controlled sector. The framework is linked to the development of the Third National Mental Health Plan, with a focus on existing State, Territory and national commitments. The document recognises the need to address Aboriginal and Torres Strait Islander peoples' high rates of mental health and social emotional problems. The document is a framework document which highlights the need for government commitment to ensure these issues are addressed. The Commonwealth currently funds 14

● *Social and Emotional Health Branch's temporary office at Colocag Plaza provides more suitable consulting rooms and improved client comfort while awaiting the redevelopment of the Gap Road site.*

Regional Social and Emotional Wellbeing Centres throughout Australia; most of these are auspiced by Aboriginal medical services. These centres' activities are based upon four core objectives: delivering training, collecting data to determine the level of need in mental health for their population catchment, promoting good practice, and providing support to Aboriginal and Torres Strait Islander health workers. In addition, Congress's centre includes a counselling objective. A strategic plan for Social and Emotional Health has been drafted by the Social and Emotional Working Party under the NTAHF. It is currently before the forum awaiting endorsement.

the youth outreach team

The Youth Outreach Team (YOT) has seen a steady increase in the number of clients being referred to the service over the last 12 months, including an increase in the number of young males. The YOT has also benefited from the relocation to Colocag Plaza and has had long-standing vacant staffing positions filled.

The YOT coordinated the **Congress 30th Anniversary Youth Disco** held at the Alice Springs Youth Centre. It was

In 1987 Congress secured funding for a research project, *All That Rama Rama Mob: Aboriginal disturbed behaviour in Central Australia*. The project involved extensive community consultations to gain an overview of Aboriginal perceptions of what was disturbed behaviour and what sort of services were required to help the community deal with the issues arising from it. The two-volume project report was released in 1988. By 1995 Congress realised that the existing services were not able to adequately serve Aboriginal people's needs and a psychologist was employed. In 1996 the first Aboriginal counsellor was employed and in 1997 the Social and Emotional Health Branch was established as a Social and Emotional Wellbeing Centre. In 1998, in response to concerns over the high level of youth suicides in Central Australia, Congress organised a youth summit at Blatherskite Park which was attended by over 300 young Aboriginal people. Arising from this event Congress started the Youth Outreach Team and in the same year the Social and Emotional Branch moved into premises at 19 Gap Road (old Arrente Council). A second summit was held at Ross River in 2001 attended by approximately 300 young Aboriginal people from around central Australia.



Branch Manager
Dawn Fleming

about us

● THIS PAGE AND OPPOSITE: Three hundred young people attended the Youth Disco to celebrate Congress's 30th anniversary, creating a memorable and very successful event.



attended by over 300 young people and was supported by a number of local businesses and other youth organisations. YOT also conducted a mid-year school holiday program for high-risk young people involving activities such as movies, bowling, camel riding, and rock climbing. In March the Youth Outreach Team were, in conjunction with other agencies, involved in convening the inaugural Central Australian Youth Workers Forum at Wallace Rockhole community. The forum involved a week of training workshops for those working with young people, aimed at establishing networks. It provided a forum for discussing issues related to work in the youth area and issues impacting upon young people.

The need for a drug and alcohol sobering-up service and rehabilitation/treatment service for young people, is an issue that was identified during a number of **community forums**, including the Office of Crime Prevention (OCP) Regional Advisory Committee, the OCP Child and Youth Safety Strategy Subcommittee (which is in the process of developing a regional strategic plan for children and young people) and the CARIHPC Substance Misuse Action Group. The availability of low-cost housing in Alice Springs is a significant issue affecting the broader community, particularly young people. The YOT identified a serious shortage in access to low-cost long-term accommodation and crisis/emergency accommodation for disadvantaged Aboriginal people, particularly young people aged 18 to 25. This creates significant issues, particularly for young families with children.





The YOT has played a significant role in developing strong community service networks and partnerships with other service providers engaged in services for young people, including Reconnect, Tangentyere Council, Alice Springs Youth Accommodation Support Service, Bush Mob, NT Police (both operational and Juvenile Diversion Unit), NT Department of Family and Community Services (FACS), Gap Youth Centre and the Alice Springs Youth Centre. As part of this collaborative work the YOT has participated in the establishment of key interagency/sectorial committees and the development of memorandums of understanding governing their joint partnership arrangements/programs, including the after-hours Youth Drop-In Centre Committee, The Interagency Case Management Group, and the Safe Families Reference Group. The YOT coordinator participates in the OCP child and youth regional strategic plan subcommittee and sits on the Central Australian Regional OCP Safer Communities Advisory Committee. Maxine Campbell, the senior case worker, is also representing issues of young people as a member of the Chief Minister's Domestic Violence Advisory Committee.

YOT has played a significant role in the development of a memorandum of understanding for services providing support to high-risk

young people to operate an after-hours Youth Drop-In Centre. The Youth Drop-In Centre involves the police, FACS, the Night Youth Patrol, and the ASYASS Refuge.

plans & prospects

Securing funding to redevelop the Social Emotional Wellbeing Centre at the Gap Road site within the next two years is a major organisational focus for the future.

In August 2003 SEHB counsellors commenced providing sessions at the Central Australian Stolen Generations and Families Aboriginal Corporation (CASG&FAC), further development of this partnership to provide counselling to clients who are members of the corporation remains a high priority for Congress.



The Youth Outreach Team will continue its collaborative work to maintain the extensive network of support services that have been established for Aboriginal (and non-Aboriginal) youth in Alice Springs and surrounds.

Gaining significant improvement in the level of staff retention was an achieved goal of the Human Resources Branch this year. In order to achieve this goal and ensure ongoing success, the branch has developed and improved its effective recruitment, orientation and staff support programs. The branch has also continued to provide expert services to a range of external agencies and organisations. In addition, the branch has expanded to cover the Congress promotions area.

The certification of the **Congress enterprise bargaining agreement (EBA)** by the Australian Industrial Relations Commission in January completed the final act in the EBA's development which had been a major feature of the previous year. The EBA negotiated — with the involvement of Congress staff representatives and representatives of the two unions at Congress — will govern employment relations in the organisation over the next three years.

Congress has been pleased to note the **significant increase in its staff retention rate**, a trend which has developed over the last several years. Recent figures indicate that for core-funded positions, staff turnover has dropped from 20% in 2000–01 to 1.9% in 2002–03. This reduction in staff turnover means that Congress staff numbers have become far more stable. Stability has a number of advantages for Congress. Firstly, there are reduced recruitment costs.

Recruitment is a costly and time-consuming process — advertising is a significant cost. The formation of selection panels involves a number of staff in a process that takes them away from their normal duties.

Stability also gives training benefits. Retaining staff means Congress also retains the benefits of the training we provide. It is frustrating and expensive to train staff only to have them leave for employment elsewhere. This applies to both on-the-job orientation and training as well as formal training through specific courses. Increased productivity is a major outcome of better retention rates. Experienced staff are more productive: they gain greater mastery over their workplace demands, they are more familiar with the local community and its needs and

relationships, they have better understandings of colleagues' work styles and the organisation's corporate history, and they require less supervision. Retaining our experienced staff allows all staff to work more effectively to provide a quality service to our client group.

