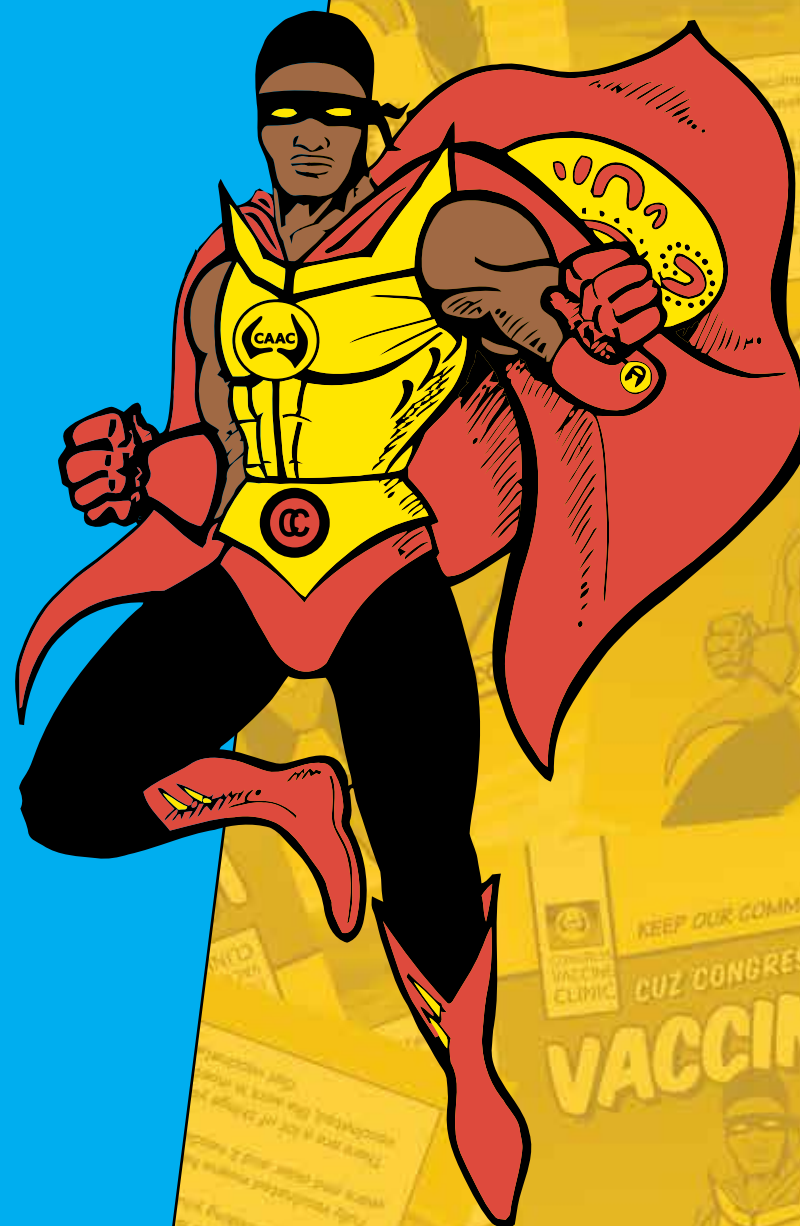




CENTRAL
AUSTRALIAN
**ABORIGINAL
CONGRESS**
ABORIGINAL CORPORATION
ICN 7823

2021-2022 ANNUAL REPORT





2021-2022

Central Australian **Aboriginal Congress**

ANNUAL REPORT

This publication may contain the names, images, artworks and stories of people who have passed away.

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)
- 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 Education
- Australian Government Department of Health, Indigenous Health Division (IHD)
- Australian Government Department of Human Services
- Australian Government Department of Prime Minister & Cabinet
- 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 (ANFPP)
- 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 Legal Aid Service (CAALAS)
- Central Australian Academic Health Science Network

- Central Australian Football Club (CAFL)
- Central Australian Health Services (CAHS)
- Central Australian Remote Health Development Services (CARHDS)
- Central Australian Women's Legal Service (CAWLS)
- Central Clinic
- Central Land Council (CLC)
- Centre for Appropriate Technology (CAT)
- Centre for Disease Control
- Centre for Remote Health
- Centrecorp
- Charles Darwin University
- Clontarf Foundation Alice Springs
- Community Business Bureau
- Connected Beginnings
- CRANaplus Incorporated
- Diabetes Antenatal Clinic and Education (DANCE)
- Drug and Alcohol Services Australia (DASA)
- Early Childhood Australia
- Flinders University Northern Territory
- Fred Hollows Foundation
- headspace National Youth Mental Health Foundation
- Health Policy Analysis Pty Ltd
- LaTrobe University
- Lowitja Institute
- Mental Health Association of Central Australia

