



2020-2021

Central Australian **Aboriginal Congress**

ANNUAL REPORT





# 2020-2021

CENTRAL AUSTRALIAN **ABORIGINAL CONGRESS**

ANNUAL REPORT

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*Please be advised that this publication may contain images of deceased persons*

*We acknowledge the traditional owners of the lands on which we live and work.  
We pay our respects to them and their culture, and to their elders past, present and emerging.*

# ACKNOWLEDGEMENTS

Central Australian Aboriginal Congress (Congress) works in partnership with the community to deliver coordinated and effective primary health care to Aboriginal people living in Central Australia.

Congress members, patients and clients continue to play the most vital role in determining the direction of our services and programs—we thank you for your continued support and for the opportunity to care for the health and wellbeing of our community.

*Congress works in collaboration with:*

- Amoonguna Health Service Aboriginal Corporation
- Mpwelarre Health Aboriginal Corporation (Ltyentye Apurte)
- Mutitjulu Health Service Aboriginal Corporation (Uluru)
- Utju Health Service Aboriginal Corporation (Areyonga)
- Western Aranda Health Aboriginal Corporation (Ntaria and Wallace Rockhole)

*We would also like to thank many organisations for their ongoing support and assistance in our shared vision to improve the health of our community, including:*

- Aboriginal Medical Services Alliance Northern Territory (AMSANT)
- Aboriginal Benefits Account
- Akeyulerre Healing Centre
- Alcohol and Other Drugs Services of Central Australia
- Alice Springs Renal Dialysis Unit

- Alice Springs Town Council
- Alice Springs Women's Shelter
- Australian Drug Foundation
- Australian Government Department of Health, Indigenous Australians' Health Programme
- Australian Government Department of Human Services
- Australian Government Department of Social Services
- Australian Government National Indigenous Australians Agency (NIAA)
- Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS)
- Australian National University
- Australian Nurse Family Partnership Program National Program Centre
- Baker Heart and Diabetes Institute
- Batchelor Institute of Indigenous Tertiary Education
- BluEarth
- Brien Holden Vision Institute Foundation
- Central Australian Aboriginal Alcohol Programs Unit (CAAAPU)
- Central Australian Aboriginal Family Violence Legal Unit (CAAFVLU)
- Central Australian Aboriginal Media Association
- Central Australian Academic Health Science Network
- Central Australian Football Club
- Central Australian Health Service
- Central Australian Rural Practitioners Association (CARPA)
- Central Australian Women's Legal Service (CAWLS)
- Central Land Council
- Centre for Remote Health
- Centrecorp
- Charles Darwin University
- Clontarf Foundation Alice Springs
- Codes4Life (Desert Knowledge Australia)
- Community Business Bureau
- Connected Beginnings
- CRANaplus Incorporated
- Deakin University
- Diabetes Antenatal Clinic and Education (DANCE)
- Drug and Alcohol Services Australia (DASA)
- Early Childhood Australia
- Flinders University Northern Territory
- Flinders University South Australia
- Fred Hollows Foundation
- headspace National Youth Mental Health Foundation
- Health Policy Analysis Pty Ltd
- Indigenous Community Television (ICTV)
- Jawun
- Jesuit Social Services
- LaTrobe University
- Lowitja Institute
- Melbourne University
- Mental Health Association of Central Australia
- Menzies School of Health Research



- Monash University
- Murdoch Children's Research Institute
- Mutitjulu Community Aboriginal Corporation
- National Aboriginal Community Controlled Health Organisation (NACCHO)
- National Disability Insurance Agency
- Nephrocare
- Ngaanyatjarra Health Service Aboriginal Corporation
- Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council
- Ninti One
- North Australian Aboriginal Justice Agency (NAAJA)
- Northern Territory Centre for Disease Control
- Northern Territory Correctional Services
- Northern Territory Department of Education
- Northern Territory Department of Health
- Northern Territory Department of Territory Families
- Northern Territory GP Education and Training (NTGPE)
- Northern Territory Medical Program
- Northern Territory Primary Healthcare Network (NTPHN)
- Northern Territory Remote Training Hub
- One Disease Ltd
- Palliative Care Northern Territory
- PATCHES Paediatrics
- Poche Network for Indigenous Health and Wellbeing NT
- Purple House
- Remote Area Health Corps (RAHC)
- Rotary Melbourne
- Saltbush Social Enterprise
- Secretariat of National Aboriginal and Islander Child Care (SNAICC)
- South Australian Health and Medical Research Institute
- St Vincent's Hospital Sydney Diabetes Centre
- Starlight foundation
- Tangentyere Council
- Telethon Kids
- Territory Pharmacy
- The Aboriginal and/or Torres Strait Islander Health Registered Training Organisation National Network (ATSIR-HTONN)
- The Anangu Communities Foundation
- The Kirby Institute
- University of Adelaide
- University of Melbourne
- University of Newcastle
- University of Queensland
- University of South Australia
- University of Sydney
- Western Sydney University
- Women's Safety Services of Central Australia

It was all hands on deck when Congress was offered leftover doses of Pfizer vaccine by Aspen Medical, to prevent them being wasted due to expiry. We successfully administered roughly 150 vaccines within a day and a half, firstly to Aboriginal clients, then to whoever could take up the offer.







*Kungkarangkalpa -  
The Seven Sisters*

Francine Kulitja

Acrylic on Canvas, 60 x 60mm

Francine Kulitja is the eldest daughter of well known artist Rene Kulitja and granddaughter of renowned wood carvers and Maruku founders, the late Topsy Tjulyata and Walter Pukutiwara. She grew up in Kaltukatjara (Docker River) in the far south west corner of the Northern Territory. She also spends time in the Mutitjulu Community in the Uluru-Kata Tjuta National Park, where her family has always been strongly involved in traditional land management, tourism and the arts. Francine paints the Tjukurpa or Creation Stories she has inherited through her mother, her grandmother and her grandfather.

(Information courtesy Maruku Artists)

*This painting was licensed for use in the design of Congress' 2021 Deadly Choices health check incentive shirts.*

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## ABOUT CONGRESS: PAST, PRESENT, FUTURE



Central Australian Aboriginal Congress (Congress) began at a meeting held on 9 June 1973, and since has provided support and advocacy for Aboriginal people in the struggle for justice and equity to address the underlying social determinants of health, along with essential clinical services.

The name was modeled on the Congress Party of Mahatma Gandhi and it was open to all Aboriginal people in Central Australia. Over one hundred people from town and bush talked about the need to safeguard and promote the interests of Aboriginal people.

Congress' initial aims were to be a voice for the Aboriginal people of Central Australia on all matters that concerned them. A Cabinet was elected to represent people from Central Australia. Congress was the second organisation of Aboriginal people formed in the region (CAALAS was formed the morning of the same day) and one of the first in Australia.

Congress' first service was a 'Tent Program', providing shelter to Aboriginal people in town. As time went by, other Aboriginal organisations grew to take care of issues like housing, education, and land. But health remained

a great concern for Aboriginal people, and in 1975, Congress started a Medical Service in a house on Hartley Street. A doctor was employed and transport and welfare services set up.

Congress became the voice of Aboriginal health. The clinic moved to its current premises on Gap Road in 1988. Congress Alukura, founded in 1987, opened on its current site south of The Gap in 1991.

In December 2012, it was voted at a General Meeting that Congress would register under the Corporations (Aboriginal and Torres Strait Islander) Act 2006 (CATSI Act), and the organisation officially became Central Australian Aboriginal Congress Aboriginal Corporation.

Since that time, Congress has expanded to become the largest Aboriginal community controlled health service in the Northern Territory, providing a comprehensive, culturally-responsive primary health care service to Aboriginal people living in and nearby Alice Springs, including six remote communities:

- Amoonguna
- Ntaria (Hermannsburg)
- Wallace Rockhole
- Mpwelarr (Santa Teresa)
- Utju (Areyonga), and
- Mutitjulu

Today, we are one of the most experienced Aboriginal community controlled primary health care services in the country, a strong political advocate of closing the gap on Aboriginal health disadvantage and a national leader in improving health outcomes for all Aboriginal people.



# CONGRESS BOARD OF DIRECTORS 2020-2021

## MEMBER DIRECTORS



**Graham Dowling**  
CHAIRPERSON



**Dorethea Randall**  
DEPUTY CHAIRPERSON



**Joseph Hayes**  
MEMBER DIRECTOR



**Sheralee Taylor**  
MEMBER DIRECTOR  
1 July 2020 - 27 July 2020



**Assoc Professor  
Peter O'Mara**  
PRIMARY HEALTH CARE



**Michael Liddle**  
MEMBER DIRECTOR



**William Tilmouth**  
MEMBER DIRECTOR  
1 July 2020 - 19 March 2021



**Taren Williams**  
MEMBER DIRECTOR



**Ebony Miller**  
MEMBER DIRECTOR  
26 Nov 2020 - 30 June 2021



**Leanne Milligan**  
FINANCE

## INDEPENDENT NON-MEMBER DIRECTORS

# STRATEGIC PLAN 2019–2023



## 1 Aboriginal Health in Aboriginal Hands

As an Aboriginal community controlled health service committed to the principles of self-determination, we seek to engage and empower the Aboriginal peoples of Central Australia in everything we do. Responding to the needs and wishes of the community, we will speak out on their behalf on issues that affect their health, and ensure that we respect their diverse cultures and ways of being across the organisation.

### Community control

We will ensure that effective structures and processes of Aboriginal community control continue to be the foundation for all our work.

### A voice for our people

We will continue to be a strong advocate for the rights and needs of Aboriginal peoples, based on our strong local, regional and national reputation.

### Community engagement

We will actively engage the Aboriginal community in their own health care and in the work of Congress.

### Cultural responsiveness

We will ensure a welcoming, culturally responsive environment for our clients and staff, and deliver our services with integrity and respect for Aboriginal culture and experience.

## 2 Delivering Quality Health Services

We will deliver evidence-informed comprehensive primary health care services, seeking to get the right balance between preventing ill-health and providing effective treatment for those who are sick. We will make our services highly accessible to Aboriginal people and families, and ensure that all our services work together to address their needs across the life course.

### Treatment for those who are sick

We will provide high quality, acute and continuing care for our clients who suffer illness or injury, including management of chronic disease.

### Illness prevention and health promotion

Using both individual and population level approaches, including community development, we will work with an empowered Aboriginal community to prevent ill health and promote good health.

### Action on the causes of ill health

We will seek to address the social, cultural, economic and political determinants of health, including environmental health and housing, through the delivery of services, the development of healthy public policy, by working in partnership with other organisations, and by speaking out on the needs of the communities we serve.

## 3 Supporting Remote Communities

At the request of remote Aboriginal communities across Central Australia, and in consultation with them, we will deliver health services beyond the boundaries of Alice Springs. In doing so, we will ensure high standards of service quality, cultural responsiveness, and governance, paying particular attention to the resources required to deliver quality services.

### Delivering health services to remote communities

We will deliver primary health care services to remote communities while desired by those places, taking into account wherever possible their particular needs and priorities.

### Giving remote communities a strong local voice

We will ensure that the remote communities we serve, have a strong voice in service delivery and health advocacy, and will respect their local cultural authority.

## 4 Supporting Our Staff

We will recruit, retain, support and develop our staff to ensure high quality, culturally responsive services for our clients and a safe and respectful workplace. As an Aboriginal community controlled service we will pay particular attention to recruiting and supporting Aboriginal staff.

### Aboriginal staff

We will continue our focus on employing and supporting Aboriginal people, seeking to increase the number and proportion of Aboriginal staff at all levels and in all roles.

### A skilled, professional workforce

We will support the recruitment, retention and development of a skilled, culturally responsive and professional workforce, ensuring that they have the skills and confidence to deliver and shape effective services through the provision of orientation, induction and ongoing education and training.

### Empowered staff in a respectful workplace

We will encourage our staff to share their skills and experience, support them with high quality human resources services, and ensure the provision of safe and respectful work environments.

## 5 Working Together

Our strength is our capacity to work together for the health of our people. We will ensure that Congress continues to be well-managed with internal systems, frameworks and infrastructure that ensure the effectiveness and stability of our services. We will encourage good communication within and outside the organisation, critical reflection and responsible innovation.

### Governance and leadership

Under the leadership of our Board, we will ensure that Congress has exemplary governance and management policies and processes within an effective organisational structure.

### A learning organisation

Responding to the needs of the communities we serve, we will conduct and use research and evidence to inform the development of all our services, programs, health policy positions and submissions, and support a quality improvement culture for all our activities.

### Finances

We will seek stable and diversified funding and other income to ensure our services are sustainable, and provide high levels of accountability and transparency to the community and our funders.

### Infrastructure

We will support our clients and staff by providing safe and appropriate infrastructure and technology, with a particular focus on enabling our teams to work together.

### Partnerships

We recognise that we cannot achieve our vision by ourselves, and commit to working with Aboriginal organisations, governments, research institutes, universities and other organisations with similar values to build healthier lives for the communities we serve.



## FROM THE CHAIRPERSON



Originally from Katherine, Congress Chairperson Graham Dowling has lived and worked in Mparntwe Alice Springs for over 30 years and has a strong cultural and community understanding of the local and the broader Australian Aboriginal community.

Werte. As Chairperson of the Central Australian Aboriginal Congress Aboriginal Corporation ICN 7823 (Congress) I am delighted to present our annual report for 2020 – 2021.

Firstly, I acknowledge the Central Australian Aboriginal people including members, and clients/consumers of Congress services whose lands we are privileged to work on. You are our key partners, and it is our privilege to work with – and for you – to deliver your health service.

It has been an honour to work with my fellow Member Directors, Independent Directors, CEO, company secretary and staff through the last 12 months of operations.

This report highlights the milestones, achievements and challenges over the past year. I am proud to chair a unified and hardworking Board that works together collaboratively with a strong focus on good governance to lead the organisation. Importantly, Congress continues to be compliant and solvent.

Congress is halfway through the delivery of its 2018 – 2023 strategic plan and is on track to achieve targets set to help us achieve our vision that *all Central Australian Aboriginal people are empowered through their cultural, economic, social and family life to enjoy the best of health and wellbeing*. Given we are at this halfway point, I want to reflect on some of last year's achievements under our five priority areas:

### Aboriginal Health in Aboriginal Hands

Community control is at the heart of all that Congress does. Congress's foundation is its membership base and we are 1020 members strong. Our membership provides an important voice back to our community. Community controlled models are the preferred service delivery model for primary health care for our people, and this voice also guides Congress' work on the determinants of health that impact the wellbeing of our people.

Our dedication to delivering a culturally safe and responsive environment for staff and clients sees the integration of Aboriginal culture within the workplace including a Female Cultural Advisor and in the new year will see the recruitment of a Male Cultural Advisor. These senior positions provide guidance across the whole of the organisation on matters of culture as well as providing

language classes and cultural inductions for new starters. In addition, the Aboriginal Staff Advisory Committee ensures that Aboriginal staff are represented and have a voice.

Cultural protocols for Mparntwe (Alice Springs), Ntaria (Hermannsburg), Ltyentye Apurte (Santa Teresa), Areyonga (Utju) and Amoonguna have also been developed with the guidance of those communities and are used to inform and educate staff and visitors of culturally appropriate practices.

The Congress History project has also progressed which has seen the uncovering of many photos and documents from Congress' past. So far it has already been a great chance to reflect on how much Congress has grown, and to reflect on the advocacy roots of the organisation which still forms an important part of our organisation today. We are excited to keep working away on this important project and are excited to launch a digital platform for viewing these documents in the next reporting period. We are turning 50 years old in a couple of year's time and it is important to gather, store, showcase and promote our history. Knowing where we come from helps guide us to where we need to go.

### Delivering quality health services

Throughout the COVID-19 pandemic, the model of clinical care provided has at times needed to pivot and shift in response to the shifting demands of lockdowns, hotspot declarations and updated medical advice. Despite these shifting demands and challenges, Congress has continued to deliver quality evidence-informed comprehensive primary health care. More recently focus has shifted to do everything we can to achieve higher vaccine rates within Aboriginal communities to protect us from the deadly virus. Congress will continue to

prioritise this work, and to work with partners such as the Tangentyere Council to provide education and access to available COVID-19 vaccines to community members.

Our services also continue to maintain ISO and AGPAL accreditation, and in the reporting period we have also passed our accreditation review, but at the date of this report are awaiting formal accreditation by the NDIS Commission as an NDIS service provider which will allow us to expand vital disability services for our clients.

### Supporting remote communities

The Board is focussed on making sure that everything Congress does in town we aim to provide in the bush and for our constituents who access our remote clinics.

We continue to hold a strong relationship with our remote communities and remote health boards. The Joint Remote Health Board meeting occurs three times a year where delegates from all remote health board come together. Congress is also an active member of NACCHO at a national level and AMSANT at a Territory level and we ensure delegations of remote community leaders attend these forums to discuss matters of regional significance. The boards of the Amoonguna, Mpwelarre, Western Aranda, Mutitjulu and Utju health services provide links to engagement for Congress' work in those communities and we continue to be guided by our community leaders to ensure services are culturally appropriate and meeting the needs of those community. I thank all of the remote directors for your guidance and advice throughout the last operating year.

In the reporting period the Congress Board of Directors planned a meeting to be held in Yulara to strengthen and build on our relationships/networks with Anangu to be held in September 2021. The Board continue to work on the expansion and transition to community control for

three additional clinic sites of Kaltukatjara, Imanpa and Yulara and has moved into the next phase of that project.

### Supporting our staff

I always say that the most important asset in an organisation is its staff. We cannot do what we do without our staff as led by their experienced and dynamic CEO Donna Ah Chee.

Congress has experienced a significant amount of growth in staff and service delivery in the last year. At 447 employees, Congress is the largest it has ever been, and has the highest number of Aboriginal people employed. We continue to increase our efforts in the recruitment and retainment of Aboriginal staff and investment in training and education into tomorrow's workforce.

As an employer of local people Congress is a large contributor to the local economy of Alice Springs, and in that respect Congress will continue to grow and contribute to the Alice Springs community.

The enterprise bargaining agreement process commenced this year and is on track for a new EA to be finalised early in the new year. This will provide job security during the life of the agreement especially during the challenging times presented by COVID-19. I thank all the staff involved in this process so far for their efforts.

### Working Together

There is strength in unity, and Congress has had the opportunity to work closely with many partners over the last financial year. This is important as we have the same consumer, and we are stronger together. As mentioned above this includes Tangentyere but also includes the Central Land Council, to name but a couple.

Congress continues to place a strong emphasis on good governance processes and systems. There is dedicated governance assistance within the organisation, and a functioning system of empowering subcommittee meetings that feed up to the Congress Board to ensure that the Congress Board continue to make informed and considered decisions. Congress also has a focus on continuous quality improvement in all areas and that remains a pillar in our values.

Congress has maintained stable and diversified funding streams which includes our core funding agreement with the Commonwealth as well as a variety of other programs that sit within the strategic objectives set by the Board.

The last twelve months has seen significant gains in the infrastructure project to develop a Congress health hub and headquarters at 127 Todd Street. The design of the project is largely complete and we are on track for the next phase which is an exciting development.

I am very proud to introduce this annual report to you, to look back on the achievements of the last year but to also give us a chance to look ahead and continue to strive for what is important, and to be an organisation that is accountable, transparent and inclusive, representing the needs of Aboriginal people in Central Australia.

*Graham Dowling*

Congress CEO, Donna Ah Chee  
& Cultural Lead Sabella Turner  
getting vaccinated



## CEO'S REPORT

Reflecting on this financial year, it is hard to see beyond the ongoing story of the COVID pandemic. We moved through a period of public health advocacy on effective border controls and other measures to keep COVID out of the NT and buy us time until we were able to progress to vaccination. This will become the way we have to live with COVID, which is here to stay. These remarkable vaccines are the result of the very well resourced, collaborative, global work that was able to rapidly develop safe and effective vaccines for the first time in human history.

Sadly, this good news was dampened in part by the rise of new variants that are much more infectious and perhaps more deadly requiring much higher levels of population vaccine coverage to keep us all safe – 90 to 95% for our communities. In addition to this there is hesitancy, and for a very vocal few across the globe, outright rejection, including some in our own communities. This was made worse by dense media coverage of the rare adverse reactions that occurred across the country with the first vaccine that was available in Australia. But, above all of this, is the simple reality that our public health measures have been so successful that we have not had an outbreak of community transmission here in Central Australia – this is the main reason for hesitancy. Our key task is to convince enough of our community to get the vaccine now in spite of the reality that COVID is not here – yet!

In the midst of what seems to be a very safe place to be living, generational fear and distrust has been preyed upon by those people who have made it their business to spread misinformation under the guise of freedom, fact and religion. Simply, these anti-vax zealots – often from

other countries without any connection to Australia's First Peoples – have used the trauma of our people and in some cases their religious beliefs to turn them away from immunisations that will save many lives. This complex story, along with a growing workforce crisis meant that our vaccination efforts went from business as usual in the beginning to a very big challenge for the organisation – and the country; a challenge that continues through the end of this reporting year. Despite the Northern Territory's remarkable COVID-19 record to date, we know that COVID-19 will spread here, a threat made more real by the outbreaks that continue to happen across the country and the inevitability of borders being more open than they are now.

My fear is that when we get to the point where COVID is here, there will be a lot of our community still unvaccinated and it will be too little too late and many Aboriginal people will die unnecessarily from a vaccine preventable disease. I appeal to all of our people to think about others, including their family and elders and the Congress and hospital staff who will be put at risk by those who remain unvaccinated. It is not acceptable to expose others to a potentially deadly disease that can be dramatically reduced through a simple vaccine. We are heading for an uncontrolled outbreak amongst the unvaccinated if they do not act now.

COVID-19 has changed the way we conduct our health service due to limitations on recruitment, professional development, attendance at conferences and meetings. It has also been difficult for staff to see family interstate and have adequate down time outside of the NT. As such the year's theme has been about adaptability and resilience. We have had to rely on the commitment of the great staff we already have to get things done as there has been little or no help coming from other parts of the country.



Congress' focus on improving the health and wellbeing of our people was shadowed always by COVID-19. Despite this, we continued to provide important services, advocating for the social determinants of health at every opportunity, spreading important health promotion messages, learning from our communities, and strengthening our ability to provide integrated primary healthcare services now and in the future.

The unrelenting nature of COVID-19 has meant that Congress has continued to advocate on the key strategies needed to keep all Territorians safe, especially the most vulnerable of all groups, our Aboriginal populations.

Congress had a seat at the key Public Health Advisory Group (PHAG) chaired by the Northern Territory Department of Health and sitting alongside the Chief Health Officer, Dr Hugh Heggie, and his team. Through this we encouraged the now embedded "Go Hard Go Early" approach to lockdowns. We called for hard border closures, more stringent conditions for high-risk workers, gold standard quarantine facilities, use of masks when needed and transparency about exemptions and exceptions to these. We worked with government on their outbreak management strategies including the adoption of the vital "Contain and Test" strategy first proposed by Congress. We worked with communities on their concerns, including outreach to town camps in close partnership with Tangentyere Council, communications activities with Central Land Council, and supporting the Mutitjulu Community to advocate the successful hard closure to Yulara Airport to travellers from declared hotspots. Our continued response to the pandemic – including the implementation of vaccines – is detailed further later in this report.



The media capturing some of the first of our leaders being vaccinated

Away from COVID-19, we continued advocacy in the many policy areas impacting our community's health and wellbeing, continuing to speak out, inform and influence policy makers through our positions on key issues impacting the community. We were vocal in key conversations through direct advocacy, public positions and relationships with our peak bodies, partners, and other stakeholders.

Congress provided a submission to the Parliamentary Inquiry into the Commonwealth Electoral Amendment (Ensuring Fair Representation of the Northern Territory) Bill 2020, advocating for no reduction in the way the Territory is represented in parliament.

We submitted our recommendations to the Aged Care Royal Commission. COVID-19 has demonstrated how important some of our key recommendations are including the need to ensure that there is an adequate workforce and effective clinical governance systems in place to ensure resident safety, including through infection control. We have been advocating these measures long before COVID-19 and they have really been exposed as the key failures of aged care institutions.

We provided recommendations for the draft National Children's wellbeing and mental health strategy, a strategy that we welcome as a positive contribution to setting new directions for the mental health and

wellbeing of Australia's children in general and Aboriginal and Torres Strait Islander children.

We provided feedback to the Australian Government 10-year National Preventive Health Strategy, ensuring that the social determinants of health and self-determination through Aboriginal community control were considered in the plan.

We negotiated with the remote Aboriginal community controlled health services in Central Australia and the Central Australian Health Service to work together on an important regional podiatry and diabetes nurse educator service funded through the South Australian Health and Medical Research Institute (SAHMRI) and the Medical Outreach for Indigenous Chronic Disease (MOICD) funding for allied health services. This prompted a change in structure within our services to allow better focus on Diabetes in our Allied Health team.