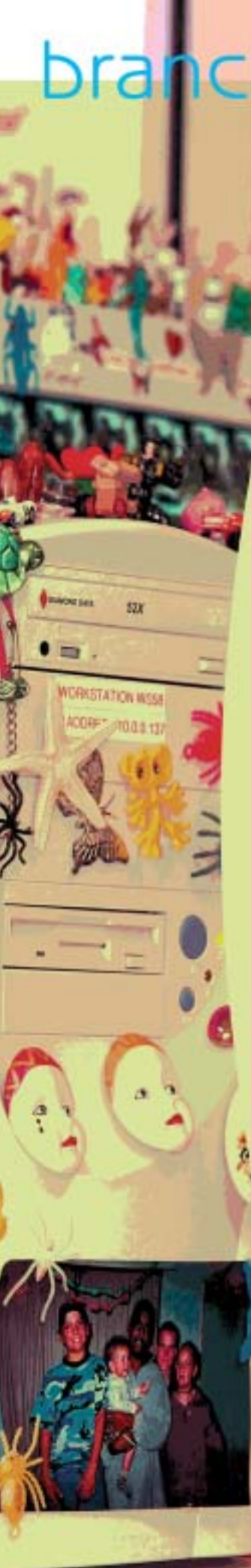
At an organisational level some of the reasons for the increased staff retention are a strong management structure at Congress as well as appropriate conditions and levels of remuneration achieved through the enterprise bargaining agreement.

There are a number of Human Resource Branch-specific factors that have also been identified as contributing to the improvement in staff retention. Ensuring that Congress has a merit-based appointment process and that all candidates are given comprehensive information regarding positions being applied for has been in operation for a number of years. Over the past year the branch has placed considerable emphasis on the development of a comprehensive orientation program for new staff. Recent feedback indicates that this program is well received and is a significant factor in staff feeling comfortable about working at Congress. Ensuring that staff appraisals and probation processes are timed appropriately, and ensuring that staff gain support and feedback on their performance has been another key focus area.

Providing training and career development support is another important area of the branch's activity which helps contribute to staff satisfaction and retention rates.

The implementation of the **Congress Staff Training and Development Plan** progressed in 2003. Staff continue to participate in accredited training courses, 10 staff will complete training courses this year across a range of qualifications from Certificate II to diploma level programs. The introduction this year of the Congress Career Development Planning Guide has assisted staff in planning career development, and has provided a procedure for applying for support from Congress to achieve career goals. Career-planning workshops have been held to outline these procedures. Management has continued to support training, balancing rosters to enable staff to participate in training, while still providing the required level of client services.

Early in the year branch managers agreed to introduce a **rewards and recognition scheme**. The aim of the scheme is for Congress management to recognise and reward the achievements of staff in the performance of



Established as part of Congress Corporate Plan (1995), the Human Resources Branch meets the needs of the organisation's human resource recruitment, retention and orientation. Until recently the smallest branch, in 2003 the promotions officer position was transferred from Directorate to the branch.



Branch Manager
Bob Wharton

their duties. The scheme operates informally through the branch managers' meetings and is administered by the Human Resources Branch. Typically the Reward and Recognition Program involves a letter from the director thanking the employee for the additional effort they have made in the performance of their role at Congress. Often the reward may include a gift voucher for a meal at a restaurant or a bunch of flowers as a further way of saying thank you. In introducing the scheme Congress management was conscious that while it is easy to criticise inappropriate behaviour, organisations are often slow to recognise the many good things employees do. Informal feedback indicates that the scheme is appreciated by staff.

The branch, in conjunction with the Cultural and Political Committee, has placed considerable emphasis on the development and review of the **comprehensive orientation program** for new staff. Regular feedback indicates that this program is well received and is a significant factor in staff feeling comfortable about working at Congress.

In addition to staff support, the branch provides organisation-wide human resource functions. This year they included regular programs of occupational health and safety training, with the goal of having a fully trained peer support team and an emergency warden team operating within the organisation. The branch has been working on establishing a comprehensive database covering all Congress positions. When finalised, this database will provide an accurate record of all staff details, including performance appraisal, various types of leave entitlements and salary increment. The start of the year saw the introduction of a Congress uniform for Clinic and Alukura staff. The new polo shirts come in a choice of colours and have been favourably received by staff and clients alike.

There have been a number of **new positions** at Congress over the last year. These new positions have arisen from new programs or the expansion of existing programs. These positions have been filled and Congress now has a full complement of medical staff. In March the branch gained the services of new HR Administrator Leshay Maidment, who transferred from Directorate. In July this year Promotions Officer Barbara Clifford became part of the HR Branch. This means that HR is no longer the smallest of Congress branches. The promotions officer continues to implement the organisational promotion agenda and provides technical support for staff developing health promotion materials.

During this year Congress took over responsibility for the running of the **community health clinic at Areyonga**. This transfer of responsibility meant that the clinic's staff have now become Congress employees. The HR Branch was involved in the transfer process to ensure

a smooth transition and the preservation of entitlements.

Discussions are continuing over Congress's role in **auspicing** a medical service in the primary health zones of Warlpiri and North Barkly regions. Both these services will require the recruitment of medical and administrative staff who in the short term will be Congress employees. As in previous years the branch manager has continued to provide HR advice to external agencies, particularly through the Aboriginal Medical Services Alliance of the Northern Territory.

plans & prospects

In the coming year the HR Branch hopes to further consolidate staff retention and we are looking forward to a stable workforce with recruitment kept to a minimum. The branch would also like to examine ways and means of reducing the time lost at Congress through staff absences. In this way it is hoped that Congress can become more productive.



● Human Resources Administrative Officer Leshay Maidment.

Directorate continued to undertake an extensive range of activities on both internal and external matters in 2003 that reflect the branch's support role for all of Congress's services and the full range of external advocacy commitments that Congress is engaged in: in its own capacity and as a key partner of the Aboriginal Medical Services Alliance of the Northern Territory.

internal issues

The deputy director oversaw the work of all of the branches of Congress, both in regular individual meetings with branch managers and through the weekly branch managers' meeting.

Directorate worked with Services Branch on key developments, such as the Quality Assurance Program, the development of new data sets to assist in the evaluation of the Community Health Programs, in the redesign of the Bush Mobile Program and in drafting the successful submission for the new Chronic Disease Program. The deputy director and the public health medical officer continued to participate in Services Branch meetings. Directorate also worked with the Central Australian Division of Primary Health Care to secure funding to extend our after-hours service by the introduction of a new free call 1800 number, as well as a transport service on Sundays.