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- Menzies School of Health
 - Menzies School of Health Research
 - Mutitjulu Community Aboriginal Corporation (MCAC)
 - National Aboriginal Community Controlled Health Organisation (NACCHO)
 - National Disability Insurance Agency (NDIA)
 - National Indigenous Australians Agency (NIAA)
 - Nephrocare
 - Ngaanyatjarra Health Service Aboriginal Corporation
 - Ngaanyatjarra Pitjantjatjara Yankunytjatjara (NPY) Women's Council
 - North Australian Aboriginal Justice Agency (NAAJA)
 - Northern Territory Correctional Services
 - Northern Territory Department of Health
 - Northern Territory Department of Territory Families
 - Northern Territory Government Department of Education
 - Northern Territory GP Education and Training (NTGPE)
 - Northern Territory Medical Program
 - Northern Territory Primary Health Network (NT PHN)
 - Northern Territory Remote Training Hub
 - One Disease Ltd
 - Palliative Care
 - PATCHES Paediatrics
 - Poche Network for Indigenous Health and Wellbeing NT
 - Purple House
 - Rotary Melbourne
 - Saltbush Social Enterprises
 - Secretariat of National Aboriginal and Islander Child Care (SNAICC)
 - South Australian Health and Medical Research Institute
 - Starlight foundation
 - Stars Foundation
 - Tangentyere Council
 - Telethon Kids
 - Territory Pharmacy
 - The Aboriginal and/or Torres Strait Islander Health Registered Training Organisation National Network (ATSIRHTONN)
 - The Anangu Communities Foundation
 - The Kirby Institute
 - University of Melbourne
 - University of Newcastle
 - University of South Australia
 - Women's Safety Services of Central Australia

The 2021-22 Congress Annual Report cover art and theme is inspired by Cuz Congress' return to the scene, called back into action to help with the campaign to encourage community members to protect themselves from COVID-19 through vaccination.

Cuz is the original health hero. Here, he represents all of the deadly Congress health heroes who have worked tirelessly to protect and care for the community during the COVID-19 pandemic.



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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 modelled 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 opened on its current site south of The Gap in 1994.

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
- Mpwelarre (Santa Teresa)
- Utju (Areyonga), and
- Mutitjulu

Today, Congress is 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 2021-2022

MEMBER DIRECTORS



Graham Dowling
Chairperson



Dorethea Randall
Deputy Chairperson



Joseph Hayes
Member Director



Taren Williams
Member Director



Greg Drew
Member Director
25 Nov 2021 - 30 June 2022



Tristram Watkins
Member Director
25 Nov 2021 - 30 June 2022



Ebony Miller
Member Director



Michael Liddle
Member Director
1 July 2021 - 25 Nov 2021



Thomas Coelli
Member Director
14 Oct 2021 - 25 Nov 2021,
8 Dec 2021 - 30 June 2022

INDEPENDENT NON-MEMBER DIRECTORS



Assoc Professor Peter O'mara
Primary Health Care



Leanne Milligan
Finance



Leon Chapman
General
24 Nov 2021 - 30 June 2022

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

Werte. I proudly acknowledge the Central Australian Aboriginal people whose lands we are privileged to work and provide health services and programs on. We are proud to provide our members and consumers with an Aboriginal community controlled primary health care service and acknowledge also that members and consumers are our biggest motivation and purpose. We also acknowledge key people throughout the year and celebrate their lives and contributions to our community.

As Chairperson, I am both pleased and honoured to be presenting you with Congress' 2021 – 2022 Annual Report on behalf of the Board and Directors. It is truly a team effort and I am grateful to work alongside our Aboriginal leaders, our Member Directors, Remote Directors and Independent Directors, to steer the organisation.

On behalf of the Board, I'd like to acknowledge the tireless efforts of our CEO Donna Ah Chee, her Executive Management team, and our wonderful staff for their ongoing commitment to Congress and the community.

Congress has played a key role in providing an ongoing health service along with support, guidance and advocacy throughout the COVID-19 pandemic. We are proud of how the organisation has responded to this crisis with no road map to show to get through it. Our biggest asset is our people, and we cannot do this without them. I sincerely thank our staff and consumers for remaining so committed to Congress through such challenging times. We cannot be complacent about COVID-19 or underestimate its impact, but we have come a long way through it. When times got tough, the community looked to Congress for help. People believed

in Congress and believed in Congress staff, and with that trust, we came through this all together.

Throughout the financial year, Congress provided 154,893 episodes of care through 14 clinics and a range of services, programs and outreach. There is a lot of work that goes into maintaining a quality service and we have managed to do a fantastic job through difficult and busy times.

We are proud of the strength in the governance of the organisation from the Board, through the CEO and Executive, to operational staff. The Board works with and through the CEO to support her as she manages the operations of the organisation. We are also here to support the staff and are proud of what has been achieved throughout the year. Enterprise Agreement negotiations have been ongoing and we look forward to welcoming the new agreement soon. This agreement is about improving conditions for staff, including job security for the almost 500 people employed across Congress.

The last 12 months have seen Congress continue to expand and grow. We have acquired new premises to work from and additional leases have been taken on. Expansion and progress is a good thing for Congress, but it does present challenges and we thank the General Manager Business Services and his team for overseeing this process.