Other key newly funded programs over this financial year included the funds from the Indigenous Health Division for additional services in Mutitjulu, a male Cultural lead, the new remote clinics senior nurse manager, diabetes nurse educator, the Ingkintja mobile outreach service, enhanced sexual health services, mental health services and the evaluation of the new clinics model. Other funds have been received for the evaluation of our chronic disease care planning services, a project to improve the way we manage Hepatitis B, the Congress history project, the Aboriginal environmental health officer position and the new headspace service at Mutitjulu and Yulara. After more than 20 years of advocacy for a vocational training program for remote area nurses Congress was funded by the NTPHN to establish a graduate nurse program in primary health care – perhaps the first in Australia. We have successfully added \$4.9 million to our

budget for core services and programs for the Aboriginal communities we provide health services in and retained ongoing funding for other vital services and program.

Every time Congress secures additional funding it means the employment of more Aboriginal people and I am proud to say that we now have more Aboriginal people employed at Congress than at any time in our history. Aboriginal employment is itself a key social determinant of health and the benefits of employment flow on to the next generation in multiple ways.

We nurtured important relationships with other Aboriginal organisations, government and non-government allies through formal and informal partnerships, collaborations, conversations, and debates; noting how invaluable these linkages are in achieving our strategic goals for the community. For example, as a partner of the Central Australia Academic Health Science Network we worked with many other partners to re-submit for just under \$10 million over 3 years to keep this important research partnership going.

I continued to represent the interests of Congress, our members and community through positions on the boards of the Aboriginal Medical Services Alliance of the NT (AMSANT), the National Aboriginal Community Controlled Health Organisation (NACCHO) and in my final term as a director for the Northern Territory Primary Health Network (NTPHN). I was also a member of the National Aboriginal & Torres Strait Islander Health Implementation Plan Advisory Group (IPAG) and in this capacity have played a leading role to ensure that Aboriginal community controlled health services are a key priority area in the next health plan. The evidence is overwhelming that strengthening and expanding our sector is a key strategy in Closing the Gap. I also

continued representing AMSANT on the Northern Territory Aboriginal Health Forum (NTAHF) and Alice Springs Peoples' Alcohol Action Coalition (PAAC) as well as continuing in my role as the independent chair of the NT Child and Family Tripartite Forum.

Throughout the year Congress connected often, including through visits to Congress, with the Chief Minister Michael Gunner and Minister for Health, Natasha Fyles, especially regarding the pandemic but also about other areas of concern for our people. In addition to this, in August 2020 Congress hosted a visit from Sam Jefferies, NIAA Group Manager for the NT and Byron Mathews the Manager for Central Australia. We discussed a range of issues of current significance including food security, Alcohol and Other Drug treatment services and the need for greater funding support for our Child Youth Assessment and Treatment Service. In February 2021 we welcomed Minister Kate Worden, in her capacity as Minister for Territory Families, for a site visit to the Congress Back on Track program in Railway Terrace, so she could see first-hand the important work this program is doing. We also met with local MLAs Robyn Lambley and Bill Yan to discuss local issues.

A visit to Minister Hunt's office resulted in two very important funding announcements for Congress' future. Firstly, we were able to secure ongoing funding for our Arrwekele akaltje-irretyeke ampere (Child Health and Development Centre) for a further 3 years at its current annual funding level. Through this lobbying we also secured funding and support for the renewed business case for the transition to community control of the Yulara, Kaltukatjara and Imanpa communities as part of a renewed commitment to fund the transition of NT government clinics to Aboriginal community control across the NT.

We were active advocating in food security, including assisting with the funding, organising and attendance at AMSANT's inaugural Food Security Summit. We were a founding partner of the newly formed Central Australia and Barkly Region Aboriginal Climate Justice Alliance, a collective of Aboriginal organisations designed to provide strong Aboriginal leadership in this area and work to achieve the changes required to address this critical public health issue. A platform for action has been developed which includes recognising, harnessing and investing in Aboriginal traditional knowledge to mitigate climate change, legislating for zero net emissions by 2050, investing in a transition to a climate-safe and clean energy future, protection of biodiversity, cultural systems and ecosystems, universal access to safe drinking water, mitigating the impacts of climate change through better housing, addressing energy poverty, food security, climate induced illnesses, building community resilience to extreme weather events and natural disasters and climate sensitive urban design.

Internally, we continued to improve our operational planning, processes and policies and maintained accreditations from AGPAL and ISO. In addition, Congress successfully assessed for accreditation to provide National Disability Insurance Scheme (NDIS) services however as at the date of this report we are still awaiting the NDIS Commission to grant that accreditation, enabling us to deliver these important services to our community in a culturally responsive way.

In our own Executive team, we welcomed local Arrernte woman Sheralee Taylor to the Executive Team as General Manager of Child, Youth and Families. As a former Board member, experienced health administrator and someone

with extensive community networks, Sheralee is a very positive and welcome addition.

We look forward to further advances in these areas and more. Development towards Congress' new home at 127 Todd Street have progressed, with exciting updates to feature in the following year.

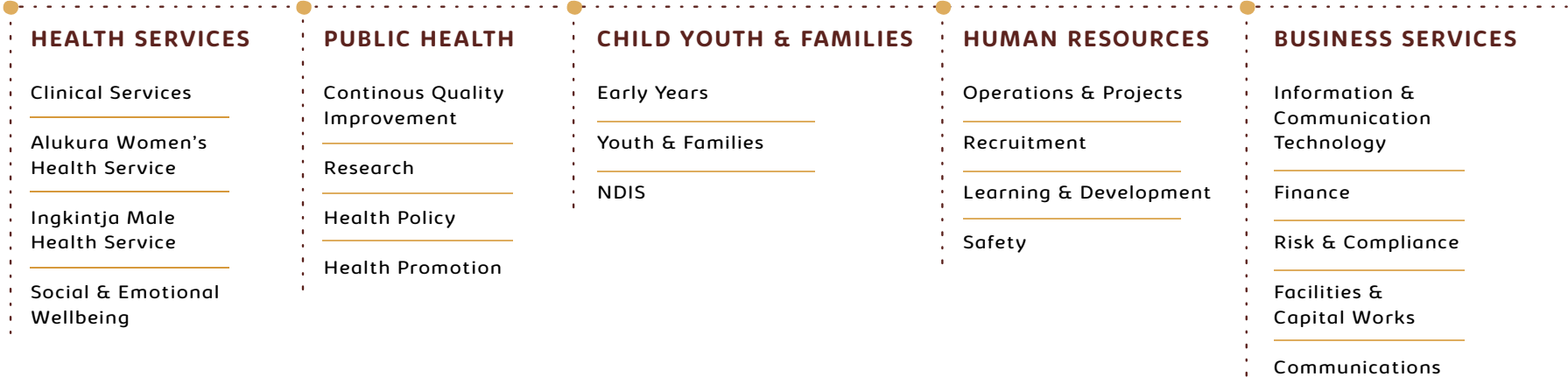
I would like to close with a resounding thank you and congratulations to the entire Congress team. You have been continually called on to deliver your best in very uncertain times. Adaptability and flexibility have been demanded from you all beyond measure including redeployment to urgent COVID priorities. I could not be prouder and more appreciative of how you have remained committed to Congress, the Executive Team and most importantly our clients and community.

Finally, my thanks go to the Board of directors for their strategic vision and guidance, and my fellow Executive Managers for their collaborative leadership and support.

**Donna Ah Chee**









# CHILD YOUTH & FAMILY SERVICES







Fun at Ampe Kenhe Apmere

## EARLY YEARS

The Early Years child-focused learning and health programs are delivered through a cultural adaptation of the Abecedarian Approach Australia (3a) focusing on language priority (with local languages embedded), conversational reading, enriched caregiving and learning games. The Early Years programs promote and work with children from at-risk and vulnerable families, to impact children's developmental, educational and health outcomes across their lifespan through the following integrated programs.

- Australian Nurse Family Partnership (ANFPP)
- Child Health Development Centre – Arrwekele akaltye-irretyeke ampere (CHaD)
- Preschool Readiness Program (PRP)
- Congress Child Care (Ampe Kenhe Apmere).

The employment of language speakers and cultural experts across programs to support children's learning and health development allows language to be embedded through quality education, health assessments and care using families as part of the teaching/learning environment.

The **Congress Ampe Kenhe Apmere Child Care Centre** provides education and care to children aged six months to five years. The centre strives in delivering educational services and ensure its rating and assessment against the National Quality Rating System and its seven quality areas. In October 2020 the Centre received an overall national rating of 'Meeting with Exceeding Themes' reflected throughout and meeting in each of the seven quality areas. This is a first for the centre. The team worked very hard to achieve this and were very dedicated

and diligent in their approach. Since then the centre has also undergone two monitoring and compliance checks, successfully achieving compliance both times.

The service approval also increased from 55 places to 65 places as the centre's waiting list has become very long and many families in the community are aware that the centre is stable and flourishing. Renovation for our preschool room is ready to go it is now finding a time frame and time that suits the children and families and contractors. The centre is building stronger relationships with in the community and with different areas of Congress. The manager is embarking on introducing 3a in to the centre to assist Congress in gathering of up to date health data on Aboriginal children so they can be flagged for early intervention packages on commencement in to preschool and school.

Congress' **Arrwekele akaltye-irretyeke apmere - Congress' Child Health and Development Centre** continues to focus on better outcomes for the Aboriginal children using the Abecedarian Approach Australia (3a). This is a child- focused learning that promotes positive outcomes for children from all walks of life. This approach continues to have a major impact on the developmental, educational and health outcomes across the lifespan for children from at-risk and vulnerable families. The CHaD program provides intensive support to children to catch up on their developmental areas before they attend preschool. Additional support to families is provided through the Aboriginal Support Worker.

ASQTRAK results inform educators of the exact needs of each child including referrals to other programs. ASQTRAK results help create an individualised learning and support plan for each child. 3a intensive sessions provide the individualised resources, methods/ approaches to use to effectively implement the learning



22



Children transitioned from CHaD to PRP  
in the last 12 months

10



Children were transitioned to  
other preschool programs

and support plan for each child to catch up on their identified ASQTRAK result needs.

There are currently 48 children enrolled at CHaD (average for the year). An additional 30 children have completed enrolment forms and provided with starting dates-every fortnight to provide the new children with time to settle in. Language priority, enriched caregiving, conversational reading and learning games are embedded in the program and the main focus of the centre program. One on one intensive sessions for all children are occurring daily. At least 65% of the children attending the service reach the required 17.5 hours a week-this varies each week, due to other factors outside the services or parents' control. School holidays are especially low due to siblings

being home and family going out bush and a lot of sorry business in the community.

Evaluation by Murdoch Institute and Congress Research Team provided feedback the program is providing a culturally rich environment for learning as well as the intensive learning for children to catch up on their goals.

In June, CHaD hosted a special visit from Assistant Secretary, Kate Thomann from the Primary Health Data & Evidence Branch in the Indigenous Health Division (IHD) of the Department of Health. Ms Thomann, who was joined on her visit by Michael Mayes, another senior member of the IHD, was very impressed with the service which is going from strength to strength under Manager, Tuki Mutami and the amazing CHaD team.

The impact of this important early years program for vulnerable children and families is profound, and so important for our community. We are very proud to announce that the program has secured a further three years funding from the Department of Health, testament to its significance in working to close the gap in health inequality. The way Arrwekele akaltje-irretyeke apmere is helping children to develop their language, reading and self-control is deeply appreciated by Aboriginal parents, reflected in enrolment and wait list numbers.

The **Preschool Readiness Program (PRP)** provides an eight week intensive support program to children that are not yet preschool ready, the program includes additional support to families through outreach family support. .

ASQTRAK results provide the exact needs of each child before they start. The teacher and educators then prepare an individualised learning and support plan for each child in consultation with each parent, including the child's current interests and continued observations.

Relevant 3a learning games are then identified to help support the child intensively to achieve their identified goals. The tool results are also used to refer the children to specialised programs for support.

Through the implementation of 3a intensive sessions, the use of the 3a approach shows that a child can catch up on their development by as much as six months. There has been noted improvements in children achieving their identified goals and become preschool ready within the 8-week timeline. Each term, a number of children have been successfully enrolled and transitioned into preschools. A comprehensive transition package is provided to the preschool before the child starts to support with successful transition, planning and learning.

During the 12-month reporting period, 30 children attended PRP and 20 children successfully enrolled and transitioned into preschools.

The **Preschool Transport Program** has proven to be a valuable service, with 36 current enrolments. This program is more than just transport, helping to nurture family relationships with preschool, helping parents to enrol their child/children and contribute to regular attendances at preschool.



### **Congress' Australian Nurse Family Partnership**

**Program** is a strengths-based, solutions-focused, home visiting service for all women in Alice Springs who are pregnant with an Aboriginal baby. Nurses/Midwives, and Aboriginal Community Workers visit women in their home from early in pregnancy until their child turns two. The program aims to promote healthy pregnancy, enhance child health and development and support women to improve their life course. This evidence based approach has shown a significant impact on the developmental, educational and health outcomes across the lifespan for children from at-risk and vulnerable families.

Congress was one of the three inaugural sites that adopted the international program in 2009 and the program has now grown nationally to include thirteen other Australian sites. An evaluation is currently underway that will continue over the next three years to examine program outcomes so the program can continue to address the multiple needs of diverse populations in Australia and to grow and change according to these needs. Congress was instrumental in important adaptations in the initial design of the program. These changes included the addition of the Aboriginal Community Worker position to the team. This was to ensure that program delivery was culturally safe for our community.

The staff of the Australian Nurse Family Partnership Program at Congress have provided support to 100 families during the year and the Social Work position has been working intensively with 39 program families over that time. This relatively new position developed in response to community needs, so that families with more complex needs receive more intensive social support until referrals to other services can be actioned.

Nurses and Aboriginal Community Workers deliver the educational component alongside this position. The program encourages client self-sufficiency with a broad focus on planning and achieving their hearts desires, while supporting women to meet their health needs and the health, safety and developmental needs of their children.

It has been a busy year for the program with new staff engaging in the year long intensive training required to deliver the program while more experienced staff have also received refresher education. New components to the education modules have been included over the last year with managers receiving ongoing education in reflective supervision and all staff receiving more in-depth education on cultural safety and child brain development.

ANFPP clients Tanisha Ediminjt and baby Xarnia



## YOUTH & FAMILY SERVICES

Congress' Youth & Family Services section comprises of Back on Track (BoT), Youth Outreach Team, Family Support Service (FSS), Child and Youth Assessment & Treatment Service (CYATS) and the Link Up Service.

Funded by Territory Families, **Back on Track** (BoT) is an alternative sentencing program that provides alternative to detention and pathways that are designed to divert young people aged 10-17 away from the youth justice system. Since its inception in 2019, 44 young people have been referred to the service, 25 of those this financial year.

Congress provides three of the four elements that comprise the entire BoT program, working with young people to reengage them through 1, 2 and 3. Within Element 1, which is structured around consequences, restitution and giving back to the community, the young people in the program are prompted to think about and face the outcomes of their offending behaviour, for other people. Activities such as letters to victims, group work on consequential thinking and victim offender conferencing have been undertaken successfully, developing a sense of empathy, and connecting the young people to the real impact of their behaviours.

In this program Congress works closely with both Jesuit Social Services and Victims of Crime to undertake victim-offender conferences. Easily the most confronting activity involved in Element 2, these face-to-face interactions between the young people and the people impacted by their offending behaviour are structured carefully, with both parties well prepared for what they are about to say and hear.

These interactions require many resources and lots of preparation to ensure victims and offenders attend feeling prepared, safe and supported; and that they get the desired benefit from the meeting. Positive outcomes can range from both parties feeling heard, telling their stories, exchanging empathy and ideally gaining closure. Proudly, Congress has supported young people through two of these conferences recently.

In summer months, BoT have facilitated on-country activities as part of Element 3 (Life Skills and Cultural Connection). With therapeutic principles embedded in the day, these excursions are designed to disconnect the young person from urban influence and reconnect the with country and culture. One trip included a trip to the Telegraph Station, where the young people, along with the BoT undertook emotional regulation activities with things found in the natural space, using them to describe and express their emotions. Not all young people engage directly with these kinds of activities, however they attend, witnessing how others are processing the information and hearing the stories that go with it.

Congress' **Youth Outreach Team** continued to provide culturally appropriate case management, advocacy, social support and therapeutic and mental health support to young people aged 12- 25 years inclusively. More broadly, the Youth Outreach Team continues to be involved in many collaborative youth initiatives that strengthen the youth and justice sector, including membership in the Interagency Case Management meeting, Central Australian Youth Justice Network (CAYJ) and Interagency Task Coordination Group (ITCG).



Over the past twelve months, Congress' **Family Support Service (FSS)** has provided support and advocacy to 48 vulnerable families, inclusive of 123 children, who have been experiencing a range of challenges in their lives including homelessness, substance misuse, health issues, domestic violence, as well as adapting to a world where coronavirus is a potential threat. The majority of families Congress FSS worked with in 2020/21 had some contact with Territory Families (TF) either prior to or during FSS's involvement illustrating the level of need within the families.

In the financial year, there was one child removed from their family whilst they were receiving support as a FSS client. Overall, a collaborative approach in working alongside families, TF and other key stakeholders, has enabled many families to make positive changes improving outcomes for their children.

Over the past 12 months the Congress FSS has been involved in a number of projects, including developing three short animation films in partnership with Griffith University, iTalk, and Healing Circle Psychology, on emotional availability and emotional regulation. The animations will be used as an educational tool with FSS families and will be available in three languages, Arrernte, Pitjantjatjara and English. They are due to be completed in August 2021.

The Congress FSS Team are also in the process of co-authoring a paper with Associate Professor Melissa Lindeman detailing the key features on the FSS model of service. This is to be finalised early in the new financial year.

The Congress FSS, TFSS program was re-funded by NIAA in June 2021 for a further two years, with the IFSS program having their funding extended to October 2021

where upon the current grant will cease. New funding for Family Support Services will be made available by DSS under the program title, Children and Families Intensive Service. Organisations will be invited to apply for this funding, and should they be successful this funding will commence in November 2021.

The **Child and Youth Assessment & Treatment Service (CYATS)** is a paediatric multidisciplinary allied health team providing diagnostic assessment and therapeutic interventions to children and young people aged 0 – 18 years, suspected of having neurodevelopmental delays/disorder/s.

The team of eight includes a Team Leader, two Paediatric Neuropsychologists, two Speech Pathologists, an Occupational Therapist, an Aboriginal Family Support Worker and a Clinical Case Coordinator. The team work in partnership with Paediatricians from Alice Springs Hospital, who work on-site at 21 Gap Rd to see children/families alongside CYATS Clinicians one half-day weekly.

The team also work collaboratively with school Special Education Teams, School Psychologists and Student Inclusion Wellbeing Teams, Congress Child Health Nurses and GPs, and Territory Families for children in out of home care and young people in Alice Springs Youth Detention Centre. The CYATS Team and Congress' NDIS Team also work collaboratively to support children and young people who are eligible to access NDIS supports post diagnosis.

The team have provided information sessions throughout the year about CYATS/FASD to various sectors in the community, including schools, hospital Paediatric Registrars, and interstate professional networks such as the Gold Coast FASD Clinic Neuropsychologists.

**169** Children serviced

Therapeutic interventions completed **887**

**460** Assessment sessions completed

Children who received a new diagnosis **77**

CYATS provides therapeutic interventions to children and young people at home and school either as part of an individualised plan or group intervention sessions that take place at one of Congress' early learning services or at schools and preschools. Parents are supported to understand their child's needs and the use of specific strategies.

77 children received a new diagnosis, including but not limited to FASD, ADHD and Autism Spectrum Disorder. This means that they will now be eligible to receive appropriate intervention either from the CYATS team directly or via NDIS providers or other early intervention providers.

This year CYATS has partnered with a national non-government peak body for Aboriginal and Torres Strait



Part of the FSS team working on a paper detailing the FSS model of service, with Dr Melissa Lindeman

Islander Children – SNAICC, to complete a profile paper nationally as part of a piece of work titled 'Identifying Good Practice in Aboriginal and Torres Strait Islander-Led Early Intervention and Prevention programs'. Completion of the paper is expected to occur in December 2021. CYATS has been accepted to present at the SNAICC National Conference 2021 on the Gold Coast in December 2021.

Further, CYATS has received approval from the Board to write two research papers. The first, a process paper, is hoped to be finalised by December 2021; the second, and outcomes paper, is hoped to be started in 2022.

The **Congress Link Up Service** has continued to provide a valuable service to our Stolen Generation members and their families, with reunions, research and family tracing support provided. Most of the work within the service comes from requests for support from individuals within the Central Australian footprint, however, we also work collaboratively with other Link Up Services around Australia to support interstate clients with a Central Australian connection.

In a positive sign of the modern times, despite the pandemic the Link Up team were able to grant a 90 year old mother her wish of making a long awaited connection with her son, removed from her care many decades ago during the time of forced removal policy.

Not letting geography or COVID-19 border restrictions stand in the way of the reunion, the team organised necessary technology in both Tennant Creek and Mudgee NSW so mother and son could connect via Zoom. The reunion was an amazing success. Both mother and son are looking forward to a face-to-face reunion when it is possible.

This financial year, Link up has expanded the scope of service to include a focus on healing activities and gatherings. Our Stolen Generation members have become more and more invested in the service and are expressing through words and actions their desire to be connected with the service – and importantly the community members, including young people that are being taught about our history.

Telling their stories, especially to our young ones is a very important part of healing, it also gives these valuable members of our community the recognition deserved to them, for their resilience and strength, their history and their very real contribution to our lives. Stolen Generation members are consulted about important advocacy days such as Apology and Sorry Day. Apology day was marked by a luncheon at Doubletree. This was a lovely luncheon designed for Stolen Generation members to be together on this important and sensitive day, to support each other.

Sorry Day was held at the Desert Knowledge Precinct and involved a smoking ceremony in the garden of reflection. This garden was designed and made by the members themselves, making this event a very special one.

## NDIS SECTION

The National Disability Insurance Scheme (NDIS) is a very promising space which is growing quickly at Congress. The team commenced the process of registration late 2020 and has fulfilled the requirements, awaiting final sign off from the NDIS commission.

The Remote Community Connector (RCC) and Evidence, Access and Coordination (EACP) Programs continue to provide a culturally safe and accessible service to Aboriginal people requiring information to better understand and navigate the scheme, including applying for the NDIS. This service has received over 200 requests for NDIS support in the past year and support 57 people to get onto the NDIS, which demonstrates the high demand and need in our community.

The Inclusion, Linkages and Capacity Building (ILCB) service also continues to grow with the expansion of additional disability caseworker roles throughout Congress. Another feature project for this team has been the formation of the Terms of Reference for the Aboriginal Disability Reference Group, which is expected to commence in the coming months and will help the views and experiences of our clients to inform the way we deliver services.

Most excitingly was the establishment and commencing of the NDIS Therapeutic Services Team which gained approval to expand to provide NDIS services to children in speech pathology and occupational therapy and to adults in physiotherapy and occupational therapy. This has huge potential for Congress to become a provider-of-choice to Aboriginal people wanting to use Congress as their NDIS service provider.

The types of supports that the Congress NDIS Therapeutic Team may provide to participants include:

- therapeutic support at home, in the community or in school
- aids or equipment assessments, set up and training
- home modification recommendations
- mobility equipment recommendations

Congress looks forward to further advancement in this important area in the coming financial year, and helping to improve the capacity of our vulnerable clients through increased access to culturally responsive services.





# HEALTH SERVICES





## CLINICAL SERVICES

Congress' Clinical Service section is responsible for the delivery of all of Congress' clinical services, including remote and town clinics and the integrated primary healthcare that is provided through them.

Congress' **Clinical Services** are made up of a multidisciplinary workforce of over 200 staff across 14 primary health care services. Clinic Managers, General Practitioners, General Practitioner Registrars, Fellows in Advanced Rural General Practice, Aboriginal Health Practitioners (AHPs; including trainee and graduate AHPs), Registered Nurses, Psychologists, Allied Health Practitioners, Aboriginal Liaison Officers, Aboriginal Care Management Workers, Client Services Officers and Transports Officers are integral to our multidisciplinary primary health care teams.

In May 2021 two of our newer clinics, Larapinta and Sadadeen, successfully completed their second round of accreditation for RACGP Standards for General Practice 5th Edition. This accreditation shows that all the clinics provide a level of care that is of a national standard.

For a number of years Congress remote clinics and Alukura have had access to ultrasound machines on site which allow for doctors to carry out ultrasound examinations in these settings. These examinations enable accurate diagnosis which has assisted with expedited treatment or prevented needing evacuation for a similar examination in Alice Springs. Building on this work, Mutitjulu Health Service's ultrasound machine (and associated processes) underwent accreditation against the Diagnostic Imaging Accreditation Scheme (DIAS) Standards in May. This was the first time that Congress has undertaken accreditation against this standard and Mutitjulu Health Service was successfully accredited for four years. Additional sites will be undergoing accreditation against this standard in the future.