Directorate, in consultation with Congress Cabinet, managed the extensive celebrations marking **Congress's 30th Anniversary**. This included developing new merchandise, the Open Day activities including the dedication of the renovated Clinic, holding the celebratory dinner, bringing together a large number of past Cabinet and staff and, in conjunction with the Youth Outreach Service, the Youth Disco. The promotions officer was heavily involved in developing a range of new promotional materials to coincide with the 30th Anniversary and to ensure that Congress information was well presented at the Alice Springs Show, where again hard work was recognised by the Show Society. The promotions officer worked with the Male Health Program in developing a community service announcement with Imparja TV featuring Cuz Congress, as well as other promotional activities

in support of the organisation and its programs. Later in the year the promotions position was transferred to the Human Resources Branch. Directorate staff continued their involvement in Congress staff orientations and the NTGPE medical student placement orientation.

external activities/ workforce issues

In conjunction with AMSANT, a submission to the **National Aboriginal and Torres Strait Islander Workforce Strategic Framework** was developed, which was later endorsed by the Australian Health Ministers' Advisory Council. Following this, the deputy director chaired the NTAHF working party that developed an implementation plan for the NT, since endorsed by the forum. Both these documents give clear direction on how to deal with workforce issues.

The public health medical officer continued to chair the **Northern Territory Remote Health Workforce Agency** (NTRHWA) which has played a key role in ensuring more effective support is provided to Aboriginal health services in the recruitment and retention of their medical workforce, including the provision of locum and other essential support services. The merger of the NTRHWFA and the NT Division of General Practice was achieved this year, enhancing the capacity to coordinate the improvement of GP workforce issues. In collaboration with AMSANT, Directorate was involved in the establishment of a new organisation governing the training of GPs in the Northern Territory: **Northern Territory General Practice Education Ltd** (NTGPEL). GP registrars are a very important and growing part of our workforce. Congress worked with NTGPE to ensure that the training and orientation received by doctors and medical students working in Aboriginal health is of the highest standard. Congress now has two or three GP registrars at any one time and has also assisted the Hermannsburg clinic to obtain their first registrar, who will commence in January 2004.

the primary health care access program & NTAHF

Health planning consultancies in the five Central Australian health planning zones were completed in 2003. This led to the approval of more than \$3 million of new Commonwealth PHCAP funds for the first 12 months of the zones' operations. The deputy director and the public health medical officer represented AMSANT on the steering group that oversaw the consultancies. Directorate has continued to

be involved in the development of the PHCAP policy framework and substantial changes have been made to ensure that the implementation phase can be faster for future zones. Following completion of the consultancies, Congress has been asked to auspice the new health services in the Warlpiri and North Barkly zones and we have submitted detailed budgets to OATSIH on behalf of those zones. New clinical staff, including resident GPs and health service development officers, will be employed in the first instance. Congress was also involved in developing the submission that led to major capital works funding of around \$7 million being allocated from PHCAP slippage funds to the central Australian zones. In August, with AMSANT, Congress hosted a two-day policy workshop to consider ways of progressing the full funding of the PHCAP in the 2004–05 Commonwealth Budget.

Directorate staff supported the development of **new strategic plans** under the NTAHF, including the NT Aboriginal Ear Health and Hearing Strategic Plan 2003–2006, the NT Renal Strategic Plan 2003–2007, the NT Aboriginal Emotional and Social Wellbeing Strategic Plan and the NT Health Workforce Strategic Plan.

substance misuse

Congress was involved in the Evaluation Reference Group that monitored the trail of alcohol restrictions in Alice Springs. Congress developed a new proposal, based on price, to overcome the problems that occurred with product substitution during the trial period, work continues in advocating for the adoption of this model. Directorate staff continue to be actively involved in the Central Australian Substance Misuse Action Group and the People's Alcohol Action Coalition.

research

With funding from the Centre for Remote Health and the CRCAH, Congress will undertake a **12-month research project** into the barriers that exist for the effective treatment of patients with ischaemic heart disease. In conjunction with the CRCAH

research fellow a number of research proposals were developed, including one on education resource allocation inequalities in the NT, a study developing a method for evaluating antenatal services, and a study for polysubstance misuse amongst Indigenous young people. Congress commenced collecting oral histories and material relating to the organisation's history and was successful in securing an AIATSIH grant that has assisted in the development of the Congress History Research Project.

health system advocacy

In an increasingly politicised debate around Australia's health care system, Directorate was actively involved in ensuring that measures to address the appalling status of Aboriginal health were at the forefront. The key message of the need for Aboriginal people to have access to a well-funded, universal primary health care system was strongly pushed throughout the year. Congress, in collaboration with AMSANT, gave written and oral evidence to the Senate Inquiry into Medicare, and worked closely with AMSANT CEO Pat Anderson in the preparation of her keynote address to the Australian Health Summit and in the development of the 'The Old Parliament House Blueprint for Health Reform' — a communiqué from the summit which states that improving Aboriginal health is the nation's top health priority. The summit also fully endorsed the fund's pooling model of the PHCAP in the NT and calls for the full funding of the PHCAP.

In addition, Directorate staff gave a follow-up oral submission to the House of Representatives Inquiry into Capacity-Building in Indigenous Communities, made a written submission to the Senate Inquiry into free trade agreements and gave evidence to the review of the Medicare Provider Number Legislation. In collaboration with AMSANT, Congress: made a submission to the PBS Section 100 review; worked with NACCHO to develop a proposal on 'Improving general practice engagement in Aboriginal health', which supported the PHCAP as a means to ensure GPs are

The Public Health Branch was instituted from the corporate planning process undertaken in 1994 to bring together the positions involved in, external agency collaboration, promotional and advocacy work. The Public Health Branch was dissolved in 2002 and its core functions transferred to fall under the direct management of the director and deputy director.



Branch Managers
Stephanie Bell (top) and
Donna Ah Chee

working in Aboriginal health; and created a partnership with the Division of General Practice to ensure that private GPs be encouraged to develop their services in a manner which ensures better access by Aboriginal people.

plans & prospects

Directorate will continue to provide a range of support functions to other branches within Congress, particularly in Services Branch meetings and in the areas of strategic

planning and program review, staff orientation and advocacy support.

Externally Directorate will maintain Congress's active participation in a range of policy forums promoting better access to primary health-care services, including the Primary Health Care Access Program and medical workforce reform. Directorate will also maintain Congress's collaboration with other agencies and sectors on other key social determinants of health, such as alcohol, education, and individual and community control and capacity-building.