Importantly, Congress remains solvent and compliant, and in a good position to tackle the next year of service delivery. The capacity of the Board increases every year. We were pleased to have welcomed some new directors to the board at the last AGM, to bring us to a total of 11 Directors. Our Board offers a good balance between mainstream, and importantly, Aboriginal community

control experience. This is the strength of Aboriginal community control; the preferred model of healthcare for Aboriginal people.

We continue to invest in good governance, reviewing the performance of the Board and Directors each year. This year we conducted a mid-term review of our current strategic plan and were delighted to work with the Executive team, noting how aligned the Board and management are on delivering this plan. We have strong processes under our strategic plan that guide our reporting and activities under a Five-Year Action plan and annual reports, and we thank our CEO for leading the implementation of these.

Congress continues to work on its capital investment projects - taking on more leases, addressing expansion need and ongoing repairs and maintenance, and importantly, the building of the Health Hub at 127 Todd Street. The Health Hub is a significant investment and it will be a historical achievement for Congress to own its own headquarters. There have been supply chain issues around the world increasing cost of materials and workforce, however with the support of our stakeholders we have now landed on final design and cost. We are looking at early 2023 to put out tenders to the local market. We are excited about the prospect of this project using local Aboriginal employment and providing training opportunities for Aboriginal people. This is an investment into the community and local economy, with procurement policies in place to ensure that the majority of funds to build the project will be spent locally (buy local, spend local). The delivery of this project will be implemented with the support and partnership of the Commonwealth government, and we also look forward to announcing additional important partnerships for the delivery of this project in due course. This will truly be a



community owned project which we believe will socially and economically contribute to the local community.

We continue to work with our remote health boards and meet with them regularly as an important support and pathway to Aboriginal community control, and local leadership and decision making. What we deliver in town we deliver in the bush. Congress is only as strong as our remote members, we are only as strong as each other. We thank the remote member directors for their guidance and insight into how services are delivered in their communities.

Congress approaches an important milestone next year, celebrating 50 years since it was founded. The Congress History Project is due to be completed at the same time and we look forward to celebrating significant milestones. Well done Congress! We plan to store, protect and promote all of Congress' history and legacy in our new building. As we begin to reflect on the last 50 years we can pause and consider the strength of our history and how we will continue to grow and strengthen

our foundations for the next 50 years. We pause, acknowledge and thank all those who have contributed to Congress along the way, as they have forged the path to where we are now.

Thank you to all. We live in a small community. Our doors are open and we encourage all feedback so we can keep Congress growing and getting better. We are not perfect and we continually strive to improve.

Finally, I would like to acknowledge the around 1000 current members of Congress. Community input, from members, consumer and staff is what drives us, and is at the heart of Aboriginal community control.

It has been a busy and productive year, and we look forward to the next one being safe, happy, healthy and positive for us all.

Thank you.

Graham Dowling

CEO'S REPORT



Another year into the COVID-19 global pandemic and I continue to be humbled by the determination and resilience of my colleagues. Working in healthcare during this time has been incredibly taxing for all in the sector, and although we in Central Australia were fortunate to not bear the brunt of cases as early as others, it is important still to acknowledge the accruing impact while we were watching the virus spread across the country and the world. The financial year had a tense beginning, with people already worn down by the previous eighteen months of hearing about, contemplating and preparing for the inevitable outbreak of COVID-19 in our region. We started July in a three-day lockdown, prompted by the Tanami mines outbreak. As the most serious threat close to home, this brought our region to attention.

Congress diverted resources to vaccines, getting our clients to accept them through community engagement, pop up clinics and outreach. Vaccine hesitancy was rife, as were deliberate campaigns to undermine the roll out. We continued to advocate for the strongest of public health measures to be applied in the Territory, protecting our most vulnerable and old people and through this, our history and culture. Seeing the wave of the Delta variant on the horizon in NSW, the NT government finally responded to something we had advocated for since the start of the pandemic and declared the first actual “hard border” to all of NSW. Despite being the last jurisdiction to do this by weeks, we now felt more secure knowing that no-one from a declared hotspot could enter the NT at all but would be turned around at the border.

Workforce issues continued to be exacerbated by the pandemic. The crisis in the availability of nurses led to closures and significant reduction of opening hours of a substantial number of Northern Territory Government (NTG) clinics in remote Central Australia, impacting both NTG and Aboriginal community controlled health services (ACCHS) services. We advocated strongly, proposing practical solutions to rapidly increase nurse numbers.

In October Congress drafted updates to the organisation’s Immunisation Policy and Procedure to include the need for all staff to be vaccinated against COVID-19. Given the level of vaccine hesitancy experienced in Central Australia and the urgency for people to get vaccinated, as the major Aboriginal community-controlled health service it was important for us to show leadership on this matter. Staff consultation throughout enabled a smooth process and the policy was implemented as planned.