- 1 Child Health and Development Centre (CHaD)**  
13 Kekwick Ave
- 2 Northside Clinic**  
Northside Shopping Complex  
North Stuart Hwy
- 3 Business Services / HR**  
32 Priest St
- 4 Australian Nurse Family Partnership Program**  
Jock Nelson Building  
16 Hartley St
- 5 headspace**  
Shop 4-6 Colacag Plaza, 74 Todd St
- 6 Head Office**  
14 Leichhardt Tce
- 7 Larapinta Clinic**  
Diarama Shopping Village
- 8 Sadadeen Clinic**  
70 Spearwood Rd
- 9 Preschool Readiness Program**  
South Tce
- 10 Congress Respiratory Clinic**  
127 Todd St
- 11 Ingkintja Male Health Service**  
19 Gap Road
- 12 Child & Family Services Office**  
21 Gap Road
- 13 Congress Childcare Centre**  
23 Gap Road
- 14 Gap Clinic**  
25 Gap Road



In January, the Clinical Services section implemented a restructure.

The restructure followed consultation within the section, resulting in the following changes:

- Structures of remote and town services were made consistent, with a senior manager position overseeing the town clinics and the same position being created for the remote services. Remote services continue to be delivered in partnership with local Aboriginal health boards.
- Creation of the Manager - Allied Health role. This position was recruited to support and manage the growing allied health contingent.
- Establishment of a clinical education team which groups clinical trainers and trainees together to strengthen the delivery of education, led by AHP Training Coordinator, Lynnette O'Bree. The clinical education team will oversee the exciting development of Congress' Graduate Nurse Program in primary health care.
- A number of similar programs now have oversight of the Manager – Care Coordination. These programs include our Chronic Disease Care Coordinators, Renal Primary Health Care Team, Child Health Outreach Program and Frail, Aged and Disabled team.

Congress provided 14 General Practitioner Registrar training placements. This year has seen registrars are undertaking placements at all Congress' clinics and have been integral to the delivery of vaccines and continued COVID-19 testing in the community.

Congress' Graduate Nurse program started in March 2021, after which Congress employed 4 graduate nurses on a two-year program, including one Aboriginal nurse. This program, running in collaboration with Flinders University and Alice Springs Hospital and supported by NTPHN sees the nurses gaining experience in both primary health, remote and acute care environments. Conversations have been had with sibling organisation Anyinginyi Health Aboriginal Corporation to share knowledge, resources and support, and help increase the NT clinical workforce.

Accessing nursing staff has been a challenge for Congress and other like organisations, and was only made more difficult by the pandemic and associated needs for staff and limitations on interstate and overseas recruitment.

Medication delivery continued and is appreciated by clients as well as by those staff managing clients with chronic disease and limitations with access.

Unfortunately, like many other services Congress saw a decline in the number of episodes of care as a direct result of the pandemic. After initially discouraging clients from attending the clinic when they didn't need to, we have yet to see uptake of routine services, including health checks. We look forward to focussing on this by campaigning strongly to clients about health checks and other preventatives to get them back into the clinic.

Staff have been kept up to date with current COVID-19 clinical information, including about vaccines, with weekly clinical updates from senior doctors. Weekly lunchtime learning sessions have seen both internal and external education sessions take place with very good attendance from clinical staff.

The **Child Health Outreach** program continued to work hard addressing the health needs of young children, especially those with Rheumatic Heart Disease. The team is currently undertaking a proposal to increase the programs capacity in response to the high demand for the service.

The **Care Coordination** team moved into the Town Clinical Services management line. This important service for our clients with chronic diseases is undertaking an evaluation of how these services are delivered and we look forward to the outcomes in the new year.

Pictured: Graduated Nurses,  
Zoe Fitzpatrick and Dominic Zambelli





## UTJU COMMUNITY GETS VACCINATED

Utju community showed strong leadership recently, lining up to get the COVID-19 vaccine needle when it came to the clinic. Community residents were glad to get the needle, knowing that it will protect them from getting very sick from the virus.

Congress vaccine nurses came to the clinic to talk about the vaccine, to help Utju people feel safe about choosing to have the vaccine.

The clinic staff and local community leaders did such a good job that almost everyone in the community who was there and able to get the vaccine got their first dose. The ABC News was there to talk to the people about getting the vaccine, and quite a few community members were happy to talk to them so that it might help show other Aboriginal people that it is palya.

### Some Utju residents said:

*"Some people have been scared, but it's better not to be scared. Just have the needle."* Tarna Andrews

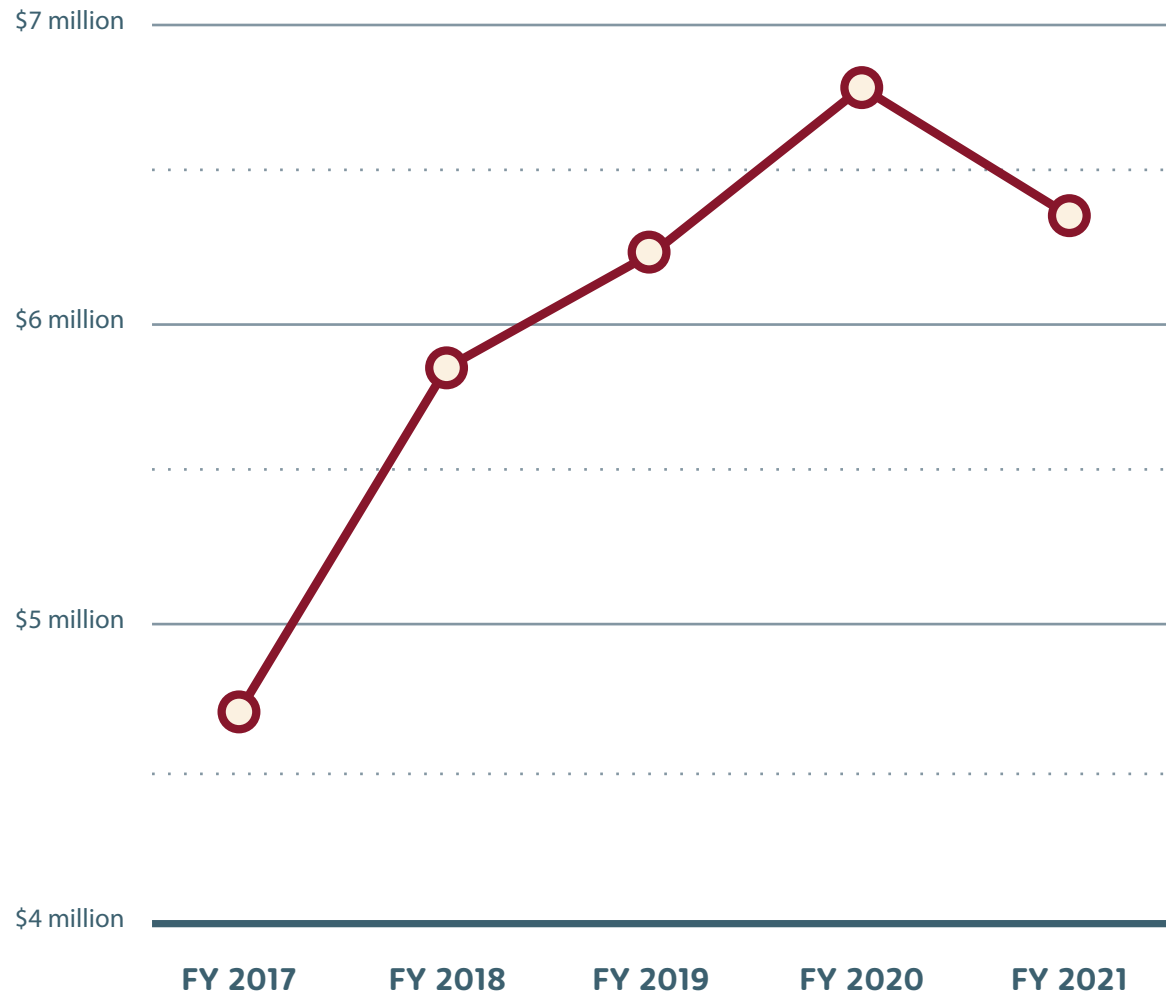
*"Everybody in my community, they're happy, they're smiling."* Sarah Gallagher

*"If you get the needle, that's safety for communities."* Frank Dixon

*"I told them I got my covid needle. If you want it you should go to the clinic."* Gordon Tiger



## MEDICARE REVENUE





The COVID-19 pandemic has impacted the amount of income derived from Medicare, due to a distinct reduction in the episodes of care provided through the period. Fewer people moving around meant that fewer people attended clinics. This was coupled with our initial need to discourage attendance at clinics unless very necessary to avoid transmission. Efforts to improve this trend will range from health promotion and engagement with patients, to internal process improvement to ensure that claiming is optimised.



## NUMBER OF ABORIGINAL PEOPLE ACCESSING CONGRESS SERVICES

**2020 — 2021**  
(This Year)


 Total - Congress  
14,472


 Town Clinics  
11,290

 Ntaria\*  
724

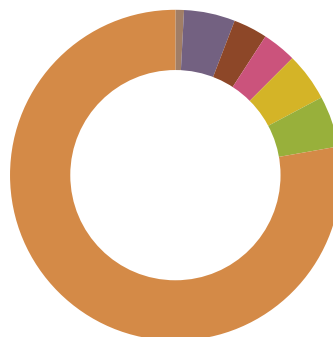
 Mutitjulu  
683

 Utju  
462


 Amoonguna  
491


 Mpwelarre  
737

 Wallace  
Rockhole  
85




**2019 — 2020**  
(Last Year)


 Total - Congress  
16,411


 Town Clinics  
13,049

 Ntaria\*  
730

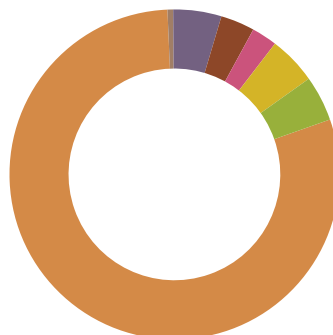
 Mutitjulu  
795

 Utju  
409


 Amoonguna  
567


 Mpwelarre  
781

 Wallace  
Rockhole  
80




**2018 — 2019**  
(Two Years Ago)


 Total - Congress  
15,887


 Town Clinics  
12,335

 Ntaria\*  
657

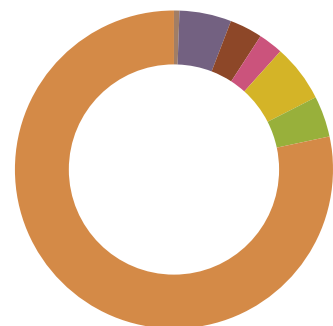
 Mutitjulu  
971

 Utju  
413

 Amoonguna  
574

 Mpwelarre  
859

 Wallace  
Rockhole  
78



## EPISODES OF CARE

This shows the number of visits on average,  
per individual client.

**Congress: 8.9**



**Town Clinics: 8.3**



**Ntaria: 12.7**



**Mutitjulu: 8.7**



**Utju: 14.3**



**Amoonguna: 7.9**



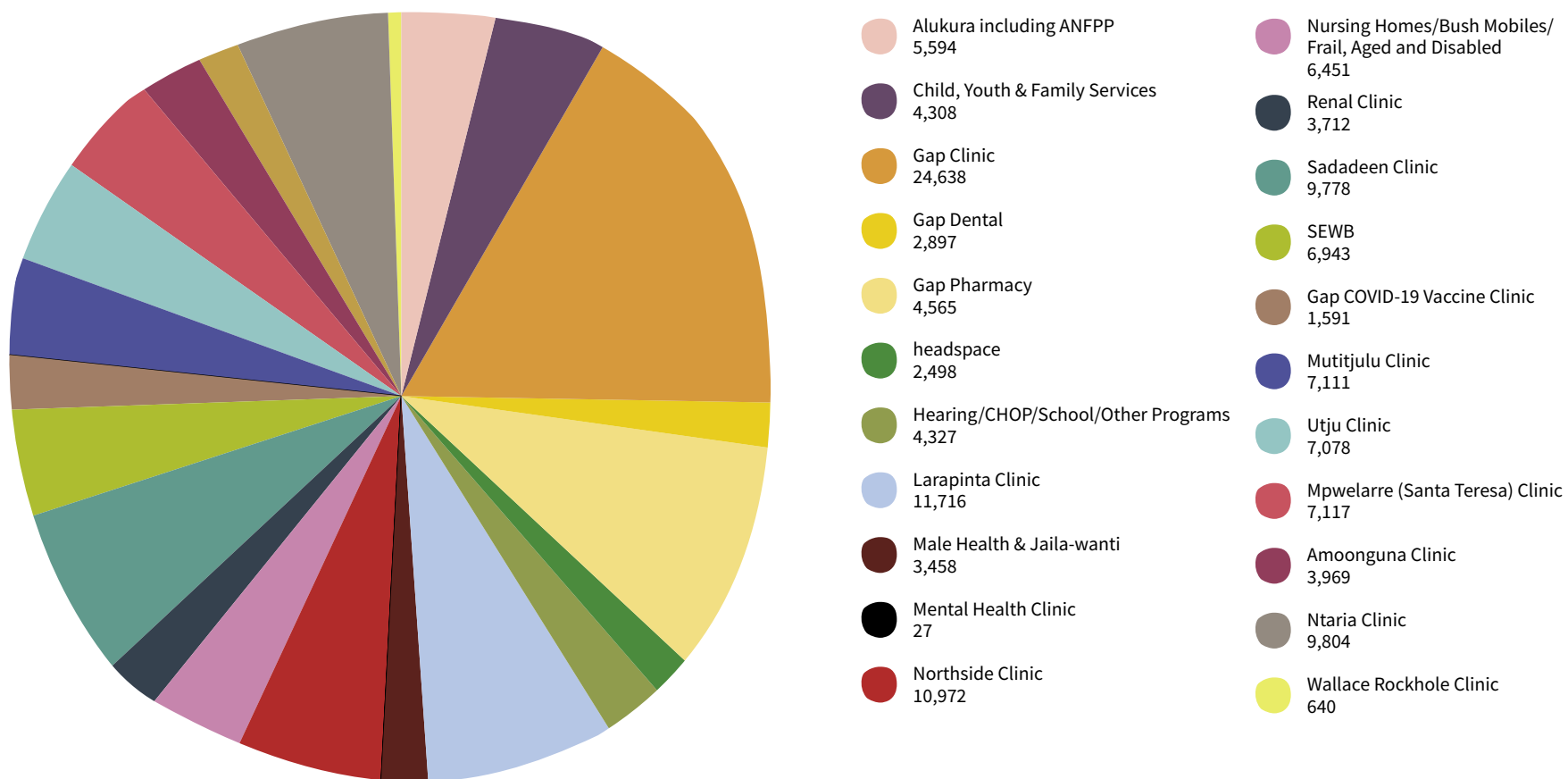
**Mpwelarre: 8.9**



**Wallace Rockhole: 7.5**



## Breakdown of Episodes of Care by Service



## ALUKURA WOMEN'S HEALTH SERVICE

**Alukura Women's Health Service is an Aboriginal women-only place caring for the health of our women and babies. The service is provided in a comfortable and culturally safe place for clients. Our service provides a multi-disciplinary team approach to ensure Aboriginal women and babies have access to best practice primary health care.**

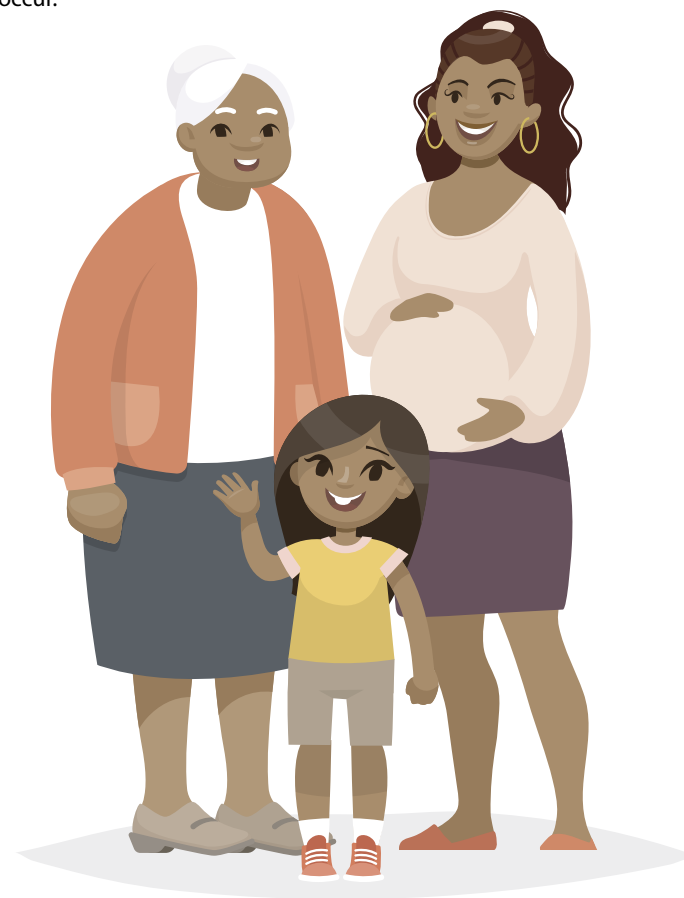
Alukura established a partnership with Jean Hailes to improve the awareness of Polycystic Ovarian Syndrome (PCOS), and to create culturally appropriate resources so that clients and practitioners are better able to recognise the condition, which impacts a lot of Aboriginal women. Before resources are published, clients will be asked to provide feedback on their usefulness and relevancy.

A review was conducted at Alukura, specifically looking at the feasibility of and support for a Midwifery Group Practice at Alukura with birthing to take place at Aice Springs Hospital through a partnership agreement. This was seen to be a very positive and necessary service for women in the region and we look forward to this development progressing in the new financial year. Breast screen was scheduled to be on site in 2020 but was postponed due to the pandemic until October 2021.

Alukura helped to support Central Desert women to attend Law and Culture events in collaboration with Central Land Council. This event was well attended with around 100 women frequenting Alukura in evenings during the week. These events are very important gatherings and allow for transfer of cultural knowledge, connection, healing, strengthening and humour. These events and the experiences gained at them are especially important in our current uncertain environment.

Work began (with CEO and Cultural Advisor) to recommence the Women's Health Advisory Committee following a temporary break due to COVID. The advisory committee ensures cultural guidance around women's health and other concerns that women have.

Alukura has had plans drawn up and are negotiating the cultural shelter to be built at Alukura. This will provide a private place for women's only cultural activities to occur.





## INGKINTJA: WURRA APA ARTWUKA PMARA



Congress Men L-R: Steven Satour, David Galvin, Ken Lechleitner, John Liddle, Bradley Braun, and Lazarus Gallagher

**Ingkintja: Wurra Apa Artwuka Pmara Male Health Service** has for many years been a national leader in Aboriginal health, not only through its male-only comprehensive primary health care service providing a full suite of medical care complemented by social support services, but through the emphasis that the service places on preventative health with 715 health checks and weekly engagements, servicing over 1,150 men this financial year.

Ingkintja takes the lead in supporting men in cultural activities across central Australia by providing equipment and medical support when requested by community leaders.

Incorporated into the male-only service are showers and laundry facilities, male health truck, gym, and Men's Shed.

Ingkintja also delivers the Jaila Wanti prison to work program, which provides support to Aboriginal prisoners 90 days prior to release and also post release to reintegrate back into community through the coordination of health, wellbeing and social support services. Male prison transitional care coordinators work with clients on health and wellbeing, and facilitate linkages with employment and training provider. Through the program, Ingkintja deliver regular visits to Aboriginal prisoners in the Alice Springs Correctional facility and other organisations such as St Joseph's Flexible Learning Centre, Alice Outcomes, Saltbush, Gap Youth Centre and Desert Therapy; conducting sessions with Aboriginal people on their holistic health and wellbeing. The Ingkintja Jaila Wanti program also conducted a number of after hours knowledge sessions the team called 'Toast Masters'.

Sessions also focus on cultural roots and family connections to rebuild cultural identity and self-worth, and to reinforce positive behaviours while also reflecting on the consequences of impulsivity and violent behaviours. The team establish trust and respect and assist in reconnecting the men with family and culture and to reintegrate into community. Corrections staff have provided encouraging feedback on the positive impact that these visits have on the Aboriginal prisoners, noting changed attitudes and behaviours as the men reflect on the impact of their actions and ask for the next Ingkintja session.

The Ingkintja men's wash facilities were upgraded last year and continue to be a vital and highly accessed service, especially for men living rough. The facility gives men (approximately 3780 visits this year) the obvious benefit of being able to wash and gain self-worth, and provides a critical engagement opportunity for the Ingkintja team to perform health checks, medical follow-up and other necessary referrals to services to improve their health and wellbeing. The Ingkintja men's shed and gym has regular sessions that enable males of all ages, to come together and access valuable skills such as fitness, comradery and practical life skills. Ingkintja have also been equipped with a male health truck, it has been fitted out with three consult rooms, which will increase the reach of the service's holistic approach further to remote communities and town camps in a culturally responsive – and mobile – way.

November usually happens in November at Ingkintja but due to COVID-19 the 2020 event did not go ahead. The team plans to make up for this with gusto by hosting several men's activities this November 2021.

## ABORIGINAL HEALTH PRACTITIONER DEVELOPMENT

**When Congress opened up their Hartley Street Clinic in 1975, their staff included 4 Aboriginal Health Workers. This job title has evolved over the years into Registered 'Aboriginal Health Practitioner'.**

Congress supports the training of Trainee Aboriginal Health Practitioners (AHPs) with five positions at any one time. The Trainees are paid a wage commencing at AHP 1.1 level, \$45,279.00 (as of 30.6.20) and have a contract to undertake full time study with Batchelor Institute of Indigenous Tertiary Education (BIITE) to complete the Certificate IV in Aboriginal and Torres Strait Islander Primary Health Care - Practice HLT40213. When they are not attending BIITE Block training in Alice Springs and Batchelor campuses, they are in clinical placements within the Congress clinics. They are placed with registered clinicians/mentors to practice the clinical skills they learn to become confident and competent.

Makisha Tilmouth completed her course and gained AHPRA (Australian Health Practitioner Regulation Agency) Registration and is now employed as a Graduate AHP in the Congress CHOP (Child Health Outreach Program). Douglas Pipe completed his course and gained AHPRA Registration and is employed as a Graduate AHP with Congress Ingkintja.

The establishment of these professions has been one of the most successful exercises in self-determination of Aboriginal and Torres Strait Islander people over our

own health outcomes, as these professions have been established by Aboriginal and Torres Strait Islander people for Aboriginal and Torres Strait Islander people.

They are unique among health professionals in that, they have, not only clinical skills, but can also respond to the social and cultural needs of Aboriginal and Torres Strait Islander families and communities. ATSI Health Workers and ATSI Practitioners are the world's only Indigenous health professions underpinned by national training and regulation. (Please note: ATSI Health Workers are

continuing AHW's prior to 2012 and able to continue their AHPRA Registration without completing the now required Certificate IV requirement for National Registration).



Congress' latest intake of Trainee AHPs with Coordinator, Lynnette O'Bree

## ALLIED HEALTH

Allied Health at Congress has seen a shift in its approach after the Clinical Services restructure and recruitment to a manager position. In a year shadowed by the pandemic, the team was still able to move forward with key partnerships and projects as well as assisting with pandemic efforts through continuation of essential podiatry services during times of reduced services, and redeployment of the eye health coordinator to the respiratory clinic for a short period early in the financial year.

The Central Australia Arntarnte-areme ingke (looking after foot) program is partnership between Congress and South Australia Health and Medical Research Institute (SAHMRI) to deliver a program of work to strengthen services to manage diabetes related foot complications. The launch of the project included employment of a service development officer and two project podiatrists to implement service development activities for the Central Australia Region. Activities included

- Diabetes-related foot complications services development and integration through formation of the Central Australian High-Risk Foot Network
- Drafting of a uniform clinical item for Podiatry services underway (in partnership with Top End project)
- Telehealth and clinical coordination, including defining referral pathways. Planning of the Central Australian Podiatry Telehealth Service, for commencement September 2021
- Team care approach for Diabetes Nurse Education and Podiatry service delivery implemented for all ACCHSs clinics

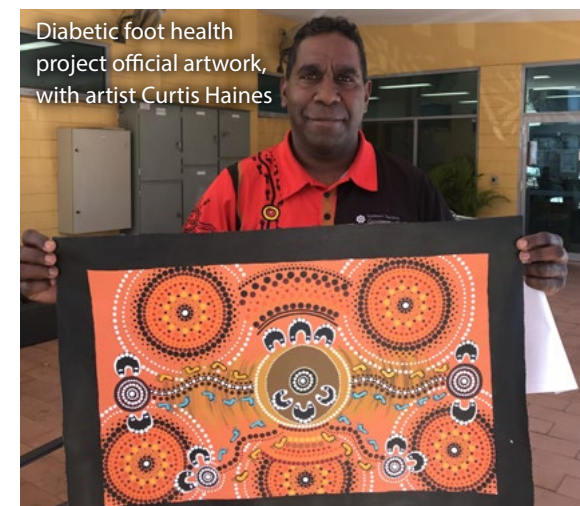
- Indigenous Diabetic Foot Program resources to be contextualised, adapted, and translated into key languages for the region and launched through a community awareness campaign including foot screening incentives (socks for clients, to commence Oct 2021)
- Provision of offloading kits to 32 remote community clinics
- Increasing access to appropriate and affordable footwear through partnerships with Top End project to conduct community stores need analysis and draft a proposal to increase access to appropriate and affordable footwear
- Ongoing engagement with community members from two remote communities completed – community engagement increasing with roll-out of community foot screening workshops.