congress statistics

total clients & consultations all localities

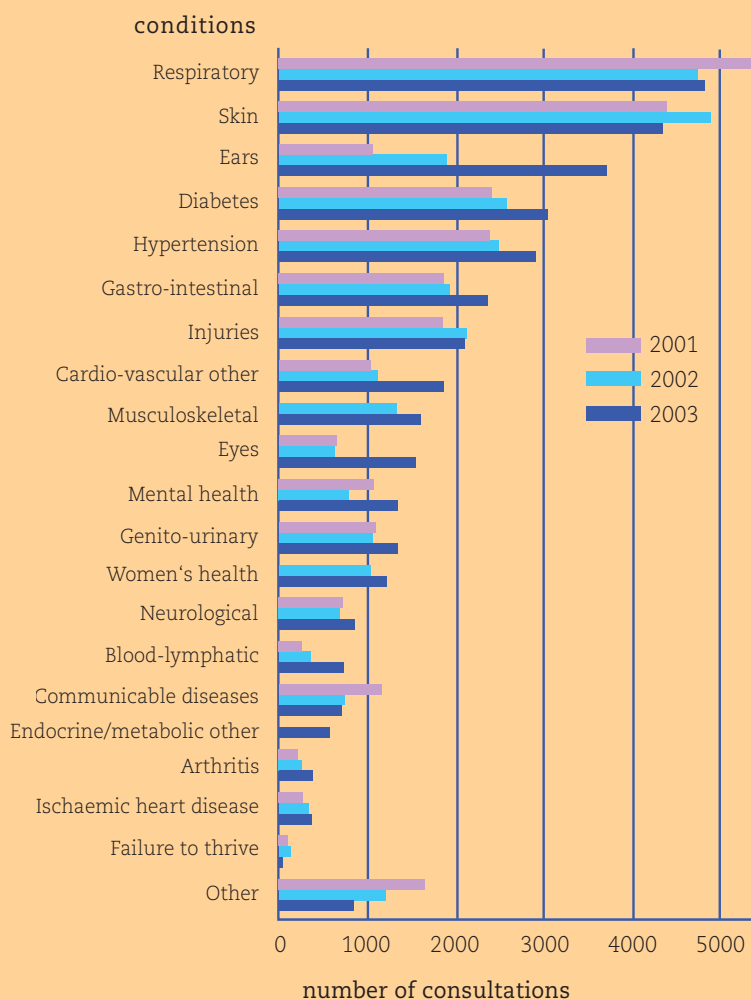
Congress saw 7059 unique clients for a total of 34 169 consultations (includes Services Branch, Clinic and Community Health Programs and Alukura, not SEHB, Dental etc.) The average number of consultations per client (avcpc) = 4.84.

clients & consultations by specific localities

- Alice Springs No Fixed Address:
8 unique clients for 24 consultations;
avcpc = 3.00
- Alice Springs Town Camps:
821 unique clients for 4327 consultations;
avcpc = 5.27
- Alice Springs Town Houses:
4836 unique clients for 25435 consultations;
avcpc = 5.28
- Outstations:
131 unique clients for 780 consultations;
avcpc = 5.95
- Central Australian Bush Communities:
581 unique clients for 1630 consultations;
avcpc = 2.81
- Localities Outside Central Australia:
682 unique clients for 1973 consultations;
avcpc = 2.89

NB: Alice Springs locality figures may include some temporary residents from other regions who have provided an Alice Springs address only when they attended our services. A significant number of clients have both a town house and a town camp address so that there may be some inaccuracy as to the allocation of their primary address.

conditions seen at congress



In addition to providing the organisation with systems management support, the Administration Branch was extensively involved in a number of key organisational events in 2003, including the Clinic's renovations, the relocation of the SEHB, Congress's 30th Anniversary events and providing the administrative component of Congress's auspicing role for a number of emerging regional Aboriginal health services.

Administration Branch staff were kept busy from the outset of 2003 in the **Clinic redevelopment**, setting up temporary structures and systems to support the ongoing operations of the Clinic, as well as taking an active role in renovating the building. The Administration branch manager provided regular liaison between the contractors and architects and Congress Services Branch management and staff. The dust hadn't settled when staff were enlisted in supporting the major events celebrating the **30th**



Anniversary, particularly in setting up and participating in the Open Day events, and tracing community members and retired staff to ensure their participation in the Anniversary Dinner. Later in the year the Social and Emotional Health Branch were relocated to Colocag Plaza in town and a number of other staff (including the Hearing Program and some Directorate staff) were relocated internally to address office accommodation issues.

Congress's increased involvement in undertaking **auspicing functions** on behalf of various remote Aboriginal health services and boards throughout the central Australian region contributed a significant workload for the branch, particularly for the Administration branch manager.

Against this hectic workload the branch continued to maintain its array of **administrative support services** for the organisation, including finance, security, vehicle and IT functions. The Administration Branch in conjunction with other branches negotiated new memorandums of understanding with Diabetes Australia NT, The North Barkly Health Service and the WYN (Warlpiri) Health Service. The AGM in February proceeded with a flurry of rain-proofing activity ensuring a successful event.

There were two staff position changes in Administration this year. During the year the Administration receptionist

position was relocated to the Clinic reception on a trial basis. This was done so as to better resource the Clinic which is often stretched. It has also helped to provide assistance to the Specialist Clinic reception function. The IT section was expanded with the appointment of an IT officer to support the IT coordinator's work.

plans & prospects

The branch will continue to improve information management systems, in particular, through the introduction of a library management software package, the development of a system to make policies and procedures in the organisation more accessible and the establishment of a new asset-management program.

about us

The *Congress Corporate Plan* (1995) identified the need to establish a branch for all administrative support staff under the management of the deputy director. This recommendation was partially implemented; the finance section remained a separate area. It wasn't until 2001 that the branch was formally established incorporating the finance section and with its own branch manager.



Branch Manager
Wayne Gorst



● **TOP:** *Managing the Clinic redevelopment was a major project for Administration in 2003.*

● **BOTTOM:** *Payroll Officer Kylie Bruggy processes Congress's weekly pays.*

congress staff 2003



Administration Branch

Branch Manager
Wayne Gorst

Financial Manager
Ian Bruce

Finance Officer (Debtors)
Hazel Andrews

Finance Officer (Creditors)
Kylie Preece

Payroll Officer
Kylie Bruggy

Information Systems Coordinator
Lyle Burrows

IT Support Officer
Duane Murdock

Clinical Information Systems Officer
Renee Bray

Property Officer
Willie Orr

Fleet Coordinator
David Kenny

Yardman
Hayden Stuart

Security Coordinator
Michael Campbell

Conflict Resolution Officer
Peter Watson

Receptionist
Michelle Lankin

Congress Alukura

Branch Manager
Rebekah Kidney

Administration Secretary
Raelene McGinness
Sonya Laughton

Women's Policy & Research Officer
Jo Hammond

Receptionist
Megan Orr
Deanna Willets
Shiree Mack

Cleaner
Margaret Woodbury

Young Women's Community Health Education Program Educator
Isabella Tusa

Community Education Worker
Julie Lechleitner

Aboriginal Liaison Officer
Elaine Campbell

Doctor
Sue Bain

Registrars

Nina Kilfoyle
Susan Waygood

Clinic Coordinator
Yvette Story
Barbara Purcell

Senior Midwife
Yvette Story

Midwife
Barbara Purcell
Maria Beattie
Sheryl Alexander

Driver
Julie Lechleitner
Audrey McCormack

Aboriginal Health Worker
Sharon Milera

Ampe-kenhe Apmere Childcare Centre

Branch Manager
Alison Breheny
Jacquie Charles

Childcare Worker L5
Anne-Marie Smith
Megan Brown

Childcare Worker L4
Babette Casey
Cleveland Mendez
Jackie Rout

Childcare Worker L3
Janelle Iles

Childcare Worker L2
Melanie Marron
Mahima Light
Shirley Urban
Lisa Lockyer
Mark Lockyer
Kurt Brandso
Vanessa Cole
Nickolas Rosalski
Irene Hanley
Marcia Tilmouth
Dow Inthavong
Karen Henry
Belinda Whittaker
Ben Williams