We continued our vaccination efforts with further assistance from the federal government through NACCHO, knowing that the impact was looming closer. Aboriginal community engagement officers worked alongside vaccine nurses going from house to house, community to community and town camp to town camp promoting vaccinations, reassuring people and countering misinformation. We bolstered our messaging through social media and television campaigns tackling hard issues head on.

When the Delta outbreak spread into the NT from Darwin to Katherine, we saw the full effectiveness of the “contain and test” strategy that Congress developed and advocated for. The communities of Robinson River and then Binjari got on top of their outbreaks with this approach. Sadly, despite the success of this approach, in November the first COVID death in the Territory was

recorded, with the Binjari community losing a beloved community member.

Despite this reality and continued advocacy, easing of the Northern Territory's border policy took place. On 20 December, border restrictions softened allowing vaccinated travellers from all jurisdictions to enter the Territory and we entered the age of vaccine passports and lockouts rather than lockdowns, allowing vaccinated residents to move around freely despite cases in the community. Shortly after this Omicron hit Alice Springs and Central Australia, and by January COVID-19 was spreading quickly throughout Central Australia. The Test, Trace, Isolate and Quarantine approach, known as TTIQ, was abandoned almost immediately as government had chosen to open the borders at a time when staffing levels over the Christmas / New Year period were at their lowest and the system could not cope.

Congress' response to this emergency was as strong and determined as the staff who worked in it. The community looked to us for help, and we mobilised, managing a lack of support from the NTG health system and inadequate isolation and quarantine facilities with unequal access, alongside confusion from the community who expected the response that they had been educated about, which was an enforced containment of cases. We stepped up our advocacy yet again, criticising the failure of government agencies to put into practice plans agreed with government before the outbreak and asking for an immediate lockdown across Central Australia. Partnering with other Aboriginal organisations like Tangentyere Council and Central Land Council, we helped tend to the health and welfare needs of the community. Fortunately, reasonable vaccination rates and the eventual availability of effective antiviral treatments meant that the impact

was not as lethal as it was first feared. This does not take away from the devastation felt by the families and communities who tragically lost loved ones.

Fast forward to now and we are "living with COVID." Through this time questions have remained about the reporting of COVID-related deaths, the true impact of the pandemic on our community's health due to people not accessing healthcare through the period, and how we are going to recover from the impact that COVID-19 has had on a workforce already in short supply. These issues are not unique to us though, and I am proud of the realisation that, although some of our key performance indicators have continued to be lower than before the pandemic, we have never stopped providing care to our clients, always having a town clinic open for our people and at no point closing a remote clinic service. Congress staff have enabled this to happen and as such have my respect and appreciation now, and in the future as we continue through what we know to be an ongoing pandemic, despite some of the rhetoric.

It is hard to imagine that anything beyond management of COVID-19 could be achieved this year, but it was, and is important to recognise, especially in such challenging times.

In August 2021 we celebrated our valued past and present Aboriginal Health Practitioners (AHPs) and Aboriginal health workers on the first ever National Day of Recognition for Aboriginal and Torres Strait Islander Health Workers and Practitioners. Congress provided a barbeque for invitees along with current staff, family and community members so that they could recognise the day, a meal and a yarn. Guided by Lead Female Aboriginal Cultural Advisor, Aunty Sabella Turner, the event was a warm and worthy celebration with some great speeches.



Culture was strengthened day by day at Congress through our Aboriginal Staff Advisory Committee and Cultural Leads. Aunty Sabella was recognised by her community as the winner of the 2021 Mparntwe NAIDOC Female Elder of the Year! This deserved recognition was awarded for Sabella's contribution to Congress and the community, including being part of the Strong Grandmothers from the Central Desert Region. Early in 2022 we welcomed Michael Liddle into the position of lead male Aboriginal cultural advisor, further strengthening cultural safety through filling this important male cultural role. Both have provided guidance across Congress, ensuring the right approaches to service delivery, program design, communications activities and throughout the employee experience. Alongside the core work that they

do, Sabella has helped strengthen the use of Arrernte language through Arrernte program naming as well as murals, in-language door signage and language lessons. Michael has become a regular contributor to the staff newsletter, sharing an interesting and thought-provoking narrative that is helping to unpack and decolonise ways of thinking.

Thanks to work being completed by Congress Arruleny (History Project), a highlight of the year was in April when we welcomed Congress founder, Neville Perkins who visited and generously gave his time to speak at a forum for our staff and invited guests. Neville spoke from his perspective about why and how Congress started, and why and how Congress became a primary health care service. Joining him at the forum were Geoff Shaw, Eileen Hoosan and Dawn Mack Ross, some of the original Congress staff members. They talked about the importance of history: “when heading to the future you have to take the past with you” and acknowledged the challenges then and now. This very special event was an energising reminder about the importance and relevance of the work Congress does.

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. Independently and through these partnerships, Congress continued to work and advocate across the areas that impact our people, influencing across various determinants of health, including equity in voting, climate, water and food security, housing and more. We were pleased to see our recommendations to the NT’s Treaty Commission broadly adopted and included in the NT Treaty Commission Final Report.