The Outreach Health Service Program (formerly known as the Medical Outreach Indigenous Chronic Disease program) is a partnership between Congress and NTPHN to strengthen outreaching allied health services to remote communities. The program commenced a multidisciplinary outreach service, where podiatry and diabetes nurse educators travel together to remote communities three new locations in partnership with Pintupi Homelands Health, Urapuntja Homelands Health, and Ampilatwatja Health Services, as well as increased frequency of visits to Congress serviced communities in line with best practice for follow up. This was underpinned by the strengthening cultural safety of outreaching services by engagement with interpreters and an increased focus on community and healthcare professional capacity strengthening.

The Diabetes Nurse Educator (DNE) service was expanded with increase in positions for DNEs, a weekly commitment to Alukura clinic to strengthen services for women during pregnancy and increased engagement towards diabetes in youth, including liaising with Menzies School of Health Research around a co-design project.

Further expansion of the allied health team with three new positions to support Congress clients with approved National Disability Insurance Scheme plans, including additional occupational therapy, physiotherapy, and allied health assistant role is planned for the coming year.

There was also the establishment of community based chronic disease rehabilitation groups, including a partnership with Alice Springs Hospital and Alice Springs Town Council to deliver a men's respiratory rehabilitation group at the town pool, and the Alta Calta – Strong Walkers group rehabilitation led by occupational therapy. Both were informed by feedback from lead cultural adviser and participants to ensure cultural safety.



Diabetic foot health project official artwork, with artist Curtis Haines



## SOCIAL & EMOTIONAL WELLBEING

Congress Social and Emotional Wellbeing (SEWB) provides culturally safe, responsive, client-centred care for Aboriginal people across the lifespan for social, emotional and cultural wellbeing, mental health and community connectedness. SEWB delivers services in Alice Springs and across six remote communities. The team is comprised of Aboriginal Care Management Workers (Alcohol and Other Drugs Certificate IV qualified), Psychologists (General, Clinical, Neuropsychology, Forensic and Developmental), Social Workers, Case Workers and Client Service Officers. The team is led by an experienced and skilled Clinical Psychologist with a doctorate qualification.

Throughout the year, 11,829 episodes of care were provided to 1955 unique clients through SEWB, including 691 episodes of care provided to 180 clients in our remote communities.

Congress' SEWB services are delivered through a culturally safe, strengths-based Three Streams of Care model that embeds client's cultural considerations. The integrated three streams of care model include:

1. Social and Cultural Support, delivered by Aboriginal workers with cultural knowledge, language skills and in-depth knowledge of the Aboriginal community alongside social workers, and including case management and care coordination, advocacy on behalf of clients, social support, cultural support, access to medical care, and opportunistic alcohol and other drug (AOD) counselling and brief interventions;
2. Psychological therapy carried out by qualified therapists delivering clinical assessment and

evidence-based treatments. Additionally access to neuropsychological assessment was provided; and

3. Medical treatment, provided by Congress general practitioners and other members of the primary healthcare team, including medical assessment of clients, management of chronic disease and prescription of pharmacotherapies where appropriate to assist clients with their presenting conditions.

Some key highlights of SEWB service delivery across the year include:

- Each of the town-based Congress clinics has a male and a female Psychologist and an Aboriginal Care Management Worker providing services across the week.
- SEWB receives funding through the NTPHN for a child focused Psychologist to work with children under age 12 who are experiencing, or at risk of, mild to moderate mental health issues.
- SEWB continues to deliver psychological assessment and intervention to clients in the Central Australian Aboriginal Alcohol Programmes Unit (CAAAPU) residential treatment facility. SEWB continues to deliver high quality individual intervention for men and women who are accessing the service to support recovery and relapse prevention from alcohol and substance use. SEWB has delivered intervention to 164 unique clients in alcohol residential treatment facilities, including weekly psychological group programs for men and women.
- A SEWB Psychologist participated in the Alice Springs AOD sector meetings, which allows continued information sharing, updates and sector improvements between agencies.
- SEWB continues to receive a high volume of referrals from Community Corrections to support clients who have been incarcerated returning to the community, and reducing their risk of reoffending. SEWB delivers this specialised service via a male and a female Forensic Psychologist in our team.
- A clinical psychologist delivers individual and group therapeutic programs to the Alternatives to Custody program on three days per week, a ten-bed residential service that offers a 26-week program for women over the age of 18 who are at risk of offending or reoffending. This program is a community-based approach to reducing Aboriginal incarceration and recidivism in the Northern Territory.
- SEWB received funding through the NTPHN to employ a Mental Health Nurse who liaises with Alice Springs Hospital mental health and medical service providers around patient admissions and discharges. This role is important in facilitating inter-agency referrals between the services, ensuring timely sharing of information to support clients, and allows SEWB to engage and provide follow up support to clients who are returning to a remote community after being in town to access hospital mental health services.
- SEWB has maintained a successful partnership with the Red Cross to facilitate a weekly women's group for a broad range of ages, engaging women in a range of creative and therapeutic activities that they themselves requested, including painting and sewing, yoga, cooking, workshops focused on alcohol reduction and parenting, and a number of bush trips. This group promoted positive social connections and self-esteem among the participants.

SEWB has continued to strengthen our remote service delivery model, building upon achievements over the last four years:

- Santa Teresa is visited on one day per week by a male and a female Psychologist, and on three days per week by an Aboriginal female Remote Caseworker.
- Ntaria is visited by a male and a female Psychologist weekly, and is also supported by a female Remote Caseworker who is based in the community and an Aboriginal male mental health worker based in the community. SEWB has supported a successful women's group in Ntaria on a fortnightly basis focused on ways to keep strong, physically, mentally and emotionally. There is also a monthly men's group focused on health screening and education, raising awareness around harms alcohol and drugs use, mental health, and suicide prevention strategies, and promoting positive community relationships. These team members also service the nearby Utju and Wallace Rockhole communities with outreach visits.
- Mutitjulu has benefited from regular three weekly visits from a male and female psychologist to the community which has included a strong partnership working alongside the Voyages SEWB team to support Aboriginal trainees working at Yulara.
- Amoonguna is visited across the week by a female Social Worker, and by male and a female Aboriginal Care Management Workers.

SEWB contracted Lukas Williams and Marnee Jarrett of Gan'na Healing to deliver two week-long workshops in Ntaria and one in Santa Teresa. Both Lukas and Marnie are Bundjalung people who hold post-graduate

qualifications in Indigenous studies. Their workshops integrate trauma informed principles and traditional Aboriginal healing practices to reduce the negative impacts of colonisation and associated trauma on communities. These workshops are based on an Indigenous pedagogy, which is different than what traditional Australian learning institutions offer, creating a culturally safe environment by incorporating song, dance, storytelling, art, and current academic learning and teaching to combine western and Indigenous learning. While visiting these communities, Lukas and Marnie also facilitated a series of workshops for service providers in the communities to support them in delivering trauma informed and culturally responsive care to community members.

Throughout the year, SEWB remained active in collaborating with other agencies to advocate for the reduction, intervention and elimination of domestic and family violence. An experienced Aboriginal AOD Care Management worker from SEWB attended the Family Safety Framework (FSF) meetings (domestic violence crisis management meetings chaired by NT Police) on a fortnightly basis, which fed into our referral system and supported effective case management for these at risk clients beyond the crisis phase.

SEWB continues to have representation within the local Alice Springs Accommodation Action Group which focuses on housing opportunities and stability as a key determinant of health.

Congress is the lead agency of headspace and as such Congress is responsible for the clinical services that are provided (both medical and psychological) and the direction it takes for young people between the ages of 12 to 25 in Alice Springs. In the last financial year headspace Alice Springs provided 2036 occasions of

service to 398 young people between the ages of 12 to 25 years, of which 30% were delivered by a GP. This number has been consistent over the last 2 years. Of those, 28% of our young people identified as being Aboriginal or Torres Strait Islander, an improvement from 23% last year. The young people accessing headspace are diverse: 21% identify as LGBTQI and 18% describe themselves as linguistically diverse. headspace now delivers a specialist social group for those with Autism Spectrum Disorder (a group which tends not to be readily identified in General Practice). headspace has recently been successful in gaining some funding for a new program, Individual Placement and Support (IPS) with two full time vocational support workers supporting young people who experience mental health issues to achieve work and study goals. headspace has consolidated its partnership with Yirara College, continuing to provide in-reach psychology services to students at the school. The service was successful in being awarded a grant from the PHN to develop a cultural program, including employing a Cultural Advisor, and exploring collaborative approaches to include Indigenous healing practices alongside western medical and psychological practices in the services we offer to young Indigenous clients. This year headspace expanded their office spaces into an adjacent building to include the IPS program and additional cultural healing rooms which can double as general therapeutic spaces, and developing a court yard space for staff and client use between the buildings. Finally, a substantive part of 2021 has devoted to passing hMIF (headspace model Integrity framework) which is a three yearly extensive fidelity audit without which headspace will not be able to operate as it is required that we pass all components to retain the headspace trade mark licence.





Above: Directors Joseph Hayes and Taren Williams with the Boardroom's Arrernte door sign



Right: Congress Lead Cultral Advisor, Sabella Turner

## CULTURAL RESPONSIVENESS AT CONGRESS

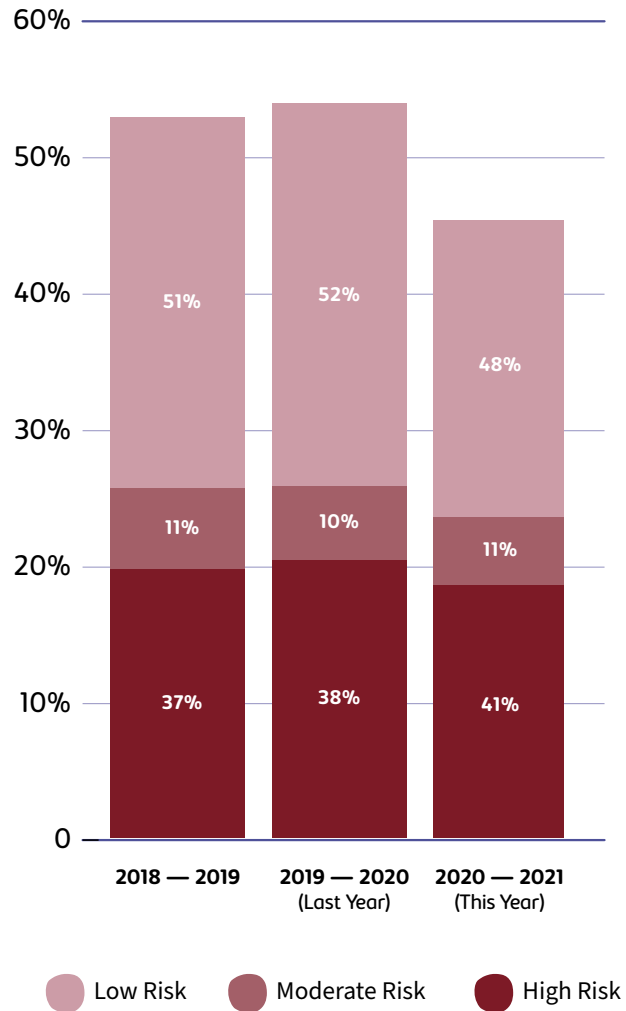
The role of Congress' Cultural Lead has gone from strength to strength, having influence across the organisation. In line with Congress' strategic priorities, the Cultural Lead has been working to ensure that Aboriginal cultural responsiveness is embedded into everything we do, from service delivery, organisational culture and our public messaging.

Cultural Lead, Sabella Turner chairs the Aboriginal Staff Advisory Committee (ASAC) which serves to inform and guide the organisation, influencing at a CEO level. Cultural Lead, Sabella Turner chairs the Aboriginal Staff Advisory Committee (ASAC) which serves to inform and guide the organisation, influencing at a CEO level. This group manages delivery of Congress' Cultural Induction and has ensured cultural consideration is primary on organisational activities, such as the Enterprise Agreement.

The cultural lead has administered local Aboriginal language welcomes at clinic entries and started the rollout of Arrernte, Warlpiri and Luritja names for consult and meeting rooms. These are designed to how Congress' respect for the local language groups that we serve. Sabella has also been running fortnightly Language at Lunch and shooting videos for the staff newsletter, The Wrap – both very popular amongst staff. We look forward to further plans coming to fruition in this space in the new financial year!

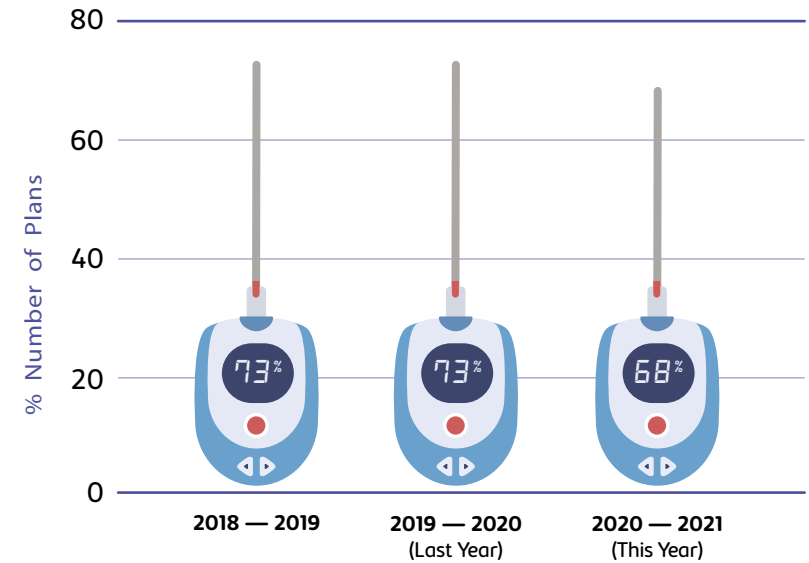
## KEY PERFORMANCE INDICATORS

### Cardiovascular Testing

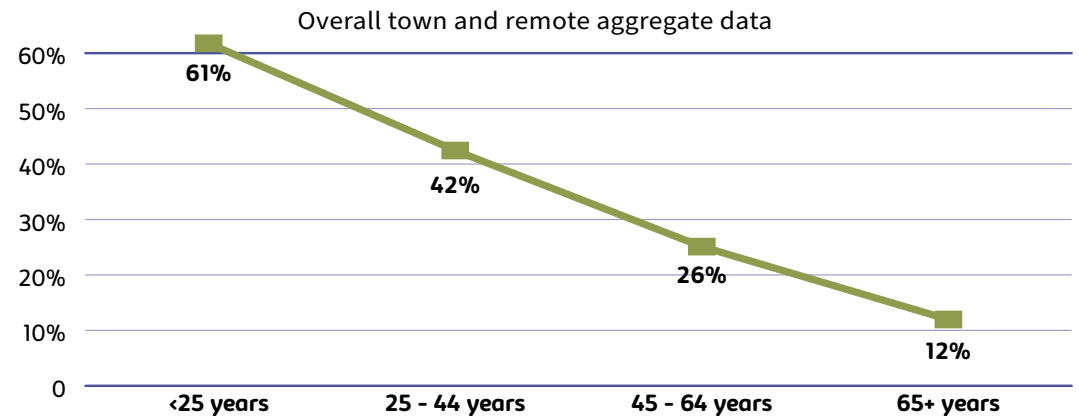


### Diabetic Care Plans issued

This graph demonstrates that more clients with a diagnosis of Diabetes are getting help to manage their health through access to Congress' multidisciplinary teams of GPs, Diabetes Nurse Educators, Podiatrists and other allied health practitioners.

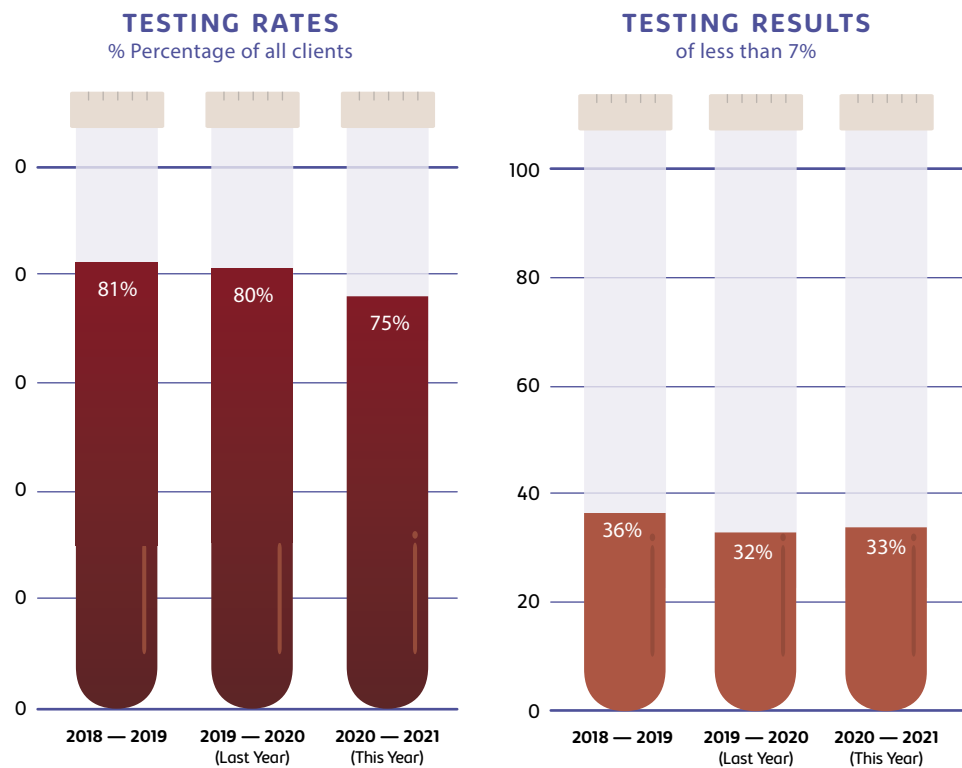


### Poor Blood Sugar Control (HbA1c) >10% by age group

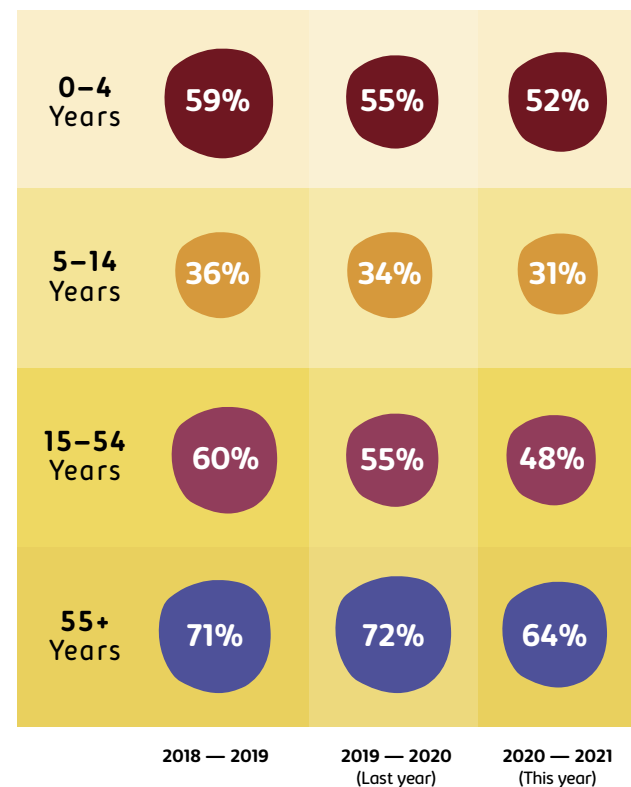


## HbA1c testing

HbA1c is a blood test that is used to help diagnose and monitor people with diabetes.



## Health checks



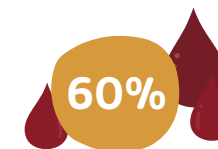
## ASQ trak

52% of children aged 0–4 years receiving a health check were screened for developmental concerns using the validated ASQ Trak tool.



## Anemia testing

In 2020–2021 we tested 60% clients for Anaemia.





## COVID-19: CONGRESS' CONTINUING RESPONSE

The COVID-19 pandemic poses a grave threat to the health of First Nations peoples everywhere. For example, in the USA the Navajo Nation of 300,000 people has seen over 32,000 infections (11% of total population) and almost 1,400 deaths from COVID-19 (4.3% of infections)<sup>1</sup>. The rate of infection in the Navajo community was prior to the Delta variant which is much more infectious and will infect all unvaccinated people when it comes. If all of the eligible unvaccinated people in Central Australia became infected this would mean about 10,000 Aboriginal people on current numbers and we would expect to see about 430 deaths. Vaccination will prevent many of these deaths which is why we have to make this a priority. It is also likely that at least 15% of infected people will need hospitalisation which is 1,500 people which would overwhelm the capacity of Alice Springs Hospital and people would have to be sent away to other hospitals.

The current outbreaks across the country have demonstrated how hard it is for public health measures such as lockdowns to continue to be successful, especially against the Delta variant. The virus has now spread to Aboriginal communities in the west of NSW: more than 1000 Aboriginal and Torres Strait Islander people have been infected, including young people and children. Some Aboriginal people are in hospital, including in intensive care and sadly there have been six deaths.

This reinforces the fact that COVID-19 will inevitably spread to Central Australian Aboriginal communities at some stage in the future. When that happens, if lockdown measures fail to prevent the spread of the disease as has

happened in NSW, the only defence against the virus and associated illness and mortality will be vaccination.

To date, Congress has been working to increase the COVID-19 vaccination rate amongst Aboriginal people in Central Australia since vaccines became available in early 2021. This includes:

- the COVID-19 Vaccination Clinic at the Gap Road clinic from March 2021;
- promotion of planned and opportunistic vaccinations at all Congress remote clinics from March 2021;
- introduction of the Pfizer vaccine through Congress as soon as it was available for all Aboriginal people from May 2021;
- promoting and delivery of vaccinations amongst Congress staff;
- outreach vaccination into the homes of people over the age of 60.

These clinical responses have been supported by extensive community messaging and engagement around the importance of vaccination including:

- radio and television advertisements and service announcements on ICTV and with CAAMA Radio in English and Central Australian Aboriginal languages;
- social media (including Facebook posts sharing news, stakeholder posts, original posts, 'myth-busting', and promoting 'vaccine ambassadors');
- information flyers / banners / mailouts including "No footy, No festivals, No fun" campaign; and

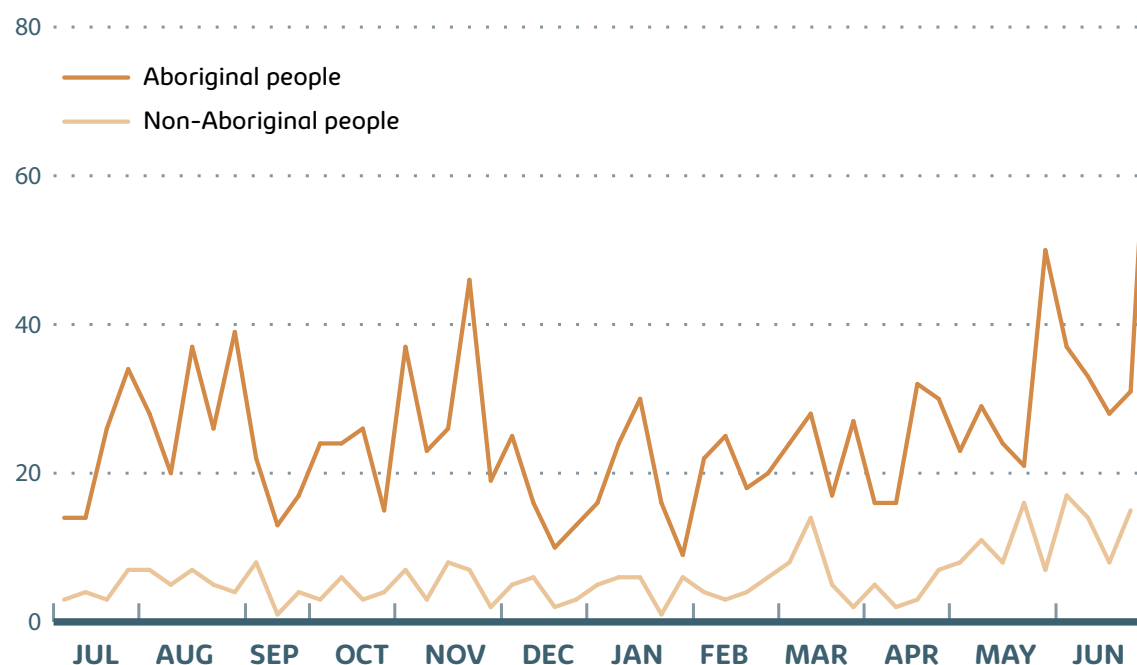
- vaccine service promotion posters (town and remote);
- "Community Immunity" beanies and promotional posters;
- media events and appearances including around vaccination of key leaders; and
- support of outreach through attendance and community engagement.