Gardener/Driver
Michael Rout

Cook
Noelene Hayes

Administration Assistant
Tracey-Lee Forrester
Vanessa Kruger

Health Education and Training Branch

Branch Manager

Leslie Nelson
Linda Zerna

Clinical Educator

Jill Richards
Eileen Campbell
Marita Hope

Human Resources Branch

Branch Manager

Bob Wharton

Training Officer

Jenni Mandersloot

Administrative Officer

Aileen Kennedy
Leshay Maidment

Promotions Officer

Barbara Clifford

Social and Emotional Health Branch

Branch Manager

Dawn Fleming

Administration Support Worker

Jodie Hampton
Donna Fraser
Cynthia Walker
Ellen Stubbins

Psychologist

Stephen Meredith

Counsellor

Christine Palmer
Ken Hampton
Heather Alley
Fran Coughlan

Mental Health Worker

Phyllis Gorey

Aboriginal Liaison Worker

Ronnie Peckham
Anthony Lake
Sharon Steele

Youth Outreach Team Coordinator

Karen Walshaw

Senior Youth Worker

Maxine Campbell

Youth Worker

Leanne Swan
Stacy Richards

Youth Counsellor

Gerard Waterford

Services

Branch Manager

Barbara Richards

Administration Officer

Tracey Roman

Health Promotion and Programs Officer

Melissa Roberts

Clinical Services Manager

Trish Hall

Driver

Matthew Strangways

Steve Peckham

Michael Dodd

Robert Roman

Medical Officer Coordinator

Tania Janusic
Peter Tait (Acting)
Koen de Decker (Acting)

Medical Officer

Lone Anderson
Kristien Brouwers

Zareen Baqar

Koen de Decker

Crina Solomon

Wakinyja Tabart

Peter Tait

Susan Wearne

Elizabeth Lewis

Arman Yazdani

John Wakerman

Smko Ali Sharif

Katrien Depraetere

Medical Registrar

Nina Kilfoyle
Rae Lin Huang
Jadon Ting
Armando Alcantara

Susan Waygood

Amy Huyhn

Julie Son

Public Health Nurse

Karen Collas
Louise Dennis (Acting)

Registered Nurse

Jenny Nott
Anissa (Buffy) Thompson
Amber Barrington

Chronic Disease Project

CDP Manager

Melissa Roberts

CDP Quality Enhancement Nurse

Paul Ryan

CDP Triage Nurse

Denise Flanders

Child Health Coordinator

Lesley Nuttall

Child Health Worker

Thea Nungala Dempsey

Child Health Nurse

Moira Jane-Conahan
Amber Barrington

Male Health Coordinator

Douglas Walker

Male Health Worker

Brian Castine

Ear Health and Hearing Coordinator

Kathy Bethune

Audiologist

Anstee Nicholas

Ear Health AHW

Margie Lankin

Aboriginal Health Worker

Eileen Campbell

Louise Dennis

Norman Dulvarie

Josie Fly

Margie Lankin

Cindy Koolmatrie

David Nicholls

Karina Penhall

Doraleen Warrior

Paul Hingston

Lenny Law

Ross Cole

Anna Smith

Robert Wilson

Teresa Dodd

Dentist

Terence Keong

CRCAH Dental Assistant

Trainee

Codie Machielson

Pharmacist

Jane Strauss

Margie Craig

Pharmacy Assistant

Richard Grinvalds

Emily Cox

Senior Medical Receptionist

Jennifer Petterson

Renee Bray

Medical Receptionist

Donna Roman

Melissa Walker

Duane Bray

Rachel Tait

Manu Rauhihi

Medical/Specialist Receptionist

Megan Griffiths

Michelle Lankin

Cleaner/Hygiene Worker

Elizabeth Campbell

Grace Smith

Directorate

Director

Stephanie Bell

Deputy Director

Donna Ah Chee

Executive Secretary

Stephanie Mouthaan

Joh Ann Coates

Public Health Medical Officer

John Boffa

Policy and Research Officer

Clive Rosewarne

Strategic Planning and Evaluation Officer

Simon Kroes

Attached to Directorate

AMSANT Services Support Officer

Bob Duman

CARIHPC Project Officer

Michelle Stevens

Ariel Couchman

CRCAH AMS Research Fellow

Sanchia Shibasaki

CARIHPC Eye Health Coordinator

Arnawaz Merchant

Amoonguna Clinic

Senior Nurse

Dave Evans
Jeannie Kreimer

Remote Area Nurse

Jill Richards

Medical Officer

Alex Hope

Crina Solomon

Administration Officer

Lauren Jarrett

Utju Health Service (Areyonga)

Registered Nurse

Alison Thomas

Aboriginal Health Worker

Sarah Gallagher

Rachel Tjukintja

Cleaner

Upia Long

Ntaria Health Service (Hermannsburg)

Medical Officer

Dianna Gillatt

Congress Outreach

CAAC external committees

Director Stephanie Bell: AMSANT (Chair), NTAHF (Chair), CRAH, NACCHO, IAD, CARHDS (Chair), CADPHC, General Practice Division NT, NHMRC Guidelines Review Group – Screening to Prevent Cancer, CRAH SME (Convenor), CA Youth Link-Up Service Consortium.

Deputy Director Donna Ah Chee: AMSANT, CADPHC (proxy for Director), CARIHPC (Chair), PAAC, CRH Advisory Group, Central Australian Human Ethics Aboriginal Subcommittee, NTAHF Workforce Issues Working Party.

Alukura Branch Manager: National Aboriginal and Torres Strait Islander Women's Forum, National Aboriginal and Torres Strait Islander Advisory Committee – Kids and Sids, Central Australian Indigenous Sexual Health Action Group.

Social and 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 Party, National Strategic Framework for the Aboriginal and Torres Strait Islander Mental Health and Social Emotional Well Being Social Health Reference Committee.

Education and Training Branch Manager: Central Australian Training Network, AMSANT Trainers Network, AHW&TSI National Competency Review NT Working Group, AHW&TSI National Competency Review National Industry Reference Group, Technical Writer for the AHW&TSI Competency Review Project, Central Australian Division of Primary Health Care AHW Pharmacy Reference Steering Committee.

Clinical Educator (E Campbell): Central Australian Training Network, AMSANT Trainers Network, Central Australian Division of Primary Health Care AHW Pharmacy Reference Steering Committee.

Clinical Educator (M Hope): Central Australian Training Network, AMSANT Trainers Network.

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 Ltd (Vice-Chair), Tristate Management Committee, PHC Research Education and Development Committee, Alice in 10 Quality of Life Substance Misuse Action Group, Chronic Disease and Social Determinants Standing Committee, Rural Retention Advisory Committee.