Through participation in the Children and Families Tripartite Forum and the Education Review Expert Reference Panel we continue to push for systemic improvements that ensure access to high quality, culturally appropriate early childhood development services for Aboriginal children and young people in their early years and beyond. Additionally, we submitted a response to the draft 10-Year Generational Strategy for Children and Families in the Northern Territory, providing suggestions as to how the draft strategy could be strengthened and make a clearer link between evidence and focus areas.

Congress gave evidence at the Disability Royal Commission, providing key information about the links between disadvantage and developmental vulnerabilities in young children, the importance of multidisciplinary assessment for children with developmental delays, and how this links in with NDIS Early Childhood Early Intervention Plans to provide and fund interventions for children who will benefit from them.

We were given the opportunity to address Charles Darwin University’s Workforce Symposium: Better Health Futures – Building a Rural and Remote Health Workforce in the Northern Territory, where I was able to share challenges, successes and importantly, solutions relevant to the workforce in Aboriginal comprehensive primary health care.

Later in the financial year we joined the strong voices urging the Chief Minister and federal politicians to extend the alcohol-related provisions in the Stronger Futures in the Northern Territory Act 2012 (Cth.), due to end on 17 July. We are demanding a proper consultation process with affected communities, knowing that when the alcohol-related provisions are to lapse, many of the gains made as a result of the NT Government’s alcohol reforms

could be lost, with devastating effects on population health and well-being.

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) and the Bachelor Institute, as well as a member of the Northern Territory Aboriginal Health Forum (NTAHF), Chair NT Children and Families Tripartite Forum, Co-Chair Strategic Board for CDU Menzies School of Medicine and the Alice Springs Peoples’ Alcohol Action Coalition (PAAC).

Some of our key programs received worthy acknowledgment, including our Child and Youth Assessment and Treatment Service and the Family Support Service, who were selected by SNAICC – National Voice of our Children, to highlight their positive results for Central Australian children and their families. It was great to see this work highlighted, reflecting Congress’ commitment to programs that empower and support Aboriginal families and children in Central Australia.

We worked hard to further increase capacity to provide vital services and programs in the region, including continuing our existing relationship with Menzies School of Health Research with an additional five-year MoU. The new MoU builds on this success and strengthens the partnership by dedicating experienced researchers to work with Congress on our own research priorities and to assist Congress in attracting research funding. We continued working towards implementation of the major recommendation of the Alukura review – the reestablishment of the Alukura Midwifery Group Practice in partnership with Alice Springs Hospital. We secured the funds needed to extend our headspace service into Yulara and Mutitjulu, allowing us to employ a full-time

psychologist and an Aboriginal youth liaison worker in Mutitjulu and provide a much-needed boost to service for young people in both Mutitjulu and Yulara.

Most significantly, prior to the federal election, now Minister for Indigenous Australians, the Hon. Linda Burney MP and Lingiari MP, Marion Scrymgour visited to announce an investment commitment into Congress and to Aboriginal health in Central Australia. After a successful election for the Labor Party which now sees them in power, we now look forward to a \$19 million commonwealth government investment into development of the health hub at 127 Todd St, a new clinic for Mutitjulu Health Service and upgrades to Mpwelarre Health Service.

After funding was secured at the end of the previous financial year Congress continued to work towards the transition of Kaltukatjara, Imanpa, and Yulara government clinics to community control. A transition manager was employed and meetings with important internal and external stakeholders, including consultation with the communities, is ongoing.

Despite our need to be agile and responsive throughout the year, we continued to improve our operational planning, processes and policies and maintained accreditations from AGPAL and ISO. We embarked on the development of Congress' new Enterprise Agreement which will be put in place in the new financial year and includes many elements designed to continue Congress' commitment to our staff. I am pleased also to note that we continue to have a higher number of Aboriginal staff than ever, testament to our commitment to workforce development.

Several of our colleagues were celebrated throughout the year, including Remote Services Senior Manager, Linda Keating, who was awarded the NT Human Rights Fitzgerald Diversity Award. Makisha Tilmouth was awarded Vocational Student of the Year at the 2021 NT Training Awards. Makisha also completed her Certificate IV in Aboriginal and Torres Strait Islander Primary Health Care (Practice). GP Registrars Jess Johannsen, Laura Grant and Eleanor Woodward all passed their fellowship exams to become specialist GPs. Faith White completed her Social Work degree at NIKERI Institute, Deakin University. Charles Darwin University saw a number of Congress staff graduate this year, including Cherie Jones, Catherine Satour, David Boyte, Justine Swan-Castine. I was humbled myself to receive an Honorary Doctorate of Arts from the university, strengthening my ability to advocate on the things that matter for Aboriginal people.