Congress has also advocated strongly with government and a range of other groups to promote a focus on vaccination of Aboriginal people. This has included:

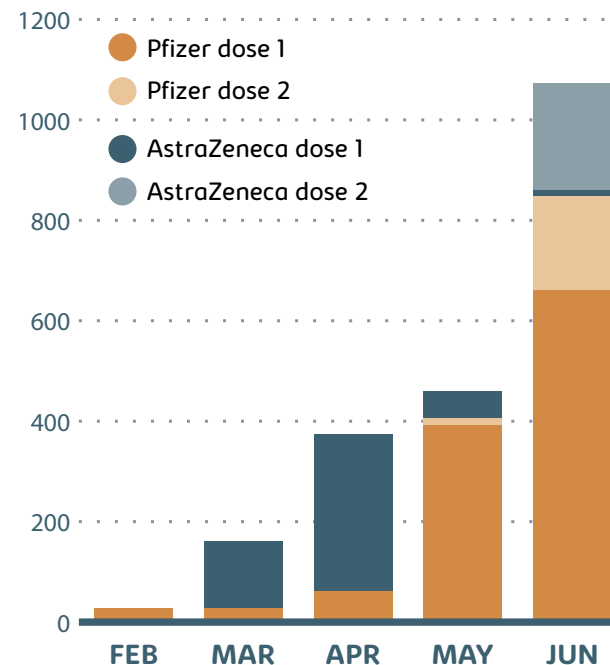
- membership of key public health decision-making bodies including the Northern Territory Public Health Advisory Group (PHAG) and the national Aboriginal and Torres Strait Islander Advisory Group on COVID-19;
- advocacy to Northern Territory Government including Health Department staff and Ministers by letter, email and in meetings;
- letters and contact with community groups including the Alice Springs Ministers' Fellowship re the need to counter vaccine misinformation; and
- radio and print media

There are plans for this effort to intensify in the new financial year.

### COVID Testing Rates By Month



### COVID Vaccination Rates By Month



Congress also continued to provide COVID-19 testing services through our GP Respiratory Clinic. This clinic, operated by a Registered Nurse and rotating GP position, contributed to the testing efforts for Alice Springs daily, and helped with increased workload after the close call experienced at the end of June as part of the Tanami mine outbreak.

During this time, Congress worked in close partnership with the NT Centre for Disease Control to ensure that all of the primary contacts of the index case who came into Alice Springs were traced and tested with results within 24 hours. This was an important contribution for the NT response and again showed how fundamental ACCHSs are in managing this pandemic.



Craig Woods getting his first shot at Mutitjulu Clinic



Eileen Hoosan, Geoff Shaw getting their vaccines Dr Jessica Johansen



Geoff Shaw, Graham Dowling, Walter Shaw, Donna Ah Chee at Tangentyere's executive meeting.

**HAVE YOUR COVID NEEDLE TO GET A FREE MPARNTWE BEANIE!**

Go to the clinic and get your COVID-19 vaccination\* to receive this special edition super-warm Community Immunity Mparntwe beanie!

\*You must be aged 16 yrs+ to get the COVID-19 vaccine



Vaccine outreach at Whitegate Camp

**GET VACCINATED FOR COVID-19 AT CONGRESS**

**TO GET YOUR VACCINE, YOU CAN:**

- Call 1800 570 688
- Drop in to the vaccination clinic, located at Gap Clinic
- Ask at your usual clinic at your next regular appointment

**COMMUNITY IMMUNITY, HERE WE COME!**



Hidden Valley President, Benedict Stevens



## MYTH BUSTED!

The Pfizer vaccine is not linked to any blood clots.



### NO FOOTY

No big AFL games like the Melbourne game that went to Sydney. No local footy when there's lockdowns



### NO FESTIVALS

Garma Festival cancelled, Alice Springs Show cancelled and NAIDOC Week cancelled



### NO FUN

Lockdowns, gathering limits, travel restrictions and other disruptions to our way of life

...that's life without COVID-19 vaccines.

Want things back to normal? Get vaccinated. Call 1800 570 688 to book.



KEEP OUR COMMUNITY STRONG!

CUZ CONGRESS SAYS GET

# VACCINATED

## 2

DOSES



LET'S BEAT COVID-19!

PLUS!

For a limited time, Congress is giving \$25 grocery vouchers to Aboriginal people who get vaccinated, or you can choose a \$25 phone card instead!



**SABELLA TURNER**

Lead Aboriginal Cultural Advisor



# PUBLIC HEALTH





## HEALTH PROMOTION

The Congress health promotion team had another strong year, delivering health promotion and prevention messages across Central Australia. The team continued to build strong partnerships with services across the region, to enable greater reach in their program delivery.

The Tackling Indigenous Smoking team continued to deliver activities across Alice Springs and Congress remote sites, including sessions in school, community education, community events and workforce development. Another success of the World No Tobacco Day Colour Fun Run in both Santa Teresa and Papunya (new site). The program was successful in receiving additional funding to expand the reach of the program to include Yulara, Docker River, Yuendumu, Imanpa and Papunya.

Activities were conducted with the following new services

- Karen Sheldon
- Respiratory Rehabilitation Group (Congress)
- Oral Health (Congress)
- MacDonnell Regional Council (Amoonguna) Develop signage's for smoke free spaces
- MacDonnell Regional Council –Docker River (Putting together a Smoke Free Policy)
- Waltja
- Children's Ground- Helped Developed a smoke free policy
- DESART Artists – Tobacco Educational Stall

- Voyages Yulara
- Salvation Army- Waterhole Tobacco Educational Stall
- Workforce Development
- ADSCA
- Tangentyere
- STARS (old girls academy)

Congress started delivering TIS services in Papunya, Docker River, Imanpa, Yuendumu and Mutitjulu communities and installed Smoke Free billboards at our remote sites. The team launched the pilot Smoke Free pregnancy program in town and at Ntaria and released three new television commercials. The commercials were centred around reasons to quit – cost of smoking, impact on life and health impacts. The staff presented at the National Best Practice Unit conference and underwent quitline training.

The team attended or hosted a number of events, including:

- World No Tobacco Day Colour Smash at our Remote Sites of Santa Teresa and Papunya 2021
- Colour Smash for Town Schools Bradshaw Primary School and Araluen Primary School
- Stress Less In the Park Kids
- Stress Less in the park Adults
- Youth Health Day Santa Teresa
- Mparntwe NAIDOC Community Day
- Community Day Yulara/Mutitjulu
- Healthy Children day – Larapinta Valey/Anthepe -Karnte Camp







The Health Promotions Team had a new position added to the team in the Healthy Housing Officer role, which is jointly funded through Fred Hollows Foundation, University of Melbourne-Indigenous Eye Health, Nourish Our Communities Ltd and Central Australian Aboriginal Congress. This role works with remote communities to identify housing issues related to health, to ensure appropriate referrals and made for repairs and maintenance. Information will be collected to assist with system improvement and communication with community members and stakeholders. We have formed strong relationships with NT Environment Health especially the Trachoma Program. As this is a new position, we are focusing on one out of the five communities in which Congress provides primary healthcare and using this as a pilot community; designing, implementing and reporting via a housing checklist/audit.

Following on from the years of success with AFL and Netball, Redtails Pinktails Right Tracks Program has further depth and expertise in Softball which is very popular with the female in communities. Although it is only early days, we are planning at launching the Right Tracks Softball program in Papunya and Yuendumu, one of our Remote service areas.

Country Redtails U20 played South Australia at Traeger Park. Representatives were players and coaches from Papunya, Alparra, Haasts Bluff, Ti Tree, Willowra, Kintore, Papunya, Ntaria & Plenty HWY. Trial Games were played in Yuendumu, Papunya and were scheduled for Ntaria and Santa Teresa, however due to COVID-19 restrictions, these trial games didn't commence.

The Redtails Pinktails Right Tracks program continued to work with Netball and Football clubs across Central Australia with a new focus on Softball. Over the past year the team undertook 20 health sessions with 356 participants of the clubs, covering tobacco, sexual health, domestic violence and alcohol and other drugs. They have assisted 15 participants into full time employment. The cohort involved in this program have a higher health check rate, than that of their comparison group, along with a lower smoking rate.

Right Tracks Leadership sessions were delivered to 666 Participants with ten High Performance leadership sessions were conducted with 261 Participants which adds another element to High Performance. There were 47 referrals to Social and Emotional Wellbeing.





Top and Left: Right Tracks in action, running sports/ education sessions.

Far and Top Left: Colour smash events are a great way to actively engage with young people about smoking and other health promotion topics





## RESEARCH

A busy year for the research team after regular business resumes after the initial pandemic lockdown and deployment period. Two considerable projects to report about are the:

- Evaluation of the Continuity of Care Model in Congress Town-based Clinics (Congress-le mwarre-ileme tyerrtye atypepe-atypepe-ke (Congress improves for good health), and
- Congress 50-year History project, Congress Arrulenge (Congress from a long time ago)

Congress' Evaluation of the Continuity of Care Model in Congress Town-based Clinics (Congress-le mwarre-ileme tyerrtye atypepe-atypepe-ke - "Congress improves for good health") is funded by the Indigenous Australians' Health Programme (IAHP) and supported by the Menzies School of Health Research.

This project is evaluating the implementation and outcomes of Congress' town clinic model reforms. From 2016 to 2019, Congress reformed its clinic service model in Alice Springs, from one central clinic at Gap Road, to having multiple smaller clinics serving smaller catchment areas (Sadadeen, Northside, Larapinta and the Gap). The clinic staffing model was changed to have smaller, integrated multi-disciplinary teams serving a smaller, personally-known client population. The reforms aimed to improve the accessibility and acceptability of the service to clients, and the continuity and quality of care received by clients. The evaluation team will interview staff, clients and stakeholders, conduct surveys, and review health service data to assess the effectiveness of the reforms, and identify lessons learned from implementation.

The project will be completed by December 2022, and will make an important contribution to the evidence-base of effective service models for high quality, culturally-appropriate health care for Aboriginal people.

This year, the Congress 50 year History project, Congress Arrulenge (Congress from a long time ago) began to lay foundations for this significant anniversary which falls on 9 June 2023. The project team began to archive 60 boxes of photos, documents and audio-visual material known as the Congress History Collection which has been in storage since an earlier research project about Congress history was completed, 16 years ago. They investigated technologies that can help Congress share its proud history with its community, by publishing photos, oral histories and documents through a digital portal and timeline. Colleagues in other Aboriginal organisations and government helped Congress develop standards, processes and skills for this specialised work. The team also began research to help people appreciate the positive contributions that Congress has made since its establishment. This involves analysis of how Congress' actions and advocacy, and changes in policy, social determinants, and access to health services have contributed to the changes in Aboriginal health that are apparent from analysis of long term health statistics.

From the start of the project, the project team of Aboriginal and non-Aboriginal staff has worked closely with Arrulenge Arntarnte-areme (ARRA), a group formed by knowledgeable Aboriginal Congress staff to advise the project on cultural safety. The multi-faceted activities in the project are enabled by two two-year grants: from the Aboriginals Benefit Account and Central Australian Academic Health Sciences Network.





## TELL CONGRESS YOUR STORY

We want to hear your stories about **Congress Arrulenge** (Congress from a long time ago).

If you have a story to share, please contact the Congress History Project team  
[congress.history@caac.org.au](mailto:congress.history@caac.org.au) or phone 8959 4734



## HEALTH POLICY

**This year Congress has continued its strong advocacy and policy role, speaking out publicly on issues that affect the health of Aboriginal communities, and advocating for Government policy and programs to meet those needs, based on the right to self-determination.**

As with all areas of Congress, the COVID-19 pandemic was a significant focus for Congress' public health policy and advocacy efforts during this time. Our advocacy was focused on ensuring strong public health measures were in place to keep the Aboriginal community safe. On behalf of Congress' Aboriginal leadership, we have written numerous policy statements and letters to key decision makers in the Australian and Northern Territory Governments, often in collaboration with AMSANT, to advocate for:

- closing the NT border to all visitors from COVID-19 hotspots in order to minimise the risk of an outbreak in our communities,
- effective and appropriate testing and quarantine procedures for health staff arriving from interstate,
- consistency in remote pandemic planning documents as these documents underpin any response to a potential COVID-19 outbreak,
- continued commitment to the evidence-based 'contain and test' approach jointly proposed by Congress and AMSANT earlier in 2020,
- the Northern Territory to be established as the best practice site for COVID-19 vaccine roll out, along with the need for national quarantine standards, and
- national quarantine standards, stricter border controls on roads into the Northern Territory at the time of an interstate outbreak, and enforcement of the Territory Check In mobile phone app.

We have also supported the roll-out of COVID-19 vaccinations by Congress as the most important health intervention to save lives in Central Australia.

While COVID-19 poses the most serious immediate threat to the health of Aboriginal people in Central Australia, the health effects of climate change are also of increasing concern to the Board and the community.

During this period Congress joined together with other key Aboriginal organisations such as Central Land Council, Tangentyere Council, the Centre for Appropriate Technology, Anyinginyi Health Aboriginal Corporation and Julalikari Council to form the Central Australia and Barkly Aboriginal Climate Justice Alliance (CABRACJA, or 'the Alliance'). The purpose of the Alliance is to stand in solidarity to work together and advocate for prompt policy action to mitigate and address the impacts of climate change.

The Alliance has identified its top priorities for action and advocacy:

- Recognising, harnessing and investing in Aboriginal traditional knowledge to mitigate climate change.
- Legislate for zero net emissions by 2050
- Investing in a transition to climate-safe and clean energy future
- Protection of biodiversity, cultural systems and ecosystems
- Universal access to safe drinking water
- Mitigating the impacts of climate change through better housing
- Addressing energy poverty
- Food security
- Health-specific matters
- Building community resilience to extreme weather events and natural disasters

- Climate sensitive urban design.
- We also continued our political advocacy on other matters including written submissions to a range of inquiries and other government processes. This included:
  - a submission to the Royal Commission into Aged Care Quality and Safety (August 2020),
  - written feedback for the development of the National Preventive Health Strategy (September 2020),
  - a submission to the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (September 2020),
  - writing to the Standing Committee on Climate Change in support of the Climate Change (National Framework for Adaptation and Mitigation) Bill 2020 and the relevant legislation to achieve zero net emissions by 2050 (December 2020),
  - written feedback on draft National Children's Mental Health and Wellbeing Strategy (February 2021),
  - a submission to the House of Representatives Standing Committee on Employment, Education and Training in response to its Inquiry into Adult Literacy (March 2021), and
  - a submission to the Australian Government's consultation on the Indigenous Voice Co-Design Process, which affirmed Congress' support for the Uluru Statement from the Heart, a Voice to Parliament enshrined in the Constitutional, and a process for treaty and truth telling (April 2021).

In addition, further to our submission in late 2019 to the Senate Inquiry into FASD, we appeared as a witness to provide evidence at a Public Hearing where we were able to talk about the important work of Congress' Child and Youth Assessment and Treatment Service (CYATS).

Our public submissions can be accessed on our website.

## CONTINUOUS QUALITY IMPROVEMENT (CQI)

COVID-19 has seen the deployment of CQI staff to clinical areas of Congress to assist when needed. This has had an impact on a number of activities, such as our Plan Do Study Act cycles, however activities such as the reintroduction of the Clinic Incentive Program and the development of monitoring and evaluation plans have been able to continue.

CQI has continued to collaborate with AMSANT and Communicare (our health information system provider) to develop dashboard reporting so that data required for quality improvement can be more accessible by clinic managers and team leaders. In recognition of the importance of this tool, Congress has employed a second data person who is busily working behind the scenes to ensure data is collected and used in the most efficient way. This has been particularly useful in supporting the creation of a very complex and thorough COVID-19 reporting dashboard which is used daily by Senior Managers and Executive.

The CQI Clinical Governance Committee has continued to meet monthly to review clinical incidents and to help ensure that policies and procedures are reviewed. This has assisted with AGPAL and ISO accreditations, and in ensuring that any high risk incidents are reviewed at a senior organisational level promptly.

The syphilis outbreak in Central Australia continues and CQI have been able to secure extra funding for during this period for a sexual health nurse and health promotion person, who was able to provide an outreach service and liaise with the NT Governments Centre of Disease Control. The success of this project has enabled Congress to secure three more sexual health positions commencing July 2021.

The pharmacy dispensary at Gap Clinic has needed to be expanded for some time. During this period, funding and plans have been established and agreed upon on how to best do this. 2021/22 will see this implemented.

CQI partnered with an Aboriginal research team from Ninti One to repeat our annual client satisfaction survey. While the results are very positive, there is still room for improvement which staff are happy to work towards to provide the best possible care for our clients. This is the C in Continuous Quality Improvement. Across all our clinical sites over 1000 clients were interviewed and a full report will be available soon.

An Individual Health Identifier (IHI) is allocated to every eligible person in Australian and are a key electronic linkage between Congress Communicare and Services Australia. There have been a number of issues identified with ensuring that every client has an individual number due to differing names, dates of birth and Medicare numbers across the services. CQI undertook some an audit and found that 9% of our clients were not able to be matched. There are three main findings from our investigations:

1. There needs to be one source of truth for clients and details held in relation to Medicare, AIR and IHI all need to match
2. There needs to be a clear understanding of what the validation process is between the systems (ie Communicare and Human Services Australia) and this needs to be made available to services
3. There needs to be a better error reporting and complex case follow up process that is available to all services to access

Since the audit CQI has done extensive work and have reduced the list down to 2%. This has involved working closely with Services Australia and we continue to advocate for support for organisations in undertaking this work.



# HUMAN RESOURCES





# HUMAN RESOURCES

Human Resources supports Congress' workforce to achieve strategic and business outcomes through work across Employee Relations, Recruitment, Training & Development, and Work Health & Safety.

The main focus for **Employee Relations** in this financial year has been the commencement of two major projects:

- Replacing our HR system ConnX with Sage People
- Commencing the Enterprise Bargaining process

Sage People will serve to automate many current HR processes. We believe that this will create greater efficiencies and provide more accurate HR data. The user interface will be more intuitive and therefore easier to use for staff and managers.

Enterprise bargaining is well underway. We hope that the process will result in fair increases for staff while providing security and certainty for the next three to four years.

Alongside these two projects the team has also rolled out the bi-annual employee engagement survey for our staff to provide their feedback and facilitated a restructure of the Health Services Division.

This year has been a challenging year for **Recruitment** at Congress. A world-wide shortage of health professionals (particularly nurses) has made recruitment difficult. This has been even more pronounced in remote areas and has been heightened by the COVID-19 epidemic which has restricted interstate travel and further increased nursing demand.

Congress further streamlined and refined recruitment processes. Some new initiatives were introduced to increase transparency and accessibility for internal roles at Congress. To promote internal development, we actively encourage existing staff to apply for internal transfers and promotion opportunities.

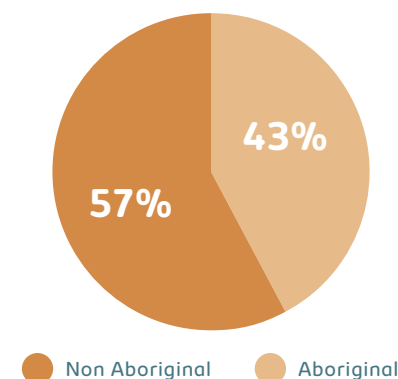
In partnership with the communications team, an internal jobs board was developed and launched on our SharePoint in August 2020. This forum informs current staff of opportunities in the organisation, sometimes in combination with external advertising. Certain jobs will only be advertised internally to allow for internal development, while others will also be advertised externally at the same time, still allowing internal candidates to apply.

We also initiated a new recruitment platform, Expr3ss! which went live in September 2020 and has replaced Talent Propeller. This platform boasts Predictive Hiring Technology and provides a tailored candidates experience that improves productivity. Expr3ss! quickly and cost-effectively matches and pinpoints only those applicants with the right skills, attitudes, and cultural fit. This system provides a gateway to hire more engaged people and higher performing employees, at a lower cost. The recruitment team has also appreciated the ease of posting and editing vacancies as well as reviewing candidates who have applied.

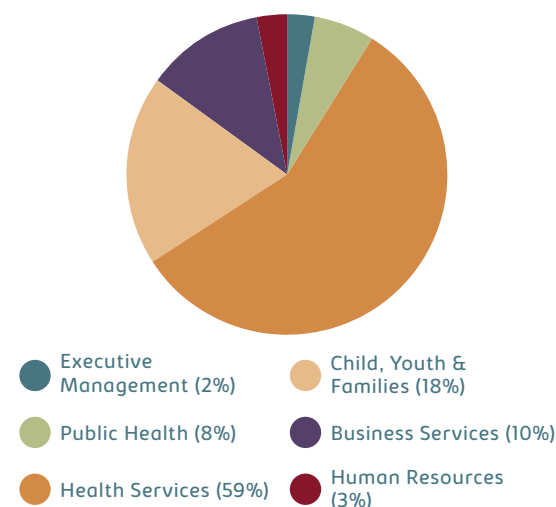
The recruitment team has grown in the last year to better support the demands of the organisation. We introduced a new Remote Recruitment Partner position, dedicated to our remote teams. We also welcomed another Recruitment Partner, bringing the team to five.

During the financial year, 128 people were recruited to work at Congress. On average 29% of applications made each month to Congress were from Aboriginal people.

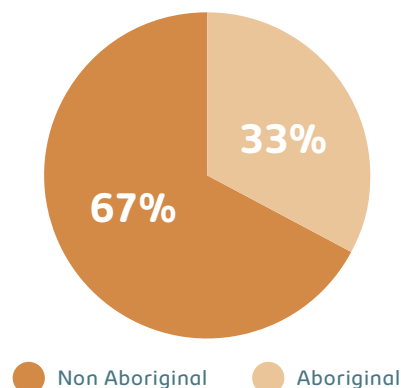
## ABORIGINAL AND NON-ABORIGINAL WORKFORCE



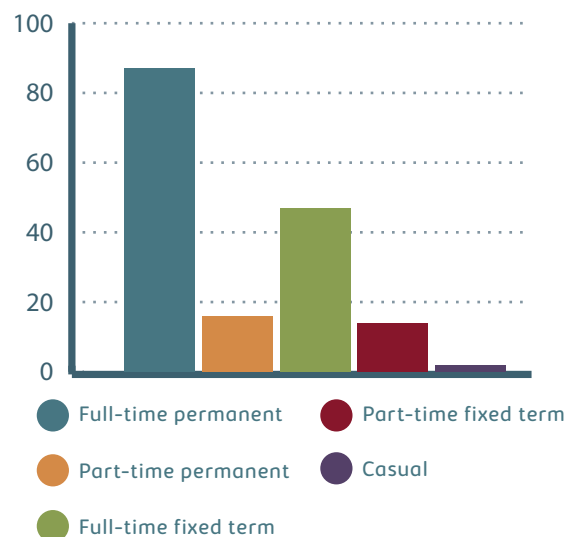
## HEADCOUNT BY DIVISION



## LEADERSHIP ROLES



## HEADCOUNT OF ABORIGINAL STAFF BY EMPLOYMENT TYPE



COVID-19 has led to many professionals reconsidering their work choices to enable them to be closer to home so that they are not as affected by interstate quarantining requirements. COVID-19 uncertainty has affected the uptake of our vacancies and ability to resource from interstate. Along with Australia-wide staffing needs in respiratory and vaccination positions, the pandemic has made it difficult to fill positions. Vacancy levels has been exacerbated by a large number of new positions resulting from an increase in new programs being run by Congress.

As a result of the pandemic, our external **Training and Development** opportunities were put on hold.

Requests continue to be assessed on a case by case basis, taking into consideration the location of the training and COVID-19 cases in each state and territory. All requests to travel interstate are redirected to the COVID-19 Operations Group to ensure safety of staff when traveling for work related training.

Currently we have four active cadets, down from six in the previous year due to resignation and redeployment. The cadets are enrolled in business and accounting, health science, social work and sports science. They live and study in Brisbane, Melbourne, Perth and Adelaide. Cadets are paid an allowance while they study for 40 weeks at university, towards gaining their formal qualification in their chosen field and gain (paid) work experience during the 12 week holiday period.

As at June 30, 2021, we had a total of 17 Apprentices in varying roles across the organisation, since that time and largely due to the the pandemic, we have had several training contract cancellations.

| Training type                           | Number of Staff |
|---|-----------------|
| Total Apprenticeships                   | 17              |
| Total Cadetships                        | 5               |
| AHP Trainees                            | 4               |
| Staff booked in for training            | 90              |
| Study agreements (Aboriginal staff)     | 25              |
| Study agreements (Non-Aboriginal staff) | 12              |
| Total study agreements                  | 37              |

Training across the organisation continues to take place on a regular basis:

- Congress Staff Orientation (218 attendees)
- 4WD (10)
- Provide First Aid (16)
- Cultural Awareness Training (96)
- CPR (7)
- HR Licensing (6)
- Privacy and Confidentiality (32)
- CRTIC Training Mental Health First Aid (2)
- Accidental Counsellor (4)
- CQI Workshops (5)
- Mandatory Reporting (14)



We are in the process of negotiating with AMSANT to run a series of workshops for our managers to ensure that they too are supported and have the necessary skills and tools to enable them to manage their staff.