Research and Policy Officer: PAAC, CRAH Development Working Group, NTCOSS/NT Shelter Policy Officer Advisory Committee, PHAA Aboriginal and TSI Special Interest Group.

Alukura Midwife (B Purcell): NT Family Planning Committee.

Alukura Women's Policy and Research Officer: Central Australian Family Violence Network.

Youth Outreach Team Coordinator: Interagency Case Management Meeting, Youth Link-Up Service Board, Youth Drop-In Centre Development Committee, Safe Families Reference Group, Office of Chief Minister Regional Crime Prevention Advisory Committee, Office of Chief Minister Regional Crime Prevention Advisory Committee – Child and Youth Safety Committee.

Youth Counsellor: Central Australian Young People's Information Network, Youth At-Risk Crisis Response Team.

Senior Youth Worker: Chief Minister's Domestic Violence Advisory Committee, Central Australian Young People's Information Network, Interagency Case Management Meeting.

Counsellor (F Coughlan): FACS/Child Welfare Coalition Interagency Reference Group, AICCA Review Consultation Committee.

publications, submissions & papers

Publications

Rosewarne, C & Boffa, J 2003, 'Alcohol and Alice Springs: Meeting the needs and wishes of the community', *Indigenous Law Bulletin*, June, vol 5, issue 25.

Submissions

Senate Foreign Affairs Defence and Trade References Committee on the relevant issues involved in the negotiation of the general agreement on trade in services (GATS) in the Doha Development round of the World Trade Organisation and The Proposed Free Trade Agreement (FTA) between Australia and the United States.

Senate Inquiry into Medicare (representing AMSANT) oral submission to public hearing Adelaide.

NT Department of Community Development, Sport and Cultural Affairs, discussion paper, 'Home Territory secure affordable housing 2010'.

House of Representatives Standing Committee on Aboriginal and Torres Strait Islander Affairs, oral submission to public hearing Alice Springs Inquiry into Capacity-Building.

Papers

Bell, S, 'Racism and the health sector', Multicultural Council of the NT Seminar on Racism, Alice Springs, March 2003.

Boffa, J & Ah Chee, D, 'The development and implementation of PHCAP in the



● Cuz Congress returned in 2003. Here he muscles up to Alice Springs Mayor Fran Kilgariff at the Alice Springs Show.

NT', Australian College of Physicians Ethics and Health Financing, Melbourne, November 2003.

Boffa, J, 'The role of general practice in primary health care', Tasmanian Division of General Practice Annual Conference, Launceston, August 2003.

Boffa, J, 'The development of the Congress Chronic Disease Project', Continuous Improvement Projects for Early Detection and Management of Chronic Disease for Aboriginal and Torres Strait Islander People Workshop, Alice Springs, December 2003.

Carter, B, Burdett, V & Liddle, M, 'Self-management and responsibility by Aboriginal people in managing their health', Continuous Improvement Projects for Early Detection and Management of Chronic Disease for Aboriginal and Torres Strait Islander People Workshop, Alice Springs, December 2003.

Dulvarie, N & Hampton, J (DHCS), 'PHCAP', Aboriginal Health Workers Conference, Adelaide, June 2003.

Koolmatrie, C, 'Culture within diabetes', Diabetes Workshop, Alice Springs Hospital, October 2003.

Palmer, C, 'Putting families on the government agenda and converting this into action', NTCOSS Pre-Territory Budget Forum, 'Investing in Social and Community Services in the NT: Means less families, children and youth at risk, and safer healthier communities for ALL Territorians', Darwin, October 2003.

Ryan, P, 'Congress Chronic Disease Project Implementation', Continuous Improvement Projects for Early Detection and Management of Chronic Disease for Aboriginal and Torres Strait Islander People Workshop, Alice Springs, December 2003.

Walshaw, K, 'Youth at risk', Australian Institute of Criminology Youth At Risk Conference, Alice Springs, July 2003.

visitors, conferences, outreach & media

Visitors

Australian Indigenous Leadership Graduates: Australian Indigenous Leadership Centre, AIATSIS.

Department of Health and Ageing Interdepartmental Committee Review of Primary Health Care.

Ms Susan Carter, MLA for Port Darwin.

Dr Margaret Clarke, Canadian

paediatrician and expert on foetal alcohol syndrome.
 Senator Trish Crossin, NT.
 Ms Annette Ellis MP, Shadow Minister for Ageing and Seniors.
 Ms Julia Gillard MP, Shadow Minister for Indigenous Affairs.
 Professor Ian Hickey, Beyond Blue Program.
 Indigenous writers (part of the National Indigenous Writers Festival).
 James Cook University–Mt Isa Centre for Rural and Remote Health.
 Kimberley Aboriginal Medical Service's council representatives.
 Professor David Legge, La Trobe University.
 Melville High School students (Kempsey, NSW).
 Professor Gavin Mooney, Curtin University.
 NT Law Reform Commission Committee on Aboriginal Customary Law.
 Senator Kerry O'Brien, Shadow Minister for Reconciliation and Indigenous Affairs.
 The Hon Warren Snowdon, MP, Parliamentary Secretary (Northern Australia and the Territories), Member for Lingari.
 Prof Fiona Stanley, Australian of the Year and Director Telethon Institute for Child Health Research.
 Prof Andrew Tonkin, Executive Director Research, Australian National Heart Foundation
 The Hon Dr Peter Toyne MP, Territory Minister for Justice and Attorney General, Corporate Services, Communication and Central Australia.
 Video Education Australia, Educational Film producers, production crew.
 Assoc Prof Dr Ted Wilkes, Telethon Institute for Child Health Research.

Conferences

* denotes who presented a paper
Aboriginal Health Worker Annual Conference, Adelaide, June 2003, Josephine Fly, Norman Dulvarie* (Services Branch).
Australian Association of Practice Managers, Sydney, October 2003, Trish Hall and Melissa Roberts (Services Branch).
Australian College of Midwives Inc Conference, Darwin, September, Barbara Purcell (Alukura).
Australian College of Physicians Ethics and Health Financing, Melbourne, November 2003, Donna Ah Chee* & John Boffa* (Directorate).
Australian Council of Adult Literacy, Alice Springs, September 2003, Linda Zerna, Marita Hope and Eileen Campbell (Health Education and Training Branch).
Australian Health Care Summit, Canberra, August 2003, (representing AMSANT) John Boffa (Directorate).
Australian Institute of Criminology Youth At Risk Conference, Alice Springs, July 2003, Karen Walshaw* (SEHB).
Australian Rural and Remote Workforce Agency Group Annual Conference, Canberra, November 2003, John Boffa

(Directorate).
Central Australian Rural Practitioners Association Conference, Alice Springs, June 2003, Norman Dulvarie, Anna Smith, Cindy Koolmatrie, Lesley Nuttall (Services Branch).

Chief Minister's Domestic Violence Forum, Darwin, March 2003 & Katherine, October 2003, Maxine Campbell (SEHB).