Within the Executive team, we farewelled long term colleague Steve Marshall, who left the helm of the Business Services Division to relocate to New Zealand. In his place we welcomed David Busuttil who came to us with a wealth of experience in Aboriginal community controlled health on the AP Lands. We also welcomed Wardaman woman, Josie Douglas, who came to us from Central Land Council as General Manager Health Services Division. A strong Aboriginal woman and advocate for our people, Josie carries with her considerable experience based on successfully incorporating Aboriginal ways of being, doing and knowing with an evidence-based approach to inform policy, research or change management in an Aboriginal community controlled setting. I thank Dr Colin Marchant for his tenure in the position while we recruited, noting what a critical time it was to be doing so.

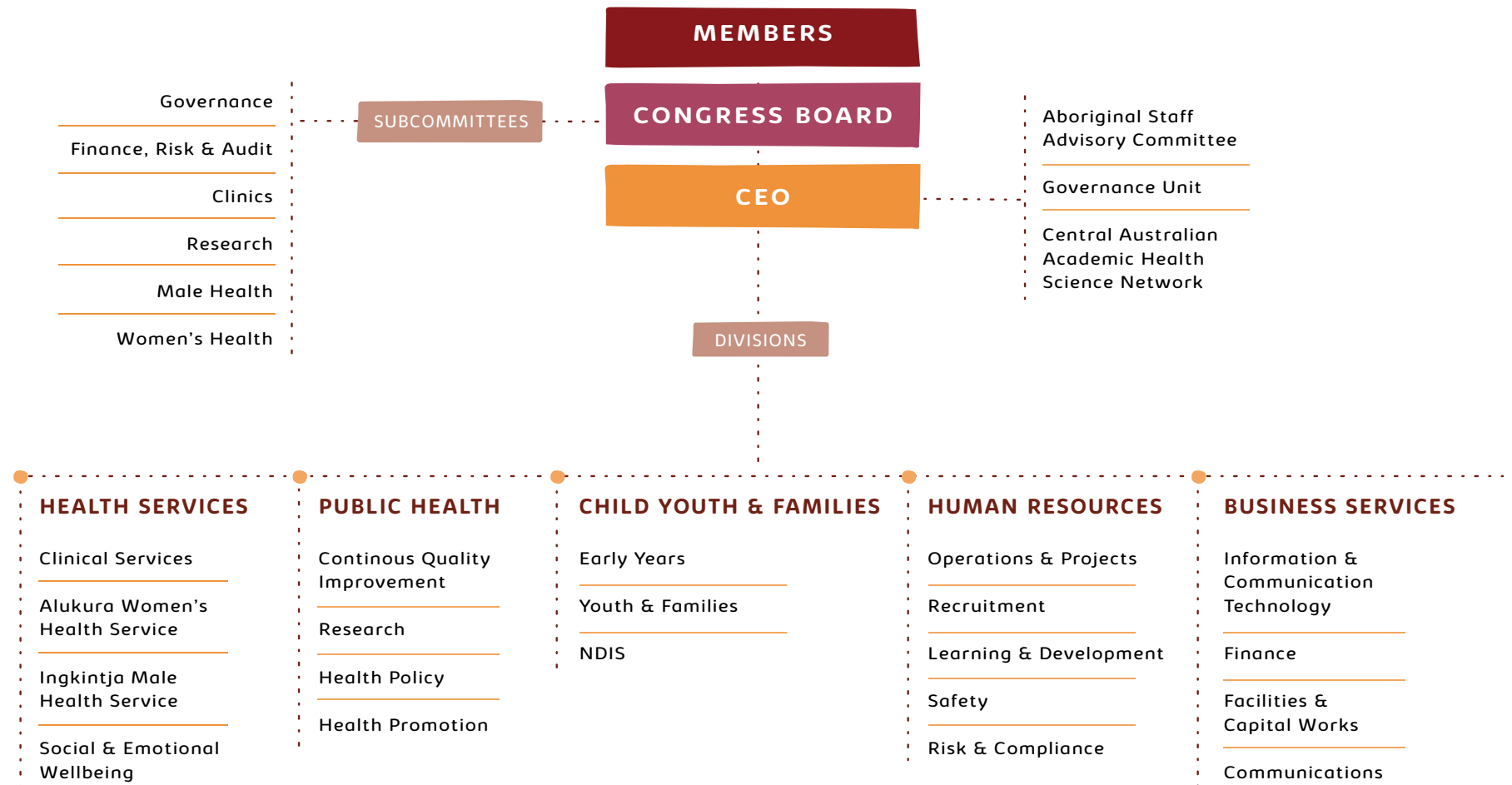
I am proud to have introduced just some of this year's accomplishments here. Despite challenges, Congress has achieved many things as it works towards better health outcomes for Aboriginal people in Central Australia. My heartfelt thanks and congratulations again go to the entire Congress team for their significant contribution to Congress' goals. Your commitment to Congress, the Executive Team and most importantly our clients and community is powerful and change-making.

I would like to acknowledge and thank Congress' Board of Directors for their strategic vision and guidance, and my fellow Executive Managers for their collaborative leadership and support. Next year Congress will celebrate fifty years of working with and for our community. This is a remarkable achievement owed to our past and present leaders, elders, members, clients, and staff. Aboriginal community control is self-determination in action, and I look forward to celebrating this in 2023.