We have negotiated the production of five 30 second 'Job, Training and Development' video messages and a 24 week television campaign through ICTV, a first in this area for the organisation.

Committed to **Work Health and Safety (WHS)**, Congress seeks at all times to provide a safe and healthy working environment for its employees and others in Congress workplaces. Congress employees have access to work health and safety information from Congress' WHS manager, WHS Committee representatives as well as the Congress intranet.

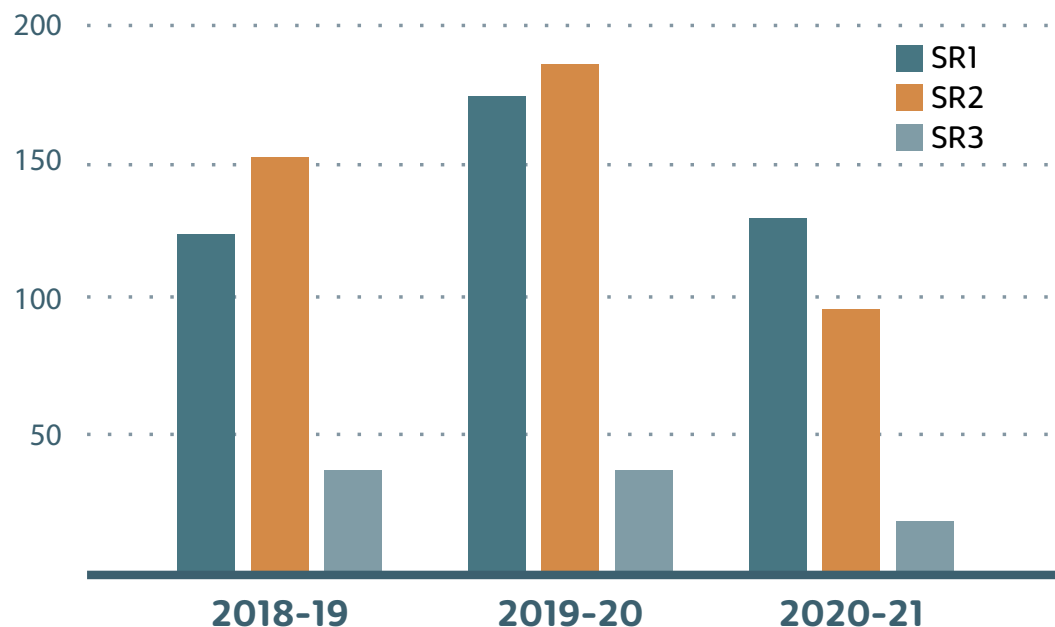
Specific WHS initiatives and programs conducted in 2020–21 included:

- A briefing on the recently held WHS Audit and responses with the CEO and the Executive management team. The WHS audit held in 2020 exposed gaps in compliance and overall delivery of WHS controls. The findings also demonstrated continued improvement in other WHS areas. 2021-2022 the focus will be on addressing these gaps and ensuring that WHS achieves best practice.
- Development of a WHS Action Plan to address gaps identified through the WHS audit that will see the development of a new WHS management system and plan.
- Fire emergency and extinguisher training for fire wardens, drivers and cleaners. Training was delivered to 44 staff.

- Twice-yearly site inspections for each Congress site to ensure the health and safety features provided are maintained and serviced, hazards and risks are eliminated or managed, and legislative requirements are met.
- Recommended the WHS committee and committee meetings with 31 voted representatives.
- Safety awareness drives to improve management of safety objectives, while ensuring that all sites remain engaged with the Congress safety culture.

Congress maintains a positive reporting culture for workplace incidents. During 2020–2021, there were 243 workplace incidents reported across Congress's 19 sites (Figure1). Of these incidents, nine required compensation scheme support. This support was primarily for the payment of medical interventions to enable the safe return of the employee to the workplace. Severity ratings are measured from SR1 (lowest) to SR4 (Highest).

**Figure 1: WHS incidents reported within Congress' incident reporting system by severity rating (SR)**





# BUSINESS SERVICES





## BUSINESS SERVICES

The Business Services team continued to provide the necessary support, infrastructure and tools to ensure our staff have the resources required to undertake their respective roles at Congress. Some of the key points throughout the year were:

Managed by the **Risk and Quality Team**, Congress currently holds the following accreditations and certifications:

- Australian General Practice Accreditation Limited (AGPAL) accreditation against the Royal Australian College of General Practitioners (RACGP) Standards until December 2022
- ISO 9001:2015 Quality Management Systems Certification until January 2022
- Australian Children's Education and Care Quality Authority (ACECQA) Accreditation against the National Quality Standards – with meets requirements assessment and rating.

Congress underwent a registration audit to assess us as an NDIS Provider in February 2021. The auditors assessed us as compliant and we are currently waiting for the NDIS Commission to assess the auditor's report and confirm our registration.

The following internal audits included on the Congress Internal Audit Schedule were completed by independent assurance providers during the financial year and reports presented to the Finance Risk and Audit Committee (FRAC): Corporate Cards, Fuel Cards, Cab-charge Cards, Workplace Health & Safety. Recommendations were accepted by management and implementation status reported to FRAC.

The Congress Continuity Management Policy was

developed and approved and the Risk Management Policy was revised and approved during the year. The Risk and Quality team continued to educate the Board, Executive and staff on risk management practices, undertake and present reviews of the internal controls and risk management procedures to the Finance, Risk and Audit Committee (FRAC) and the Board.

2020/21 was another very busy year for Congress' **Information and Communication Technology (IT) Team**. The team moved to 127 Todd St needing more space for testing, preparation, storage and delivery of goods and services. 127 Todd is also more central to Congress's three largest sites: Gap Clinic, Leichhardt Tce and Priest Street. With the pandemic causing long lead times for most orders IT has been forced to increase its stock of computers and accessories so the additional storage area in the new location has been beneficial.

Videoconferencing, workforce mobility and security continued to be a major focus for IT. Videoconferencing has now moved a step forward with mobile zoom rooms enabling meeting rooms to become even more portable. This is important for an agile organisation, especially in the current environment.

Security has been enhanced by increases in the use of thin clients. Thin clients don't store information which reduces the risk of data breaches if the devices are lost or stolen. We are continuing down the path of replacing traditional desktops and laptops with thin client desktops and laptops particularly for staff handling personal identifiable data. The number of thin client devices increased to 380 with up to 300 connected to our servers in Amazon at any one time. This is up from around 100 connected when we first moved to Amazon. The number of traditional desktops and laptops has considerably reduced over the past 12 months. We have another big

project running to implement higher level network access control. This involves installing a series of devices in each of the sites which we can control centrally. It will allow us to detect unusual behaviour on the network and quickly shut it down. We have completed the installation in half the sites at the moment and are working towards completing the installation before the end of the year.

We have concentrated on a number of client software activities over the last 12 months.

The six big projects have been:

1. Development of a secure Communicare reporting database with all of the Communicare databases merged. The merged Communicare database has allowed much faster enquiries for senior management, Power BI business reporting and Government KPI reporting
2. Migrating all the staff personal fileshares to OneDrive. The move to OneDrive was accepted very positively by the staff and it is being used more often to share information.
3. Introduction of FS Logix. FS Logix manages user profiles. For example, it helps to reduce the amount of time it takes you to login on a computer by only downloading what you try to open rather than everything in your profile. The time it takes for a first time visitor to login to a computer in a remote clinic has been significantly reduced.
4. Software to monitor RDS Environment to detect when there are user experience issues. IT are using Uber on Splunk to constantly monitor our user's experience.
5. Upgrades to Intranet and introduction to Teams.



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We are working with our SharePoint developers to upgrade user groups SharePoint pages and provide them a Teams site where its applicable.

6. Legacy infrastructure clean up. Over a period of many years, we have accumulated considerable legacy infrastructure that is either no longer required or is not current best practice. This includes a lot of automatic processes which need to be very carefully dismantled. We expect this to be an ongoing process as we continue updating our systems, but a significant amount of current issues will have been resolved by the end of the year.

In addition to this, IT has been assisting a number of workgroups to safely upgrade or migrate their current applications securely to new packages including Human Force and Sage People. We also assist with device migration like the vein scanners from Riteq to Human Force.

Connections to the Internet at most sites have been upgraded in some way and our overall costs have reduced. We have two sites that still have slow and sometimes unreliable connections being Santa Teresa and Utju. We have carried out quite a few changes in those locations and there has been some improvement. We are hoping that connecting to low orbit satellites later in the year is going to result in a substantial improvement in the speed of those two sites.

A number of goods and services provided by IT have been upgraded or are in the process of being replaced. Here is a list of just a few:

- Half the large photocopiers
- Half the wireless access points
- Half the routers and switches
- 200+ desktops
- 50+ laptops
- 150+ screens
- New desk phones in Mutitjulu, Headspace, and recently Priest Street and Jock Nelson

The records area has also been very busy, currently upgrading HP Records Manager (Trim) to web based version 10. This is planned to integrate with SharePoint, Teams and One Drive making it much easier for staff to use.

The other project underway is to build a detailed record of all the records Congress keep and the time they are required to be kept. In addition to maintaining Congress records in storage, training on record keeping, privacy and confidentiality is also provided to well over 100 staff each year. Records also regularly meets with managers and team leaders to discuss record storage.

In **Finance**, after the big work load last June with the implementation of significant changes Australian Accounting Standards this year has been more a year of consolidation and reflection. In an effort to reduce the year end workload resulting from AASB16 an evaluation of leasing software packages was undertaken and a cost-effective solution was selected. Unfortunately, the decision was made too late for the 2021 year-end so the software will be implemented during the coming year.

Significant steps were also undertaken during the year to select Sage Intacct as the software package to replace the current ageing accounting systems. The decision is a good fit with HR who are in the process of replacing ConnX with Sage People. It is expected that Sage Intacct, being a more modern accounting package, will give us the ability to better respond to ever increasing requirements as Congress continues to grow. In particular we are looking for improvements in contract management, program manager access and more flexible reporting.

In conjunction with the accounting and HR system changes Payroll are also in the process of replacing Riteq with Human Force (HF). Again, HF is a more modern and user-friendly package but the main motivation for change here was a requirement from Health Services for a robust rostering system to be used especially for doctors.

In an effort to highlight the importance of building healthy long-term relationships with our clients, and in turn, the ongoing growth of Medicare income, the Revenue Team has been working closely with the clinical management group to implement a Clinical Workload and Billing Policy. This policy stands to introduce a reliable performance metric that ensures that our daily efforts are focused on understanding our clients and serving their needs.

Other projects for the coming year will include revisiting a vehicle booking system with the aim of better utilisation of the ever-growing vehicle fleet. We were well down the track in evaluating an appropriate system during 2021 but the supplier experienced software licencing issues and withdrew from the project.

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**Facilities and Capital Works** is a busy and challenging work area for a remote service such as Congress. The team, comprising of all new, and all Aboriginal staff members works hard to address the challenges across the workspace.

The following new projects have been completed:

- Extensions to headspace were opened with a smoking ceremony. Local Aboriginal companies were engaged for this project.
- Ntaria Lukura Women's Gym.
- Utju staff housing new fencing.
- Santa Teresa staff housing new fencing.

In line with Congress strategic direction and procurement policies, a number of new local Aboriginal companies have joined Congress as suppliers to assist in repairs and new projects.

Our very hard-working cleaning team have shown resilience and flexibility in coping well with new cleaning standards due to COVID-19. Additionally, an updated cleaning manual approved by Congress management is assisting cleaners and manager to ensure cleaning standards are met and dealing with COVID-19.

On the horizon, new projects that are to start this year include Alukura Baby Smoking Shelter; improvement works at Ingkintja; renovations at Congress' Childcare; upgrade of security throughout all sites in Alice Springs region; the relocation of the pharmacy section at Gap Clinic and Mutitjulu renal facility where building plans for design are being finalised.

The major project of redeveloping 127 Todd Street has reached an important milestone, with development application lodged and, at the date of this report, currently being assessed by the Department of Infrastructure & Planning. This is a significant milestone after a considerable amount of work has gone into the planning and development of the project to date. Congress formed a steering committee that has been monitoring the development of this project. A property consultant has been appointed who reports progress to this steering committee. External consultants in the areas of architecture, engineering, quantity surveyor, traffic management, and environmental consulting have all been working under the direction of our property consultant.

Congress' **Communications Team** worked hard to share the voice of the organisation, partnering with programs and services to promote and increase access for clients. The organisation's media profile was maintained, with our voice used to advocate on key issues central to the social determinants of health, in line with our strategic objectives. This included climate change, income support, housing, food security and more. We look forward to further improving our strength in advocacy and promotion through the redevelopment of our new digital presence, which was delayed due to the pandemic.

In response to COVID-19, the communications team shifted into high gear in all available channels, working to increase access to good, trusted and accessible information for our audiences in multiple languages to help promote uptake of vaccines. This continued to be aided by membership of the communications manager

within the COVID-19 Operations Group, along with Executive and other key leadership staff, ensuring access to information was clear and timely.

Outside of the pandemic, a number of major projects are on the verge of delivery, including the organisation's updated Style Guide, the redeveloped website, Intranet redevelopment and templating and digital asset management system, all designed to strengthen the brand and workflows for the organisation.

The communication team is finalising the organisation's Internal Communications Plan with the Executive team and looks forward to continuing work in internal communications to support an engaged and well-informed workplace, and to influence the organisational culture.



# FINANCIAL STATEMENTS

## Directors' Report for the financial year ended 30 June 2021

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*Your directors present this report on the corporation for the financial year ended 30 June 2021.*

### Changes in state of affairs

There were no significant changes in the corporation's affairs during the year.

### Principal activities

The corporation's principal activities during the year were the operation of an Aboriginal community controlled health service. This activity includes the provision of a primary health care service, but also incorporates mental health services, drug & alcohol services, pre and post-natal services, research, child care, NDIS and chronic disease care services. There were no significant changes in the nature of those activities during the year.

### Short and long term objectives

The short term objectives of the corporation are to continue to provide Central Australian Aboriginal people with high quality, appropriate, efficient and effective primary health care and related services.

The long term objectives of the corporation are to continue to improve the overall health of Central Australian Aboriginal people.

### Measurement of performance

The corporation assesses its performance in terms of its achievement of strategic and financial objectives with reference to:

- The quality of the service and facilities provided to Central Australian Aboriginal people; and
- The stability of the balance sheet with respect to the corporation's liquidity and total financial obligations.

## Directors and directors' meetings

| Name of Director                        | Period of tenure<br><i>(during 2020-21 Financial Year)</i> | Position                                      | Meetings attended |
|---|--|---|-------------------|
| Graham Dowling                          | 1st July 2020 to 30th June 2021                            | Chairperson - Member Director                 | 9                 |
| Dorethea Randall                        | 1st July 2020 to 30th June 2021                            | Deputy Chairperson - Member Director (Remote) | 7                 |
| Sheralee Taylor                         | 1st July 2020 to 27th July 2020                            | Member Director                               | 0                 |
| Joseph Hayes                            | 1st July 2020 to 30th June 2021                            | Member Director                               | 9                 |
| Michael Liddle                          | 1st July 2020 to 30th June 2021                            | Member Director                               | 7                 |
| Taren Williams                          | 1st July 2020 to 30th June 2021                            | Member Director (Remote)                      | 7                 |
| Ebony Miller                            | 26 November 2020 to 30th June 2021                         | Member Director                               | 4                 |
| William Tilmouth                        | 1st July 2020 to 19th March 2021                           | Member Director                               | 0                 |
| Leanne Milligan                         | 1st July 2020 to 30th June 2021                            | Independent Director (Finance)                | 8                 |
| Peter O'Mara                            | 1st July 2020 to 30th June 2021                            | Independent Director (Medical)                | 5                 |
| Board Meetings held throughout the year |  |   | 9                 |

## Board Committees

The following board members attended board subcommittees during the year as follows:

|                                    | Graham Dowling | Dorothea Randall | Sheralee Taylor | Joseph Hayes | Michael Liddle | Taren Williams | Ebony Miller | William Tilmouth | Leanne Milligan | Peter O'Mara | Total Meetings |
|------------------------------------|----------------|------------------|-----------------|--------------|----------------|----------------|--------------|------------------|-----------------|--------------|----------------|
| Finance, Risk & Audit Subcommittee | 4              | 2                |                 | 1            |                | 5              | 1            |                  | 5               |              | 5              |
| Clinics Subcommittee               | 2              |                  |                 | 3            |                |                | 1            |                  |                 | 3            | 3              |
| Research Subcommittee              | 4              |                  |                 | 6            |                | 3              |              |                  |                 | 5            | 6              |
| Governance Subcommittee            | 3              |                  |                 | 3            |                |                |              |                  |                 |              | 5              |



## Secretary

*The corporation secretary role has been occupied during the year by:*

Ms. Isobel Milnes 1st July 2020 to 30th June 2021

## Subsequent Events

*There is no matter or circumstance that has arisen since the end of the year that has significantly affected, or may significantly affect:*

- the corporation's operations in future financial years; or
- the results of those operations in future financial years; or
- the corporation's state of affairs in future financial years.

## Environmental regulations

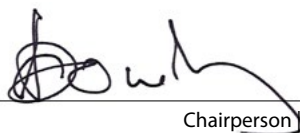
The corporation's operations are not subject to any particular and significant environmental regulation under a Commonwealth, State or Territory law.

## Auditor independence

No officers of the corporation at any time during the year held any position with the audit firm. The auditor's independence declaration is included; see right.

Signed in accordance with a resolution of the directors made on the date of signature below.

On behalf of the directors,



Chairperson 14th October 2021

## Auditor's Independence Declaration



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Fax: +61 8 7324 6111  
www.bdo.com.au

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420 King William Street  
Adelaide SA 5000  
GPO Box 2018, Adelaide SA 5001  
AUSTRALIA

### DECLARATION OF INDEPENDENCE

BY ANDREW TICKLE

TO THE DIRECTORS OF CENTRAL AUSTRALIAN ABORIGINAL CONGRESS ABORIGINAL CORPORATION

As lead auditor of Central Australian Aboriginal Congress Aboriginal Corporation for the year ended 30 June 2021, I declare that, to the best of my knowledge and belief, there have been:

1. No contraventions of the auditor independence requirements of the *Corporations (Aboriginal and Torres Strait Islander) Act 2006* in relation to the audit; and
2. No contraventions of any applicable code of professional conduct in relation to the audit.



Andrew Tickle  
Director

BDO Audit (SA) Pty Ltd

Adelaide, 15 October 2021

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## Statement of Profit or Loss and Other Comprehensive Income for the year ended 30 June 2021

| OPERATING INCOME                             | Notes | 2021 \$           | 2020 \$           |
|--|-------|-------------------|-------------------|
| Grants and Contributions provided            | 2     | 48,205,275        | 46,407,837        |
| Medicare & practice incentive payment income | 3     | 8,406,654         | 8,461,987         |
| Investment income                            | 4     | 132,623           | 185,853           |
| Other operating revenues                     | 5     | 1,614,893         | 1,671,495         |
| Net gain/(loss) on termination of leases     |       | 81,307            | -                 |
| Net gain/(loss) on disposal of assets        |       | -                 | (1,566)           |
| <b>Total operating income</b>                |       | <b>58,440,752</b> | <b>56,725,606</b> |
| <b>OPERATING EXPENSES</b>                    |       |                   |                   |
| Employee benefits expenses                   | 6     | 43,858,527        | 42,027,874        |
| Interest charges                             | 7     | 192,169           | 225,327           |
| Depreciation & amortisation                  | 8     | 2,787,174         | 2,725,969         |
| Medical supplies & program expenses          | 9     | 3,019,153         | 3,736,221         |
| Motor vehicle & travel expenses              | 10    | 1,327,917         | 1,248,743         |
| Rent & occupancy expenses                    | 11    | 1,574,026         | 1,713,131         |
| Minor equipment expenditure                  | 12    | 554,515           | 574,471           |
| Other operating expenses                     | 13    | 3,567,864         | 4,311,619         |
| <b>Total operating expenses</b>              |       | <b>56,881,345</b> | <b>56,563,355</b> |
| <b>Surplus for the year</b>                  |       | <b>1,559,407</b>  | <b>162,251</b>    |
| Other comprehensive income                   |       | -                 | -                 |
| <b>Total comprehensive income</b>            |       | <b>1,559,407</b>  | <b>162,251</b>    |

Notes to the financial statements are set out on page 61.

## Statement of Financial Position for the year ended 30 June 2021

| CURRENT ASSETS                              | Notes | 2021 \$           | 2020 \$           |
|---|-------|-------------------|-------------------|
| Cash and cash equivalents                   | 14    | 31,634,483        | 19,099,340        |
| Other current assets                        | 15    | 506,630           | 348,520           |
| Trade and other receivables                 | 16    | 1,098,131         | 1,112,533         |
| <b>Total current assets</b>                 |       | <b>33,239,244</b> | <b>20,560,393</b> |
| <b>NON CURRENT ASSETS</b>                   |       |                   |                   |
| Investments                                 | 17    | 2                 | 2                 |
| Property, plant and equipment               | 18    | 12,061,481        | 12,426,711        |
| Intangible assets                           | 19    | -                 | 619               |
| Leases - Right of Use Asset                 | 20    | 5,828,299         | 6,136,799         |
| <b>Total non current assets</b>             |       | <b>17,889,782</b> | <b>18,564,131</b> |
| <b>Total assets</b>                         |       | <b>51,129,026</b> | <b>39,124,524</b> |
| <b>CURRENT LIABILITIES</b>                  |       |                   |                   |
| Trade and other payables                    | 21    | 1,886,440         | 1,504,651         |
| Employee benefits                           | 22    | 6,065,241         | 5,571,869         |
| Funds Repayable to Provider under AASB 1058 | 23    | 1,574,888         | 1,112,251         |
| Contractual Liabilities under AASB 15       | 24    | 15,739,348        | 6,350,456         |
| Leases - Current Liability                  | 25    | 1,777,697         | 1,975,146         |
| <b>Total current liabilities</b>            |       | <b>27,043,614</b> | <b>16,514,373</b> |
| <b>NON CURRENT LIABILITIES</b>              |       |                   |                   |
| Employee benefits                           | 22    | 797,967           | 725,389           |
| Leases - Non Current Liability              | 25    | 4,337,010         | 4,493,734         |
| <b>Total non current liabilities</b>        |       | <b>5,134,977</b>  | <b>5,219,123</b>  |

|                          | Notes | 2021 \$           | 2020 \$           |
|--------------------------|-------|-------------------|-------------------|
| <b>Total liabilities</b> |       | <b>32,178,591</b> | <b>21,733,496</b> |
| <b>Net assets</b>        |       | <b>18,950,435</b> | <b>17,391,028</b> |

#### EQUITY

|                     |  |                   |                   |
|---------------------|--|-------------------|-------------------|
| Accumulated funds   |  | 8,453,321         | 8,894,534         |
| Reserve funds       |  | 10,497,114        | 8,496,494         |
| <b>Total equity</b> |  | <b>18,950,435</b> | <b>17,391,028</b> |

#### Statement of Changes in Equity for the year ended 30 June 2021

|                                  | Accumulated<br>surpluses<br>\$ | Medicare<br>reserves<br>\$ | Other<br>reserves<br>\$ | Total<br>\$       |
|----------------------------------|--------------------------------|----------------------------|-------------------------|-------------------|
| <b>Balance at 30th June 2019</b> | <b>8,732,283</b>               | <b>929,140</b>             | <b>7,567,354</b>        | <b>17,228,777</b> |

#### Transfers

|   |                  |                |                  |                |
|---|------------------|----------------|------------------|----------------|
| Surplus for the Year                    | 162,251          | -              | -                | 17,228,777     |
| Other Comprehensive Income              | -                | -              | -                | 162,251        |
| Total Comprehensive Income for the Year | 162,251          | -              | -                | -              |
| <b>Balance at 30th June 2020</b>        | <b>8,894,534</b> | <b>929,140</b> | <b>7,567,354</b> | <b>162,251</b> |

#### Transfers

|  |                  |                |                  |                   |
|--|------------------|----------------|------------------|-------------------|
| Surplus for the Year                           | 1,559,407        | -              | -                | 1,559,407         |
| Other Comprehensive Income                     | (2,000,620)      | -              | 1,682,950        | -                 |
| Total Comprehensive Income for the Year        | -441,213         | 317,670        | 1,682,950        | 1,559,407         |
| <b>Balances at the end of the current year</b> | <b>8,453,321</b> | <b>317,670</b> | <b>9,250,304</b> | <b>18,950,435</b> |

Notes to the financial statements are set out on the following pages.