Continuous Improvement Projects for Early Detection and Management of Chronic Disease for Aboriginal and Torres Strait Islander People Workshop, Alice Springs, December 2003, Betty Carter*, Valerie Burdett*, Margaret Liddle* (Cabinet), Stephanie Bell, John Boffa* (Directorate), Barbara Richards, Melissa Roberts, Koen DeDecker, Ross Cole, Paul Ryan*, Denise Flanders (Services).

CRCAH Convocation, Darwin, March 2003, Stephanie Bell, Donna Ah Chee, John Boffa, Clive Rosewarne, Sanchia Shibusaki (Directorate), Rebekah Kidney (Alukura).

CRCAH Annual Convocation, Darwin, November 2003, Stephanie Bell, John Boffa and Sanchia Shibusaki (Directorate).

CRCAH Small and Medium Enterprises Workshop, Darwin, November 2003, Stephanie Bell and Sanchia Shibusaki (Directorate).

Diabetes Australia Conference, Cairns, May 2003, Cindy Koolmatrie (Services Branch).

FDI Annual World Dental Conference, Sydney, August 2003, Terence Keong (Services Branch).

National Chronic Conditions Self-Management Conference, November 2003, Ross Cole and Paul Ryan (Services Branch).

NTCOSS Pre-Territory Budget Forum, Darwin, October 2003, Christine Palmer* (SEHB).

NT Office of Crime Prevention Forum, Darwin, May 2003, Karen Walshaw (SEHB).

NT Police Youth At Risk Forum, Alice Springs, June 2003, Karen Walshaw* (SEHB).

Public Health Association of Australia Annual Conference, Brisbane, September–October 2003, Stephanie Bell (Director), Donna Ah Chee (Deputy Director), John Boffa, Clive Rosewarne, Sanchia Shibusaki, Arnawaz Merchant (Directorate), Tania Janusic and Peter



● **Rebekah Kidney (Alukura Branch Manager) with Professor Fiona Stanley during her visit to Congress which included a tour of the Congress Alukura.**



● **Betty Carter, Margaret Liddle and Valerie Burdett addressing the Continuous Improvement Projects for Early Detection and Management of Chronic Disease for Aboriginal and Torres Strait Islander People Workshop held in Alice Springs in December 2003.**

Tait (Services Branch).
SNAICC Annual Conference, Melbourne, July 2003, Franny Coughlan (SEHB) and Jacquie Charles (Childcare).

Tasmanian Division of General Practice Annual Conference, Launceston, August, John Boffa* (Directorate).

Outreach

Central Australian Young People's Information Network, 3 March, YOT participated in the interagency network meeting, also featured Cuz Congress.
Central Australian Bangtail Muster, 5 May, Cuz Congress participated in the street parade, highlighting the healthy lifestyle message with which he is identified.
Alice Springs Show, 4–5 July, stall display featured Cuz Congress car, audiologist hearing booth, balloons, show bags, history display, kids' activities and AHWs on site. Over 1000 show bags were distributed. The stall won second prize in its category. Congress participated in the Yellow Brick Road Show Bag system this year, providing health food and information.
National Diabetes Week, 16 July, Specialist Clinic and Services Branch held a soup and damper day which highlighted healthy eating options and information materials.
Drug and Alcohol Awareness Day, 19 August, the Youth Outreach Team and Well Baby Clinic held an information stall and display with hundreds of promotional show bags distributed at Wallace Rockhole.
Child Protection Week, 11 September, Childcare and YOT participated in activities held in the Mall to promote information about their services.
Universal Children's Week, 25 October, Childcare display and face painting activity in the Mall.
Women's Sexual Health Resource Workshop, 5–6 November, Alukura hosted an interagency workshop aimed to promote awareness of existing sexual health resources.
Party Hard Party Safe, Alice Springs youth service provider's joint demonstration of services, 18 December, YOT participated in providing information about their services.

congress outreach

Media

Date	Where	Why
27 January	ABC Television News	Commenting upon Dr Fiona Stanley Australian of the Year Award
4 March	<i>Centralian Advocate</i>	International Women's Day
17–28 March	Imparja Classifieds	AHW Training Recruitment
11 March	CAAMA Talkabout program	Launch of Cuz Congress
March	<i>Land Rights News</i>	Launch of Cuz Congress
March	<i>Koori Mail</i>	Launch of Cuz Congress
10 March	8CCC	Bulk-billing
25 March	<i>Centralian Advocate</i>	Letter of thanks to Childcare
11 May	ABC Indigenous News	Selection of medical students
17–18 May	Weekend Health, <i>The Weekend Australian</i>	Bulk-billing
May	Yamba's Playtime	Cuz Congress special guest
31 May	ABC Radio	Review of alcohol restriction trial/PAAC
13 May	<i>NAACHO News</i>	Launch of Cuz Congress
3 June,	ABC National/ABC AM Program	Alcohol drug trial/PAAC
3 June	<i>Centralian Advocate</i>	Alcohol drug trial/PAAC
3 June	ABC TV State News	Alcohol drug trial/PAAC
3 June	<i>Centralian Advocate</i>	Congress 30th Anniversary, four-page feature
June	<i>Land Rights News</i>	Congress 30th Anniversary
June	<i>Common Ground</i>	Congress 30th Anniversary
10 June	<i>Centralian Advocate</i>	Congress 30th Anniversary
July	<i>ATSIC News</i> , NT	Congress 30th Anniversary
3 July	ABC TV 7.30 Report	Grog trials
3 July	<i>Centralian Advocate</i>	ASP Show advertisement and editorial
3 July	<i>Centralian Advocate</i>	Grog trials
July	CAAMA Talkabout program and Current Affairs	Grog trials
15 July 15	<i>Centralian Advocate</i>	Alcohol trials
29 July	<i>Centralian Advocate</i>	Alcohol trials
5 August	Imparja News	Open Day for National Aboriginal and Torres Strait Islander Children's Day
22–23 August	ABC TV Stateline	Hearing disabilities in central Australia
14 August	<i>NACCHO News</i>	Congress 30th Anniversary
11 September	ABC Radio	Alcohol taxes
11 September	ABC TV State News	Funding cuts to eye health funding in central Australia
12 September	<i>Centralian Advocate</i>	Funding cuts to eye health funding in central Australia
12 September	<i>Centralian Advocate</i>	Editorial letter on funding cuts to eye health funding in central Australia
15 September	James Cook University, Centre for Rural and Remote Health: Promotional video	Promotional video for pharmacy graduates to encourage them to work in remote Australia
23 September	<i>Centralian Advocate</i>	Deadly Awards
22 September	ABC Radio National	Alcohol Sunday trading
6 September	<i>Centralian Advocate</i>	Nominations for the Deadly Awards
7 October	<i>Centralian Advocate</i>	Liquor Framework
6 October	<i>Alice Springs News</i> , vol 9, issue 36	Liquor Framework
15 October	<i>Alice Springs News</i> , vol 10, issue 37	Liquor Framework
6 November	ABC National Radio	Protocol for FACS
17 December	CAAMA Radio	Comment upon Imparja Television lifting ban on alcohol advertising



● Cuz Congress with The Hon Peter Toyne MP at Wallace Rockhole.