Donna Ah Chee

Chief Executive Officer

CONGRESS ORGANISATIONAL STRUCTURE



CHILD YOUTH & FAMILY SERVICES



EARLY YEARS

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. 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. COVID-19 continued to be an unpredictable landscape in the last half of 2021 to June 2022 for staff and families. Many families from town camps and in town housing moved out to communities because they felt safer, which impacted attendance.

Congress Ampe Kenhe Apmere Childcare provides education and care to children aged six months to five years. The centre strives in delivering educational services and maintain its rating and assessment against the National Quality Rating System and its seven quality areas, and continues to comply.

The centre's strong reputation in the community correlated to continued growth in the service's waiting list, promoting the development of a business case to expand the service. Presently 75% of families enrolled are Aboriginal families. The team size increased with successful recruitment of two new educators to the team. The part time early childhood teacher and combined early childhood teacher/educational leader positions were also maintained to ensure program continuity and continued support for those educators currently working towards qualifications.

The centre continued to build and nurture strong relationships in the community and internally within



(L-R Aunty Sabella Turner, Sheralee Taylor, Ruth Wilson, Donna Ah Chee, artist Melanie Gunner and Dawn Ross pictured with the new Arrernte language mural at Ampe Kenhe Apmere

Congress, aiding those children with developmental learning plans to have access to services easily and while at the centre. Additionally, the centre manager and educational leader completed training in ASQ-TRAK to help facilitate a better focus on appropriate learning goals for children. The centre is working with Early Childhood Australia to create a learning package for our team based on educator needs and interests which will also support service delivery.

Congress' **Arrwekele akaltye-irretyeke apmere - Congress' Child Health and Development Centre** (CHaD) continues to focus on better outcomes for the Aboriginal children using the Abecedarian Approach Australia (3a). This is a child-focused healthy development program 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 and the program works in collaboration with parents and health services so that children access their immunisations and health checks.

An average of 48 children were enrolled in the program throughout the reporting period. At least 60% of these regular attending children during this period met and exceeded their 17.5 hours of 3a exposure each week. Complexities experienced by many in this priority population, such as homelessness, domestic and family violence, and related address changes, impact on participation. Additionally, cultural activities such as sorry business and going out bush often take priority over attendance. Engagement officers continue to encourage family participation through regular follow ups and working in partnerships with other programs supporting the families to meet their other needs.

20



Children transitioned from CHAD to PRP
(including 3 referred from the CHAD waitlist)

5



Children were transitioned into
mainstream preschool

The Evaluation report for CHaD was compiled and finalised by Murdoch Childrens Research Institute and the University of Melbourne (supported by the Congress Research team) with positive results and some short/long term achievable recommendations.

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 as well as assessment of all three and four-year-old children to support their enrolment and assess their capacity to engage in preschool. ASQ-TRAK assessments

are conducted for all children enrolled into the program, the results then used to inform the development of an individualised, culturally appropriate health and learning plan for each child that includes referrals to allied health teams for therapeutic services.

46 Children enrolled into PRP
July 2021 to June 2022

Children successfully enrolled
into preschool from PRP 41

42 Children referred for
relevant support to
Allied Health teams

A mid-term family day was introduced to discuss their child's progress and for families to take part in the program. The first attempt at this was successful with more than half the families turning up for the day, engaging with the children and educators, taking part in their child's learning intensive sessions and providing feedback and ideas. The mid-term goal summaries help families to understand progress and challenges, in preparation for preschool. This provided opportunities for putting a plan in place for each child-confirming a preschool of their choice and for enrolments, or if the child needs a few more weeks of an intensive program into the following term.

Two family engagement officers were recruited, creating time for the educators to meet with families on a regular basis to discuss children's progress and plan together. This also provided opportunities for more intensive sessions for children throughout the day.

The Preschool Transport Program continues to be a valuable service, transporting an average of 22 children each day from families living in town camps, town houses and Territory housing. 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. The success of the program has created interest from other schools in the area, however the capacity for this is subject to increased funding, a subject for future discussions.

Congress' Australian Nurse Family Partnership Program (ANFPP) is a voluntary home visiting service for women in the Congress health service area who are pregnant with an Aboriginal child. Nurses and Aboriginal community workers visit women from early in their pregnancy until their child turns two. The Commonwealth Department of Health provides funding to support this ongoing project through the Closing the Gap initiative that commenced in 2009. The program works in collaboration with multiple services throughout Alice Springs to support parents to access services that meet their expressed needs.

At the time of reporting, Congress ANFPP were working with sixty-nine families with three additional referrals pending. Clients live within 100km of Mparntwe, including Ltyentye Apurte. Additionally, the program employs both a nurse and community worker who live and work in Ntaria, visiting families in Ntaria, Wallace Rockhole and Utju.