#### Statement of Cash Flows for the year ended 30 June 2021

|   | Notes | 2021 \$ | 2020 \$ |
|---|-------|---------|---------|
| <b>CASH FLOWS FROM OPERATING ACTIVITIES</b> |       |         |         |

#### Payments

|                                      |  |              |              |
|--------------------------------------|--|--------------|--------------|
| Employee costs                       |  | (43,292,577) | (40,710,513) |
| Materials, contracts and other costs |  | (9,840,112)  | (10,949,764) |
| Interest paid                        |  | (9,407)      | (8,725)      |
| Interest paid - leases               |  | (182,762)    | (216,602)    |

#### Receipts

|  |  |                   |                  |
|--|--|-------------------|------------------|
| Receipts from activities                         |  | 10,335,949        | 9,526,326        |
| Interest received                                |  | 132,623           | 243,645          |
| Receipts from funding bodies                     |  | 57,736,804        | 48,791,584       |
| <b>Net cash provided by operating activities</b> |  | <b>14,900,518</b> | <b>6,675,951</b> |

#### CASH FLOWS FROM INVESTING ACTIVITIES

|  |  |                  |                    |
|--|--|------------------|--------------------|
| Payments for property, plant & equipment     |  | (667,335)        | (1,545,436)        |
| Proceeds on sale of assets                   |  | -                | -                  |
| <b>Net cash used in investing activities</b> |  | <b>(667,335)</b> | <b>(1,545,436)</b> |

#### CASH FLOWS FROM FINANCING ACTIVITIES

|  |           |                    |                    |
|--|-----------|--------------------|--------------------|
| Repayment of Lease Liabilities                   |           | (1,698,040)        | (1,675,913)        |
| <b>Net cash provided by financing activities</b> |           | <b>(1,698,040)</b> | <b>(1,675,913)</b> |
| <b>Net increase (decrease) in cash held</b>      |           | <b>12,535,143</b>  | <b>3,454,602</b>   |
| <b>Cash at beginning of the year</b>             |           | <b>19,099,340</b>  | <b>15,644,738</b>  |
| <b>Cash at end of the year</b>                   | <b>15</b> | <b>31,634,483</b>  | <b>19,099,340</b>  |

Notes to the financial statements are set out on the following pages.



## Notes to the Financial Statements for the year ended 30 June 2019

### Introduction

Central Australian Aboriginal Congress can trace its origins back to an initial meeting on 9 June 1973 and shortly after this was registered as a Corporation. On 19 December 2012, it was voted at a General Meeting that Central Australian Aboriginal Congress would register under the Corporations (Aboriginal and Torres Strait Islander) Act 2006, and the organisation officially became Central Australian Aboriginal Congress Aboriginal Corporation. Central Australian Aboriginal Congress Aboriginal Corporation operates as a provider of primary health care and mental health care to Aboriginal people in Central Australia.

The Corporation's registered office and principal place of business is:

14 Leichhardt Terrace  
Alice Springs NT 0870

### Operations and principal activities

As an Aboriginal community controlled health Organisation, Central Australian Aboriginal Congress Aboriginal Corporation holds a vision of "All Central Australian residents enjoy the same level of health". To achieve this goal, we shall look to improve the health of our Community by providing high quality Comprehensive primary health care. Our Corporation inspiration remains "Aboriginal health in Aboriginal hands"

The main services, programs and projects conducted through the year were:

- Clinical services (Alice Springs and remote)
- Male health & wellbeing
- Women & children's health & wellbeing
- Eye & ear health
- Youth services
- Sexual health
- Counselling and support services
- Childcare and early learning
- Research
- NDIS access and service delivery

### 1. Statement of significant accounting policies

The principle accounting policies adopted by Central Australian Aboriginal Congress Aboriginal Corporation in the preparation of the financial report are set out below.

#### *New, revised or amending Accounting Standards and Interpretations Adopted;*

The Corporation has adopted all the new, revised or amending Accounting Standards and Interpretations issued by the Australian Accounting Standards Board that are mandatory for the current reporting period.

Any new, revised or amending Accounting Standards or Interpretations that are not yet mandatory have not been early adopted.

#### *Basis of preparation*

The financial statements are general purpose financial statements that have been prepared in accordance with Australian Accounting Standards - Reduced Disclosure Requirements and Interpretations issued by the Australian Accounting Standards Board and Corporations (Aboriginal and Torres Strait Islander) Act 2006

The Corporation is a not for profit entity for reporting purposes under Australian Accounting Standards. The financial statements are for the corporation as an individual entity. The financial statements were authorised for issue on the 14th October 2021, in accordance with a resolution of the directors. The directors have the power to amend these financial statements after they have been issued.

#### *Historical cost convention*

These financial statements have been prepared under the historical cost convention.

#### *Currency*

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

#### *Current and non-current classification*

Assets and liabilities are presented in the statement of financial position based on current and non current classification.

An asset is classified as current when it is expected to be realised within 12 months after the reporting period.

A liability is classified as current when it is due to be settled within 12 months after the reporting period, or the Corporation does not have the unconditional right to defer settlement beyond 12 months after the end of the reporting period.

#### *Critical Accounting Estimates*

The preparation of financial statements in conformity with Australian Accounting Standards requires the use of certain critical accounting estimates. It also requires management to exercise its judgement in the process of applying Central Australian Aboriginal Congress Aboriginal Corporation's accounting policies. The areas involving a higher degree of judgement or complexity, or areas where assumptions and estimates may be significant to the financial statements are disclosed below.

#### *a. Revenue recognition policy*

The Corporation recognises revenue as follows:

##### *Revenue from Contracts with customers*

Revenue is recognised at an amount that reflects the consideration to which the Corporation is expected to be entitled in exchange for transferring services or goods to the customer. For each contract the Corporation identifies; -

- the contract with a customer
- the performance obligations in the contract

- the transaction price (the funding amount)
- recognises revenue when performance obligations are satisfied in a manner that depicts the transfer to the customer of the services or goods promised.

Judgement is used to determine revenue recognition and the associated satisfaction of performance obligations. Generally the approach is that the utilisation of resources, mainly manpower allocated but also associated expenses, is used to measure the achievement of performance obligations and therefore income recognition.

#### *Grants*

Grant revenue is recognised in profit or loss when the Corporation satisfies the performance obligations stated within the funding agreements.

If conditions are attached to the grant which must be satisfied before the Corporation is eligible to retain the contribution, the grant will be recognised in the statement of financial position as a liability until those conditions are satisfied.

#### *Medicare Income*

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

#### *Other revenue*

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

#### *Donations*

Donations are recognised at the time the pledge is made.

#### *Volunteer services*

Congress has elected not to recognise any amount relating to volunteer services.

#### **b. Cash and cash equivalents**

Cash and cash equivalents includes cash on hand, deposits held at call with financial institutions, other short-term, highly liquid investments with original maturities of 3 months or less that are readily converted to known amounts of cash and which are subject to insignificant risk of changes in value. Where accounts at financial institutions are overdrawn balances are shown in current liabilities on the balance sheet.

#### **c. Trade and other receivables**

Trade receivables are initially recognised at fair value, less any allowance for expected credit losses. Trade receivables are generally due for settlement within 30 days.

#### **d. Contract assets**

Contract assets are recognised when the Corporation has transferred goods or services to the customer but where the Corporation is yet to establish an unconditional right to consideration. Contract assets are treated as financial assets for impairment purposes.

#### **e. Fixed Assets**

##### *Land*

Land is valued at cost. Independent valuations are periodically performed to ensure the carrying value is not greater than the realisable value of the asset. The last independent valuation was performed in 2015 by Integrated Valuation Services (NT).

Each year, management will exercise their discretion to determine whether there has been any movement in property values to ensure any significant decreases in value are not overlooked.

#### *Property, Plant & Equipment*

Property, plant and equipment is stated at cost less accumulated depreciation and any accumulated impairment losses.

Depreciation is provided on property, plant and equipment. Land is not a depreciating asset. Depreciation is calculated on a straight line basis so as to write off the net cost or other revalued amount of each asset over its expected useful life. The following estimated useful lives are used in the calculation of the depreciation:

|                        | 2021<br>(YEARS) | 2020<br>(YEARS) |
|------------------------|-----------------|-----------------|
| Buildings              | 10 – 20         | 10 – 20         |
| Leasehold Improvements | 2 – 10          | 2 – 10          |
| Plant and Equipment    | 5 – 10          | 5 – 10          |
| Motor Vehicles         | 3 – 5           | 3 – 5           |
| Computer Software      | 3               | 3               |

#### *Right of Use Asset*

A right-of-use asset is recognised at the commencement date of a lease. The right-of-use asset is measured at cost, which comprises the initial amount of the lease liability, adjusted for, as applicable, any lease payments made at or before the commencement date net of any lease incentives received, any initial direct costs incurred, and an estimate of costs expected to be incurred for making good the asset, where required, at the end of the term.

Right-of-use assets are depreciated on a straight-line basis over the unexpired period of the lease or the estimated useful life of the asset, whichever is the

shorter. Right-of use assets are subject to impairment and adjusted for any revisions of lease liabilities.

Congress has elected not to recognise a right-of-use asset and corresponding lease liability for short term leases with terms of 12 months or less and leases of low-value assets. Lease payments on these assets are expensed to profit or loss as incurred.

#### **f. Impairment of assets**

Central Australian Aboriginal Congress Aboriginal Corporation value the recoverable amount of plant and equipment at the equivalent to its depreciated replacement cost. An impairment exists when the carrying value of an asset exceeds its estimated recoverable amount.

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

#### **g. Trade and other payables**

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

#### **h. Contract liabilities**

Contract liabilities represent the Corporation's obligation to transfer goods or services to a customer and are recognised when a customer pays consideration, or when the Corporation recognises a receivable to reflect its unconditional right to consideration (whichever is earlier) before the Corporation has transferred the goods or services to the customer.

#### **i. Lease Liabilities**

Under AASB16 a lease liability is recognised at the commencement date of a lease. The lease liability is initially recognised at the present value of the lease payments to be made over the term of the lease, discounted using the interest rate implicit in the lease or, if that rate cannot be readily determined, Congress's incremental borrowing rate as advised by its bankers (NAB).

Lease Liabilities are measured at amortised cost using the effective interest method and are recalculated if there is a change in the lease rate due to indexation, or a change in the lease term. When a lease liability is recalculated, an adjustment is made to the corresponding right-of use asset.

The lease term is a significant component in the measurement of both the right-of-use asset and lease liability. Judgement is exercised in determining whether there is reasonable certainty that an option to extend the lease will be exercised.

Where the interest rate implicit in a lease cannot be readily determined, an incremental borrowing rate is estimated to discount future lease payments to measure the present value of the lease liability at the commencement date. The rate is based on what the Corporation estimates it would have to pay a third party to borrow the funds necessary to obtain an asset of a similar value to the right-of-use asset, with similar terms, security and economic environment.

#### **j. Provisions**

Provisions are recognised when the Corporation has a legal or constructive obligation, as a result of past events, for which it is probable that an outflow of economic benefits will result and that an outflow can be reliably measured. Commitments recognised represent the

best estimate of the amounts required to settle the obligation at reporting date.

#### k. Employees

| NUMBER OF EMPLOYEES            | 2021 | 2020 |
|--------------------------------|------|------|
| Full time equivalent employees | 358  | 344* |
| Number of employees            | 447  | 423  |

\*Restated from 379 in the 2020 Annual Report due to a change in the calculation methodology during 2021

#### l. Employee Benefits

Provision is made for the Corporation's liability for employee benefits arising from services rendered by the employees to the end of the reporting period. Employee benefits that are expected to be settled within 1 year have been measured at the amount expected to be paid when the liability is settled. Employee benefits payable later than one year have been measured at the present value of the estimated cash outflows to be made for those benefits. In determining the liability, consideration is given to employee wage increases and the probability that the employee may not satisfy vesting requirements. Those cash outflows are discounted using corporate rates with terms to maturity that match the expected timing of cash flows attributable to employee benefits.

#### m. Superannuation

Employee superannuation entitlements are principally provided through HESTA and Australian Super. On 26 January 2015, a new Enterprise Agreement came into effect which now provides employees with open choice of the fund they wish to contribute their superannuation entitlements to. During

the year the Corporation paid 9.5% of an employee's salary as per the compulsory superannuation guarantee levy.

#### n. Income Tax

The income of Central Australian Aboriginal Congress Aboriginal Corporation is exempt from income tax pursuant to the provisions of Section 50-5 of the Income Tax Assessment Act, 1997.

#### o. Goods and Services Tax

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

- Where the amount of GST incurred is not recoverable from the taxation authority, it is recognised as part of the cost of acquisition of an asset or as part of an item of expense; or
- For receivables and payables which are recognised exclusive of GST. The amount of GST recoverable from, or payable to, the taxation authority is excluded as part of the receivables or payables.

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

#### p. Nature and purpose of reserves

##### Asset replacement reserve

The asset replacement reserve is to record funds set aside for the replacement of capital assets.

##### Medicare Reserve

The Medicare reserve is to record funds from Medicare receipts retained at balance date for later use in primary health care programs.

##### Practice Incentive payments reserve

The practice incentive payments reserve is to record funds from practice incentive payment receipts retained at balance date for later use in primary health care programs.

#### q. Financial instruments

A financial asset shall be measured at amortised cost if it is held within a business model whose objective is to hold assets in order to collect contractual cash flows which arise on specified dates and that are solely principal and interest. A debt investment shall be measured at fair value through other comprehensive income if it is held within a business model whose objective is to both hold assets in order to collect contractual cash flows which arise on specified dates that are solely principal and interest as well as selling the asset on the basis of its fair value. All other financial assets are classified and measured at fair value through profit or loss unless the entity makes an irrevocable election on initial recognition to present gains and losses on equity instruments (that are not held-for-trading or contingent consideration recognised in a business combination) in other comprehensive income ('OCI'). Despite these requirements, a financial asset may be irrevocably designated as measured at fair value through profit or loss to reduce the effect of, or eliminate, an accounting mismatch.

For financial liabilities designated at fair value through profit or loss, the standard requires the portion of the change in fair value that relates to the entity's own credit risk to be presented in OCI (unless it would create an accounting mismatch).

Impairment requirements use an 'expected credit loss' ('ECL') model to recognise an allowance. Impairment is measured using a 12-month ECL method unless the credit risk on a financial instrument has increased significantly since initial recognition in which case the lifetime ECL method is adopted. For receivables, a simplified approach to measuring expected credit losses using a lifetime expected loss allowance is available.



|   | 2021 \$           | 2020 \$           |
|---|-------------------|-------------------|
| <b>2 - Grants &amp; Contributions Provided</b>                  |                   |                   |
| <b>Australian Government Financial Assistance</b>               |                   |                   |
| Department of Health  | 30,187,613        | 29,948,060        |
| Department of Social Services                                   | 1,283,162         | 1,024,781         |
| National Indigenous Australians Agency                          | 4,020,845         | 3,974,087         |
| Department of Education and Training                            | 615,900           | 625,413           |
| National Disability Insurance Agency                            | 508,702           | 330,062           |
| <b>Total Australian Government Financial Assistance</b>         | <b>36,616,222</b> | <b>35,902,403</b> |
| <b>Northern Territory Government Financial Assistance</b>       |                   |                   |
| Department of Health  | 2,748,898         | 2,722,547         |
| Department of Children and Families                             | 1,120,659         | 975,311           |
| Department of Corrections                                       | 240,301           | 129,928           |
| Department of Education   | 167,003           | 131,287           |
| <b>Total Northern Territory Government Financial Assistance</b> | <b>4,276,861</b>  | <b>3,959,073</b>  |
| <b>Other Financial Assistance</b>                               |                   |                   |
| Northern Territory General Practice Education Ltd               | 2,747,734         | 2,660,043         |
| Northern Territory PHN  | 3,259,011         | 2,958,879         |
| Other grants  | 1,305,447         | 927,439           |
| <b>Total Other Financial Assistance</b>                         | <b>7,312,192</b>  | <b>6,546,361</b>  |
| <b>TOTAL GRANTS and CONTRIBUTIONS</b>                           | <b>48,205,275</b> | <b>46,407,837</b> |

|  | 2021 \$           | 2020 \$           |
|--|-------------------|-------------------|
| <b>3 - Medicare Income and Practice Incentive Payments</b>   |                   |                   |
| Medicare income  | 6,457,154         | 6,791,032         |
| Practice incentive payments                                  | 1,949,500         | 1,670,955         |
| <b>Total Medicare Income and Practice Incentive Payments</b> | <b>8,406,654</b>  | <b>8,461,987</b>  |
| <b>4 - Investment Income</b>                                 |                   |                   |
| Interest income  | 132,623           | 185,853           |
| <b>Total Investment Income</b>                               | <b>132,623</b>    | <b>185,853</b>    |
| <b>5 - Other Operating Revenues</b>                          |                   |                   |
| Fees received  | 1,373,911         | 1,193,837         |
| Rent received  | 20,585            | 40,365            |
| Other receipts   | 220,397           | 437,293           |
| <b>Total Other Operating Revenues</b>                        | <b>1,614,893</b>  | <b>1,671,495</b>  |
| <b>6 - Employee Benefits Expense</b>                         |                   |                   |
| Fringe benefits tax  | 111,813           | 94,548            |
| Salaries   | 39,178,190        | 37,822,213        |
| Superannuation   | 3,489,753         | 3,213,014         |
| Workcover insurance  | 501,022           | 418,830           |
| Income protection insurance                                  | 228,681           | 203,810           |
| Employee recruitment and relocation                          | 20,149            | 71,335            |
| Employee training and development                            | 328,919           | 204,124           |
| <b>Total Employee Benefits Expense</b>                       | <b>43,858,527</b> | <b>42,027,874</b> |

|                                | 2021<br>\$     | 2020<br>\$     |
|--------------------------------|----------------|----------------|
| <b>7 - Interest Expense</b>    |                |                |
| Bank Charges & Interest        | 9,407          | 8,725          |
| Interest - Leases              | 182,762        | 216,602        |
| <b>Total Investment Income</b> | <b>192,169</b> | <b>225,327</b> |

#### 8 - Depreciation & Amortisation

|                                |                  |                  |
|--------------------------------|------------------|------------------|
| Depreciation Expense           | 1,053,501        | 1,048,841        |
| Depreciation - property leases | 1,131,799        | 1,047,903        |
| Depreciation - vehicle leases  | 601,874          | 629,225          |
| <b>Total Investment Income</b> | <b>2,787,174</b> | <b>2,725,969</b> |

#### 9 - Medical Supplies and Program Expenses

|  |                  |                  |
|--|------------------|------------------|
| Contract staff                                     | 660,188          | 1,521,279        |
| Equipment maintenance                              | 264,600          | 270,865          |
| Medical supplies                                   | 680,450          | 776,769          |
| Program consumables                                | 317,618          | 375,770          |
| Meeting expenses                                   | 51,617           | 54,656           |
| Communicare licence and other subscriptions        | 1,044,680        | 736,882          |
| <b>Total Medical Supplies and Program Expenses</b> | <b>3,019,153</b> | <b>3,736,221</b> |

|  | 2021<br>\$       | 2020<br>\$       |
|--|------------------|------------------|
| <b>10 - Motor Vehicle and travel Expenses</b>  |                  |                  |
| Motor vehicle - fuel and oil                   | 259,175          | 263,021          |
| Motor vehicle - repairs and maintenance        | 249,816          | 189,690          |
| Motor vehicle - variable lease payments        | 167,855          | 69,781           |
| Motor vehicle - insurance and registration     | 158,783          | 152,615          |
| Motor vehicle - GPS charges                    | 140,748          | 113,476          |
| Motor vehicle - short term lease payments      | 6,291            | 9,420            |
| Travel - fares and accommodation               | 206,242          | 299,632          |
| Travel allowance                               | 139,007          | 151,108          |
| <b>Total Motor Vehicle and Travel Expenses</b> | <b>1,327,917</b> | <b>1,248,743</b> |

#### 11 - Rent and Occupancy Expenses

|  |                  |                  |
|--|------------------|------------------|
| Rent and rates - variable lease payments | 75,912           | 55,796           |
| Electricity, water and gas               | 503,719          | 520,003          |
| Cleaning                                 | 107,994          | 116,546          |
| Maintenance to buildings                 | 537,894          | 716,844          |
| Security                                 | 221,510          | 209,670          |
| Waste management                         | 126,997          | 94,272           |
| <b>Total Rent and Occupancy Expenses</b> | <b>1,574,026</b> | <b>1,713,131</b> |

|  | 2021<br>\$     | 2020<br>\$     |
|--|----------------|----------------|
| <b>12 - Minor Equipment Expenditure</b>  |                |                |
| Buildings                                | 52,166         | 101,184        |
| Office furniture & equipment             | 52,797         | 60,326         |
| Computers                                | 400,906        | 306,623        |
| Plant & equipment                        | 31,648         | 91,838         |
| Legal & Architect Fees                   | 14,951         | 14,500         |
| <b>Total Minor Equipment Expenditure</b> | <b>554,515</b> | <b>574,471</b> |

### 13 - Other Operating Expenses

|  |                  |                  |
|--|------------------|------------------|
| Computers, communications and technology | 573,903          | 791,613          |
| Equipment leasing - low value assets     | 15,966           | 18,357           |
| Insurances                               | 376,685          | 296,913          |
| Telecommunications costs                 | 349,825          | 303,048          |
| Consulting                               | 704,396          | 600,183          |
| Advertising and promotion                | 380,084          | 444,053          |
| Administrative costs                     | 155,093          | 247,186          |
| Commissioned Research                    | 735,201          | 1,329,950        |
| Sundry expenses                          | 276,711          | 280,316          |
| <b>Total Other Operating Expenses</b>    | <b>3,567,864</b> | <b>4,311,619</b> |

### 15 - Cash and Cash Equivalents

|  |                   |                   |
|--|-------------------|-------------------|
| Cash on hand                           | 4,355             | 4,355             |
| Cash at bank                           | 1,416,141         | 1,464,736         |
| Cash on investment                     | 30,213,987        | 17,630,249        |
| <b>Total Cash and Cash Equivalents</b> | <b>31,634,483</b> | <b>19,099,340</b> |

|                                   | 2021<br>\$     | 2020<br>\$     |
|-----------------------------------|----------------|----------------|
| <b>15 - Other Current Assets</b>  |                |                |
| Bonds paid                        | 50,842         | 50,842         |
| Prepayments                       | 455,788        | 297,678        |
| <b>Total Other Current Assets</b> | <b>506,630</b> | <b>348,520</b> |

### 16 - Trade and Other Receivables

|  |                  |                  |
|--|------------------|------------------|
| Trade debtors                            | 1,153,217        | 1,163,752        |
| GST/FBT Receivable                       | -                | -                |
| Provision for impairment                 | (55,086)         | (51,219)         |
| <b>Total Trade and Other Receivables</b> | <b>1,098,131</b> | <b>1,112,533</b> |

|                  | 2021<br>Gross \$ | 2021<br>Allowance \$ | 2020<br>Gross \$ | 2020<br>Allowance \$ |
|------------------|------------------|----------------------|------------------|----------------------|
| Not past due     | 654,599          | -                    | 1,038,497        | -                    |
| Past due:        |                  |                      |                  |                      |
| 0 - 30 days      | 4,747            | -                    | -                | -                    |
| 31 - 60 days     | 47,693           | -                    | 34,780           | -                    |
| 61 - 90 days     | 33,783           | -                    | 140              | -                    |
| 90 days and over | 412,395          | (55,086)             | 90,336           | (51,219)             |
|                  | <b>1,153,217</b> | <b>(55,086)</b>      | <b>1,163,752</b> | <b>(51,219)</b>      |

|  | 2021<br>\$ | 2020<br>\$ |
|--|------------|------------|
| <b>17 - Investments</b>  |            |            |
| Shares in Centrecorp Aboriginal Investment Corporation Pty Ltd | 2          | 2          |