The role of Central Australian Aboriginal Congress in assisting Aboriginal communities to establish central Australia's Aboriginal organisations

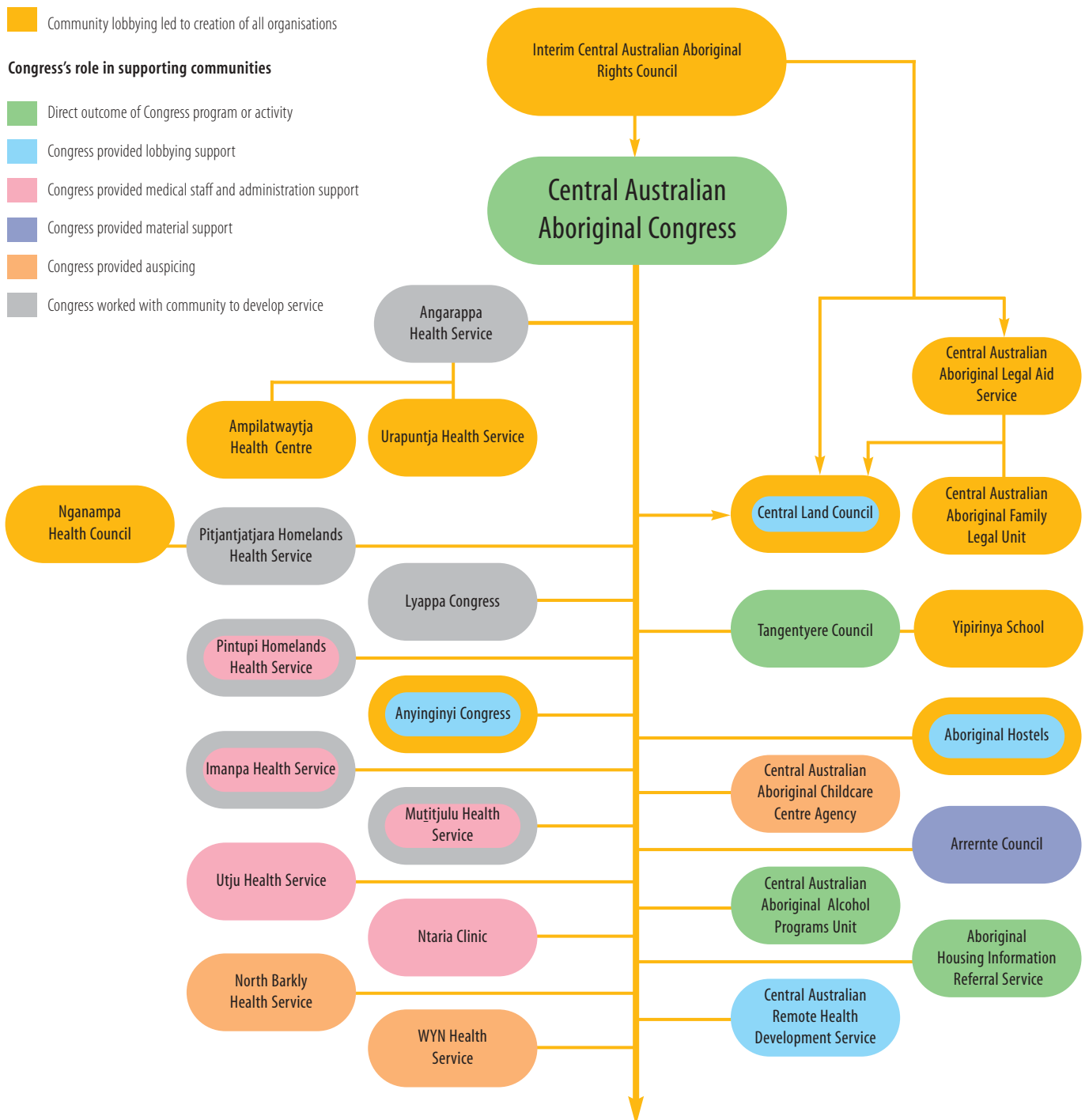
While developing its own services Congress has played an active role in assisting Aboriginal communities around central Australia and the Top End to set up their own locally controlled health services. This involved extensive community consultations and a strong advocacy role in lobbying governments for funding. Dr Trevor Cutter was seconded to work with the communities at Papunya, Utopia and the Pitjantjatjara Lands to develop models for their services. In 1977 the Angarappa (later to become the Urapuntja) Health Service was established at Utopia and the Pitjantjatjara Homelands Health Services at Pipalyatjara — later to grow into the Nganampa Health Council (1984) were established. The Lyappa Congress at Papunya was established in 1978. Later Aboriginal communities established more services including the Mutitjulu HS (Uluru), Pintupi Homelands Health Service (Kintore), Anyinginyi Aboriginal Congress (Tennant Creek), Broome Aboriginal Medical Service (now part of the Kimberly Aboriginal Medical Service's Council) and the

Ampilatwatja Health Service. Congress supported the establishment of all these services by providing Doctors, health professionals and administrative functions until they developed the capacity to run their own services. With the advent of funding through the National Aboriginal Health Strategy and later the Co-ordinated Care Trials, Congress joined lobbying efforts to establish a number of services in the Top End, such as Danila Dilba.

This process is continued today with Congress assisting communities at Hermansburg (Ntaria Clinic), Amoonguna and Areyonga (Utju Health Service) by employing medical staff and providing management and HR support. Two emergent PHCAP Health Boards in the North Barkly and Willowra/Yuendumu/Nyirripi (Warlpiri) Zones have engaged Congress as their auspicing body, while their new health services are established. In addition to health services Congress has also assisted in the

establishment of a range of other Aboriginal organisations. Some grew out of existing programs such as Tangentyere Council, the Central Australian Aboriginal Alcohol Programs Unit and the Aboriginal Housing Information Referral Service. Congress was actively involved in the campaign to introduce the *Land Rights Act* supporting lobbying visits to Canberra by central Australian community leaders and playing a key role in organising a major march through Alice Springs to gain national attention to the campaign. Congress supported other organisations in their establishment, providing buildings (Arrernte Council), auspicing services (Central Australian Aboriginal Child Care Agency) and lobbying for their development (Central Australian Remote Health Development Services and the Cooperative Research Centre for Aboriginal Health). This proud tradition recently prompted founding executive director Neville Perkins to note that 'people should remember that in many ways Congress is the mother of all the Aboriginal organisations in central Australia'.

- Community lobbying led to creation of all organisations
- Congress's role in supporting communities**
- Direct outcome of Congress program or activity
- Congress provided lobbying support
- Congress provided medical staff and administration support
- Congress provided material support
- Congress provided auspicing
- Congress worked with community to develop service





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celebrating 30 years of aboriginal health care