## 18 - Property, Plant and Equipment

|                                  | Land & Buildings<br>\$ | Work in Process<br>\$ | Motor Vehicles<br>\$ | Office Equipment<br>\$ | Office Furniture<br>\$ | Plant & Equipment<br>\$ | Total<br>\$       |
|----------------------------------|------------------------|-----------------------|----------------------|------------------------|------------------------|-------------------------|-------------------|
| <b>GROSS CARRYING AMOUNT</b>     |                        |                       |                      |                        |                        |                         |                   |
| <b>Balance at 30th June 2019</b> | <b>13,892,553</b>      | <b>1,201,547</b>      | <b>758,272</b>       | <b>580,735</b>         | <b>232,848</b>         | <b>1,158,827</b>        | <b>17,824,782</b> |
| Additions                        | 41,336                 | 724,507               | 13,689               | 5,054                  |                        | 92,573                  | <b>877,159</b>    |
| Transfers between Asset Classes  | 775,716                | (1,558,304)           | 610,272              |                        | 32,814                 | 139,502                 | -                 |
| Disposals                        |                        |                       | (58,855)             |                        |                        | (45,990)                | <b>(104,845)</b>  |
| <b>Balance at 30th June 2020</b> | <b>14,709,605</b>      | <b>367,750</b>        | <b>1,323,378</b>     | <b>585,789</b>         | <b>265,662</b>         | <b>1,344,912</b>        | <b>18,597,096</b> |
| Additions                        | 96,300                 | 513,140               | -                    | -                      | -                      | 78,212                  | <b>687,652</b>    |
| Transfers between Asset Classes  | 20,423                 | (20,423)              |                      |                        |                        |                         | -                 |
| Disposals                        |                        |                       |                      |                        |                        |                         | -                 |
| <b>Balance at 30th June 2021</b> | <b>14,826,328</b>      | <b>860,467</b>        | <b>1,323,378</b>     | <b>585,789</b>         | <b>265,662</b>         | <b>1,423,124</b>        | <b>19,284,748</b> |
| <b>ACCUMULATED DEPRECIATION</b>  |                        |                       |                      |                        |                        |                         |                   |
| <b>Balance at 30th June 2019</b> | <b>3,240,086</b>       | -                     | <b>719,588</b>       | <b>330,373</b>         | <b>163,709</b>         | <b>725,076</b>          | <b>5,178,832</b>  |
| Charge for the year              | 670,636                |                       | 68,725               | 69,346                 | 23,310                 | 216,824                 | <b>1,048,841</b>  |
| Accumulated on disposals         |                        |                       | (57,238)             |                        |                        | (50)                    | <b>(57,288)</b>   |
| <b>Balance at 30th June 2020</b> | <b>3,910,722</b>       | -                     | <b>731,075</b>       | <b>399,719</b>         | <b>187,019</b>         | <b>941,850</b>          | <b>6,170,385</b>  |
| Charge for the year              | 716,170                | -                     | 61,914               | 69,514                 | 28,618                 | 176,666                 | <b>1,052,882</b>  |
| Accumulated on disposals         |                        |                       |                      |                        |                        |                         | -                 |
| <b>Balance at 30th June 2021</b> | <b>4,626,892</b>       | -                     | <b>792,989</b>       | <b>469,233</b>         | <b>215,637</b>         | <b>1,118,516</b>        | <b>7,223,267</b>  |
| <b>NET BOOK VALUE</b>            |                        |                       |                      |                        |                        |                         |                   |
| <b>Balance at 30th June 2020</b> | <b>10,798,883</b>      | <b>367,750</b>        | <b>592,303</b>       | <b>186,070</b>         | <b>78,643</b>          | <b>403,062</b>          | <b>12,426,711</b> |
| <b>Balance at 30th June 2021</b> | <b>10,199,436</b>      | <b>860,467</b>        | <b>530,389</b>       | <b>116,556</b>         | <b>50,025</b>          | <b>304,608</b>          | <b>12,061,481</b> |

**19 - Intangible Assets****Computer Software  
\$****GROSS CARRYING AMOUNT**

|                                  |                |
|----------------------------------|----------------|
| <b>Balance at 30th June 2019</b> | <b>425,836</b> |
| Additions                        |                |
| Disposals                        |                |
| <b>Balance at 30th June 2020</b> | <b>425,836</b> |
| Additions                        |                |
| Disposals                        |                |
| <b>Balance at 30th June 2021</b> | <b>425,836</b> |

**ACCUMULATED DEPRECIATION**

|                                  |                |
|----------------------------------|----------------|
| <b>Balance at 30th June 2019</b> | <b>425,217</b> |
| Charge for the year              | -              |
| Accumulated on disposals         | -              |
| <b>Balance at 30th June 2020</b> | <b>425,217</b> |
| Charge for the year              | 619            |
| Accumulated on disposals         | -              |
| <b>Balance at 30th June 2021</b> | <b>425,836</b> |

**NET BOOK VALUE**

|                                  |            |
|----------------------------------|------------|
| <b>Balance at 30th June 2020</b> | <b>619</b> |
| <b>Balance at 30th June 2021</b> | <b>-</b>   |

**20 - Leases - Right of Use Assets**

|                                 | <b>2021<br/>\$</b> | <b>2020<br/>\$</b> |
|---------------------------------|--------------------|--------------------|
| Lease Properties - right of use | 7,610,536          | 6,277,517          |
| Less accumulated depreciation   | 2,646,887          | 1,515,088          |
|                                 | <b>4,963,649</b>   | <b>4,762,429</b>   |
| Lease Vehicles - right of use   | 3,470,507          | 3,378,353          |
| Less accumulated depreciation   | 2,605,857          | 2,003,983          |
|                                 | <b>864,650</b>     | <b>1,374,370</b>   |
|                                 | <b>5,828,299</b>   | <b>6,136,799</b>   |

Additions to the Right-Of-Use asset for the year were \$997,287. The Corporation leases land and buildings for its offices and clinics under agreements with terms between three and twenty years and, in some cases, with options to extend. The leases have various escalation clauses. On renewal, the terms of the leases are renegotiated. The Corporation also leases most of its vehicle fleet and some medical equipment under agreements with terms between three and five years with options to extend.

**21 - Trade and other payables**

|                              |                  |                  |
|------------------------------|------------------|------------------|
| Trade and other payables     | 885,227          | 1,219,254        |
| Property purchase settlement | -                | -                |
| Provision                    | <b>33</b>        | <b>33</b>        |
| GST/FBT payable              | 1,001,180        | 285,364          |
|                              | <b>1,886,440</b> | <b>1,504,651</b> |

## 22 - Employee Benefits

|                                      | 2021<br>\$       | 2020<br>\$       |
|--------------------------------------|------------------|------------------|
| <b>CURRENT LIABILITIES:</b>          |                  |                  |
| Annual leave                         | 2,965,860        | 2,771,140        |
| Long service leave                   | 1,849,475        | 1,648,373        |
| Accrued salary & wages               | 1,249,906        | 1,152,356        |
| <b>Total Current Liabilities</b>     | <b>6,065,241</b> | <b>5,571,869</b> |
| <b>NON-CURRENT LIABILITIES:</b>      |                  |                  |
| Long service leave                   | 797,967          | 725,389          |
| <b>Total Non-Current Liabilities</b> | <b>797,967</b>   | <b>725,389</b>   |
| <b>Total Employee Liabilities</b>    | <b>6,863,208</b> | <b>6,297,258</b> |

## 23 - Funds Repayable to Provider under AASB 1058

|  |         |         |
|--|---------|---------|
| <b>COMMONWEALTH DEPARTMENT OF HEALTH:</b>          |         |         |
| Relocation of Gap Road Dispensary & New Clinics    | 193,740 | 230,000 |
| Replacement of Security System - 14 Congress Sites | 85,425  | 85,425  |
| Repairs to Santa Teresa Clinic Doors               | 50,826  | 50,826  |
| Repairs & Upgrade - Ntaria Clinic & Premises       | 44,000  | 44,000  |
| Alukura Sewage Connection                          | 20,590  | -       |
| Staff Housing Security Areyonga (Lot 55 & 56)      | 24,741  | -       |
| Duress Alarm Santa Teresa Staff Accommodation      | 69,605  | -       |
| Blinds on veranda - Gap Road & Larapinta Clinic    | 21,125  | -       |
| Duress Alarm System Mutitjulu Staff Accommodation  | 32,278  | -       |
| Duress Alarm System Ntaria Staff Accommodation     | 47,872  | -       |
| <b>DEPARTMENT OF HEALTH NT:</b>                    |         |         |
| Mutitjulu Renal Room                               | 702,000 | 702,000 |

| <b>NATIONAL INDIGENOUS AUSTRALIANS AGENCY:</b>     | 2021<br>\$       | 2020<br>\$       |
|--|------------------|------------------|
| Podiatry Truck                                     | 201,298          | -                |
| <b>NORTHERN TERRITORY PHN:</b>                     |                  |                  |
| Graduate Nurse Educator                            | 46,788           | -                |
| NT PHN Integrated Team Care Supplementary Services | 34,600           | -                |
| <b>Total</b>                                       | <b>1,574,888</b> | <b>1,112,251</b> |

## 24 - Contractual Liabilities under AASB 15

| <b>COMMONWEALTH DEPARTMENT OF HEALTH</b>            | 2021<br>\$ | 2020<br>\$ |
|---|------------|------------|
| Comprehensive Primary Health Care (Core Grant)      | 5,666,421  | -          |
| REMOTE SERVICES LEADERSHIP PROGRAM                  | 64,325     | 158,564    |
| PRIMARY HEALTH CARE - SAFETY SUPPORTS               | -          | 75,107     |
| IAHP PHC SERVICE EXPANSION DIABETES EDUCATION       | 64,058     | -          |
| Australian Nurse Family Partnership Program (ANFPP) | 211,042    | 331,603    |
| EARLY CHILDHOOD DEVELOPMENT CENTRE                  | 72,198     | 268,035    |
| ALCOHOL ACTION INITIATIVE - RIGHT TRACKS PROGRAM    | 23,189     | 23,189     |
| REMOTE TIS  | 230,331    | 90,000     |
| Continuity of Care Evaluation                       | 87,237     | 50,000     |
| PHC & AVOIDABLE HOSPITALISATIONS                    | 66,352     | 17,895     |
| CAAHSN RART 2.1 Projects                            | 52,038     | -          |
| CAAHSN RART 2.1 QR, Praxis & Cert II                | 26,077     | 88,873     |
| CAAHSN NLSI Grant                                   | 8,340      | 8,340      |
| CAAHSN Fundraising                                  | -          | 10,605     |
| CAAHSN - Partner Contribution (non-RART)            | -          | 78,683     |
| CAAHSN - RART 2.2 Operations                        | 2,000,000  | -          |



|   | 2021<br>\$ | 2020<br>\$ |
|---|------------|------------|
| CAAHSN RART 2.2 PROJECTS                          | 972,315    | -          |
| CAAHSN RART 2.2 Quick Response                    | 60,000     | -          |
| CAAHSN RART 2.2 Praxis                            | 8,499      | -          |
| CAAHSN RART 2.2 Aboriginal Initiatives            | 57,000     | -          |
| TACKLING SMOKING AND HEALTHY LIFESTYLE WORKFORCE  | 119,830    | 254,890    |
| Enhanced Syphilis Response                        | 117,089    | 90,602     |
| PREVENTION & TESTING OF BLOOD BORNE VIRUSES & STI | 92,657     | -          |
| MALE HEALTH TRUCK OPERATING EXPENSES              | 100,000    | 200,000    |
| Aspen Covid-19                                    | 84,616     | 154,419    |
| PRISON TO WORK PILOT                              | -          | 244,105    |
| CONNECTED BEGINNINGS                              | -          | 346        |

#### NATIONAL INDIGENOUS AUSTRALIANS AGENCY

|  |         |         |
|--|---------|---------|
| NAIDOC WEEK GRANT                              | 46,943  | -       |
| AOD (Safe & Sober) Program                     | 241,309 | 216,534 |
| CONGRESS HISTORY PROJECT (ABA)                 | 32,175  | 57,597  |
| PRP Transport & Engagement                     | 110,094 | 186,209 |
| PRE - SCHOOL READINESS PROGRAM                 | 528,178 | -       |
| Community Wellbeing & Violence Intervention    | 211,227 | 185,463 |
| STOLEN GENERATION LINK - UP SERVICE            | 536,788 | 370,177 |
| STOLEN GENERATION SERVICE EVALUATION           | -       | 75,000  |
| TARGETED FAMILY SUPPORT SERVICE (DEPT OF PM&C) | 90,875  | -       |

#### DEPARTMENT OF SOCIAL SERVICES

|                                      |         |         |
|--------------------------------------|---------|---------|
| INDIVIDUAL CAPACITY BUILDING (NDIS)  | 819,281 | 813,927 |
| INDIVIDUAL PLACEMENT SUPPORT PROGRAM | 59,611  | -       |
| Intensive Family Support Service     | 95,511  | 47,482  |

|   | 2021<br>\$ | 2020<br>\$ |
|---|------------|------------|
| <b>NATIONAL DISABILITY INSURANCE AGENCY</b>       |            |            |
| NDIS REMOTE COMMUNITY CONNECTORS                  | 246,301    | 180,996    |
| NDIS - EVIDENCE, ACCESS, COORDINATION OF PLANNING | 167,508    | 166,640    |

#### DEPARTMENT OF HEALTH NT

|   |         |         |
|---|---------|---------|
| LTYENTYE APURTE - MENTAL HEALTH WORKER            | -       | 31,309  |
| SANTA TERESA HEALTH SERVICES (NT)                 | 81      | 81      |
| COORDINATION SUPPORT & CAPACITY BUILDING FOR NDIS | -       | 494     |
| Under 5s Program                                  | 49,338  | 49,388  |
| ALTERNATIVES TO CUSTODY                           | 71,284  | 70,788  |
| Alcohol and Other Drugs Aftercare                 | 223,871 | 189,155 |
| AOD REPAIRS & MAINTENANCE GRANT (ONE OFF)         | 4,559   | 4,559   |
| CLINICAL DIRECTOR AND TRAINING (AOD)              | 124,249 | 50,570  |
| MENTAL HEALTH SUPPORT WORKER SEWB                 | 52,479  | 53,294  |
| Capacity Building NDIS                            | -       | 140,000 |

#### NORTHERN TERRITORY PHN

|  |         |         |
|--|---------|---------|
| MOICD - OUTREACH HEALTH SERVICES PROGRAM           | 69,264  | -       |
| STUDENT SUPPORT GRANT (NT PHN)                     | 6,000   | 6,000   |
| HEALTH CARE HOME REVIEW - STAGE ONE - NTPHN        | 23,507  | 27,574  |
| CARE COORDINATION IMPROVEMENT GRANT - NTPHN (C018) | -       | 43,123  |
| NT PHN INTERGRATED TEAM CARE CARE COORDINATION     | 46,904  | 46,904  |
| Youth Mental Health Capacity Building Program      | 2,427   | 15,000  |
| ALLIED PSYCHOLOGICAL SERVICES (ATAPPS)             | 15,036  | 24,438  |
| Mental Health Nurse Program (NTPHN)                | 71,787  | 62,429  |
| headspace relocation                               | 148,302 | 148,302 |

|   | 2021<br>\$ | 2020<br>\$ |
|---|------------|------------|
| <b>NT TERRITORY FAMILIES</b>                |            |            |
| AFTER HOURS YOUTH SERVICE                   | 52,132     | 52,132     |
| MENTAL HEALTH WORKER YOUTH DETENTION CENTRE | 11,733     | 11,733     |
| BACK ON TRACK                               | 157,877    | 157,877    |

#### NT GOVERNMENT - OTHER

|   |         |         |
|---|---------|---------|
| ABORIGINAL WORKFORCE GRANT ABOR SUPER MENTORING | 64,000  | 64,000  |
| COMMIT: SUPPORT SERVICES FOR OFFENDERS          | -       | 276,301 |
| Connected Beginnings - Braitling                | 115,980 | 70,500  |

#### OTHER

|  |         |         |
|--|---------|---------|
| UTJU TRACHOMA PROJECT                          | 6,268   | 6,263   |
| MUTITJULU CLINICAL EQUIPMENT PURCHASE          | 530     | 530     |
| SAHMRI - Diabetes Foot Complications           | 239,282 | -       |
| ALLIED HEALTH RURAL GENERALIST TRAINEE PROGRAM | 13,700  | -       |
| PATCHES YOUTH DIAGNOSTIC SERVICES              | 2,130   | 2,130   |
| HSTAC Grant                                    | 4,182   | 4,182   |
| B Part of It NT (Uni Adelaide)                 | 56,050  | -       |
| Remote Food Security (UNIQ)                    | 183,790 | -       |
| Murdoch Children's Research Institute          | 28,918  | 30,372  |
| MOST (More Options for STI Testing) - Research | -       | 107,650 |
| INTERGENERATIONAL TRAUMA (LA TROBE UNI)        | 51,280  | 36,574  |
| DOING IT RIGHT (CAAHSN)                        | 33,827  | -       |
| CAAHSN Fundraising                             | 9,745   | -       |
| CAAHSN - Partner Contribution (non-RART)       | 155,609 | -       |
| Banned Drinkers Register                       | 27,173  | -       |
| FASD - A MULTI-SITE PREVENTION PROGRAM         | 25,360  | 96,524  |
| Fred Hollows - Environmental Health & Housing  | 134,318 | -       |

|   | 2021<br>\$        | 2020<br>\$       |
|---|-------------------|------------------|
| NACCHO - Covid19 Vaccination Support Grant        | 36,410            | -                |
| Aboriginal Cultural Advisor - Headspace           | 50,501            | -                |
| ATSI Diabetic Foot Complications Program (SAHMRI) | -                 | 25,000           |
|   | <b>15,739,348</b> | <b>6,350,456</b> |

#### 25 - Leases: Current Liability

|                                       |                  |                  |
|---------------------------------------|------------------|------------------|
| Leased Properties - Current Liability | 1,254,315        | 1,364,356        |
| Lease Vehicles - Current Liability    | 523,382          | 610,790          |
|                                       | <b>1,777,697</b> | <b>1,975,146</b> |

#### Leases: Non Current Liability

|   |                  |                  |
|---|------------------|------------------|
| Leased Properties - Non Current Liability | 3,943,385        | 3,692,218        |
| Lease Vehicles - Non Current Liability    | 393,625          | 801,516          |
|   | <b>4,337,010</b> | <b>4,493,734</b> |

#### 26 Directors' Remuneration

Sitting members receive remuneration, at a level approved by the membership, by way of a Director's Fee. Additional to these disclosed amounts Director's are reimbursed for travel expenses when they are required to travel on Corporation business.

|   | 2021<br>\$     | 2020<br>\$     |
|---|----------------|----------------|
| Directors' fee payments during the year | <b>166,242</b> | <b>150,484</b> |

The directors during the financial year were:

- Graham Dowling (Chairperson)
- Dorethea Randall
- Sheralee Taylor
- Joseph Hayes
- Michael Liddle
- Taren Williams
- Ebony Miller
- Leanne Milligan
- Peter O'Mara
- William Tilmouth

| REMUNERATION LEVEL   | 2021 | 2020 |
|----------------------|------|------|
| \$0 to \$5000        | 1    |      |
| \$5,001 to \$10,000  |      |      |
| \$10,001 to \$20,000 | 7    | 8    |
| \$20,001 to \$40,000 |      | 1    |
| \$40,001 to \$60,000 | 1    |      |

### 27 - Key Management Personnel Compensation

|  | 2021 \$   | 2020 \$   |
|--|-----------|-----------|
| The aggregate compensation paid to key management personnel: | 1,498,990 | 1,343,390 |

The personnel that comprise the key management personnel are as follows:

| 2021   | 2020   |
|--|--|
| <b>Ms Donna Ah Chee</b><br>(period 1 July 2020 to 30 June 2021)    | <b>Ms Donna Ah Chee</b><br>(period 1 July 2019 to 30 June 2020)    |
| <b>Dr John Boffa</b><br>(period 1 July 2020 to 30 June 2021)       | <b>Dr John Boffa</b><br>(period 1 July 2019 to 30 June 2020)       |
| <b>Mr Stephen Marshall</b><br>(period 1 July 2020 to 30 June 2021) | <b>Mr Stephen Marshall</b><br>(period 1 Jul 2019 to 30 June 2020)  |
| <b>Dr Colin Marchant</b><br>(period 1 July 2020 to 30 June 2021)   | <b>Ms Tracey Brand</b><br>(period 1 July 2019 to 13 April 2020)    |
| <b>Mr Brett Capes</b><br>(period 1 July 2020 to 30 June 2021)      | <b>Dr Colin Marchant</b><br>(period 13 April 2020 to 30 June 2020) |
| <b>Ms Carolyn Renehan</b><br>(period 1 July 2020 to 22 March 2021) | <b>Ms Carolyn Renehan</b><br>(period 9 Sep 2019 to 30 June 2020)   |
| <b>Ms Sheralee Taylor</b><br>(period 7 June 2021 to 30 June 2021)  | <b>Mr Brett Capes</b><br>(period 16 April 2020 to 30 June 2020)    |

### 31 - Related Party Transactions

During the financial year ended 30 June 2020, no loans or other related party transactions were made to any Board member or key management personnel.

### 29 - Economic Dependency

Central Australian Aboriginal Congress Aboriginal Corporation is dependent upon the ongoing receipt of government grants to ensure the ongoing continuance of its programs. At the date of this report management has no reason to believe that this financial support will not continue.

### 30 - Auditors' Remuneration

Amounts received or due and receivable by the auditors of Central Australian Aboriginal Congress Aboriginal Corporation:

|                          | 2021 \$       | 2020 \$       |
|--------------------------|---------------|---------------|
| Audit or review services | 22,727        | 25,818        |
| Other services           | -             | 4,914         |
|                          | <b>22,727</b> | <b>30,732</b> |



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## Directors' Declaration

### CENTRAL AUSTRALIAN ABORIGINAL CONGRESS ABORIGINAL CORPORATION

#### DIRECTORS DECLARATION FOR THE YEAR ENDED 30 JUNE 2021

In the opinion of the directors of Central Australian Aboriginal Congress Aboriginal Corporation:

1. The financial statements and notes of Central Australian Aboriginal Congress Aboriginal Corporation are in accordance with the requirements of the Corporations (Aboriginal and Torres Strait Islander) Act 2006 and:

(a) provide a true and fair view of the financial position of the corporation as at 30 June 2021 and of its performance for the financial year ended on that date; and

(b) comply with Australian Accounting Standards - Reduced Disclosure Requirements (including the Australian Accounting Interpretations).

2. In the Directors' opinion there are reasonable grounds to believe that the corporation will be able to pay its debts when they become due and payable.

3. The Directors are satisfied that:

(a) the grant funds provided have been used for the agreed purpose and that all terms and conditions of the grants have been complied with;

(b) the attached financial statements are compiled accurately from the financial records and data of the corporation;

(c) adequate provision has been made for legitimate future statutory and other liabilities of the corporation including, but not limited to taxation liabilities, accumulated staff leave entitlements and replacement of assets, except for land & buildings;

(d) appropriate and adequate insurance has been maintained throughout the year;

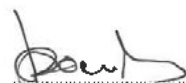
(e) the corporation has discharged its statutory obligations in relation to taxation, insurance, employee entitlements and the lodgement of statutory returns;

(f) the financial controls in place within the corporation are adequate; and

(g) the administration expenses and overhead costs of the corporation were reasonably apportioned across all sources and funds.

Signed in accordance with a resolution of the directors

Signed at Alice Springs this 14th day of October 2021



Chairperson

## Independent Auditor's Report



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### INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF CENTRAL AUSTRALIAN ABORIGINAL CONGRESS ABORIGINAL CORPORATION

#### Report on the Audit of the Financial Report

##### Opinion

We have audited the financial report of Central Australian Aboriginal Congress Aboriginal Corporation (the Corporation), which comprises the statement of financial position as at 30 June 2021, the statement of profit or loss and other comprehensive income, the statement of changes in equity and the statement of cash flows for the year then ended, and notes to the financial report, including a summary of significant accounting policies, and the directors' declaration.

In our opinion the accompanying financial report of Central Australian Aboriginal Congress Aboriginal Corporation, is in accordance with the Corporations (Aboriginal and Torres Strait Islander) Act 2006, including:

- (i) Giving a true and fair view of the Corporation's financial position as at 30 June 2021 and of its financial performance for the year ended on that date; and
- (ii) Complying with Australian Accounting Standards - Reduced Disclosure Requirements and the Corporations (Aboriginal and Torres Strait Islander) Regulations 2017.

##### Basis for opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the Financial Report section of our report. We are independent of the Corporation in accordance with the Corporations (Aboriginal and Torres Strait Islander) Act 2006 and the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 Code of Ethics for Professional Accountants (including Independence Standards) (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

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

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

##### Other information

The directors are responsible for the other information. The other information obtained at the date of this auditor's report is information included in the directors report, but does not include the financial report and our auditor's report thereon.

Our opinion on the financial report does not cover the other information and accordingly we do not express any form of assurance conclusion thereon.

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## Independent Auditor's Report



In connection with our audit of the financial report, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial report or our knowledge obtained in the audit, or otherwise appears to be materially misstated.

If, based on the work we have performed on the other information obtained prior to the date of this auditor's report, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

### Responsibilities of the directors for the Financial Report

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

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

### Auditor's responsibilities for the audit of the Financial Report

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

A further description of our responsibilities for the audit of the financial report is located at the Auditing and Assurance Standards Board website (<http://www.auasb.gov.au/Home.aspx>) at: [http://www.auasb.gov.au/auditors\\_responsibilities/ar4.pdf](http://www.auasb.gov.au/auditors_responsibilities/ar4.pdf)

This description forms part of our auditor's report.

### Report on Other Legal and Regulatory Requirements

#### Opinion

- (a) There are no applicable regulations made for the purposes of sections 333-10 and 333-15 of the CATSI Act and no applicable determinations made by the Registrar under section 336-1 or 336-5 of the CATSI Act;
- (b) We have been given all information, explanations and assistance necessary to conduct the audit;
- (c) The Corporation has kept financial records sufficient to enable the financial report to be prepared and audited; and
- (d) The Corporation has kept other records and registers as required by the CATSI Act.



### Responsibilities of the directors for the Other Legal and Regulatory Requirements

The directors of the corporation are responsible for the preparation and presentation of the financial report in accordance with the *Corporations (Aboriginal and Torres Strait Islander) Act 2006* and the *Corporations (Aboriginal and Torres Strait Islander) Regulations 2017*. Our responsibility is to express an opinion, based on our audit conducted in accordance with Australian Auditing Standards.

BDO Audit (SA) Pty Ltd

Andrew Tickle  
Director

Adelaide, 15 October 2021





# 2020-2021

CENTRAL AUSTRALIAN **ABORIGINAL CONGRESS**

ANNUAL REPORT

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