Tanisha Edimintja Denella Hampton
Chelsea Mitchell



Riksha, Carolyn and baby boy

The program recorded 995 visits during the reporting period, with an average visit length of seventy minutes. Fifteen clients graduated from the program during the reporting period and client numbers have increased since last report with steady referrals and uptake. Graduates from the program are celebrated with a party for family and friends and cake and milestone gifts, recognising the significance of this achievement in the lives of some families. During the two and half year visiting period, clients and program staff celebrate small changes as women identify and progress towards their goals. A number of clients moved into transitional housing during this period, which is a significant achievement for families who experience homelessness.

In 2021, Cox Inall Ridgeway commenced an independent evaluation of the program, including all thirteen national sites. This evaluation will run over the next three years, examining the program outcomes. Clients and staff randomised for in-depth interviews with all participants offered an opportunity to provide feedback via surveys. It is an exciting opportunity for clients and staff to provide suggestions to how the service can improve and increase its impact in our communities.

The team were active in the community through attendance at events such as Tangentyere Healthy Children's Day, Mental Health Association of Central Australia's (MHACA) Women's Health week and Stress

Less in the Park. The service also facilitated engagement events for families in the program including a Father's Day event for dads.

During the local COVID-19 outbreak at the start of 2022, visiting teams continued to keep in regular touch with families. Clients would be visited when necessary, with teams delivering health education at home and supporting families to access health and social services. The team supported families to isolate at home, co-ordinating quarantine accommodation and supporting people to access care. Additionally, ANFPP staff were redeployed on demand in order to assist with Congress' COVID-19 response.

YOUTH & FAMILIES

Congress Youth Services, comprising of the Back on Track (BoT) and Youth Outreach Teams (YoT), work closely to provide services to their young clients. In the financial year, Youth Services received additional funding (core) to employ a part time (0.8) Aboriginal male youth worker allowing the service to work safely and productively with both male and female young people. The service also struggled with staffing due to COVID-19 isolation rules, trying to ensure clients still received a high level of service. Additionally, since the May 2021 Bail Legislation reform, crisis response work has increased in demand, requiring focus on the provision of therapeutic supports, successful diversion activity and early intervention.

The Youth Outreach Team provided culturally appropriate case management, advocacy, social support and therapeutic and mental health support to over 50 young people aged 12- 25 years inclusively, during the reporting period. The team is also involved in collaborative initiatives that strengthen the youth and justice sector.

Funded by Territory Families, Back on Track (BoT) is an alternative sentencing program that provides alternatives to detention and pathways designed to divert young people aged 10-17 away from the youth justice system. The team supported more than 40 young people during the reporting period.

The two teams collaborated on activities and facilitated bush trips. Our Aboriginal support workers have been able to provide an array of cultural connections through sharing stories, and providing cultural mentoring to our clients where possible. In November 2021, all youth services staff participated in the 'Marumali Journey of Healing' Program, that supports service providers to: realise the widespread impact of forcible removal and understand the potential paths for recovery; recognise the signs and symptoms of trauma associated with the forcible removal in clients, families and others involved with their service and; avoid re-traumatising members of the Stolen Generations.

During the year, Back on Track worked with AFLNT and sponsored the Junior Football Hub. The aim of the Junior Football Hub was to combine all junior football (Under 8 boys through to Under 15 junior men) and to create an accessible, family friendly 'hub' on Wednesday evenings at TIO Traeger Park. Gate entry fee at the venue was a major historical barrier to participation in junior football in Alice Springs. Back on Tracks' sponsorship and support introduced free entry for all players and spectators on Wednesday evenings.



BoT and YoT clients enjoying a bush trip

The financial year saw the expansion of Congress' **Child & Youth Assessment and Treatment Service's (CYATS)** NDIS treatment services, with the addition of an NDIS specific occupational therapist and speech pathologist to the team. This builds on the existing paediatric multidisciplinary allied health team, who provide diagnostic assessment and therapeutic interventions to children and young people aged 0 – 18 years, suspected of having neurodevelopmental delay/disorder/s.

In February, SNAICC – National Voice for our Children identified good practices of early intervention and family support programs delivered by Aboriginal community-controlled organisations across the nation. One of only eleven across Australia (including Congress' family Support Service), CYATS was identified as one of these best practice services, a great acknowledgment of the program's value.



A scene from the one of the PuP animations

88 multi-disciplinary diagnostic assessments completed

Single-disciplinary diagnostic assessments completed **484**

1,082 interventions provided

In the reporting period, Congress' Family Support Service (FSS) provided support and advocacy to 43 vulnerable families experiencing a range of challenges in their lives including homelessness, substance misuse, health issues, domestic violence, and more. Beyond the strength of their service provision, it has been a very strong year filled with achievement.

In November 2021, the Congress Family Support Service received on-going funding from Department of Social Services (DSS) for a further five years to continue the Intensive Family Support Service (IFSS) which is now referred to as Child and Family Intensive service (CaFIS).

FSS joined CYATS in being identified by SNAICC – National Voice for our Children identified as a best practice service providing early intervention and family support

programs delivered by Aboriginal community-controlled organisations across the nation.

The FSS team finalised an exciting project in partnership Griffith University and iTalk Studios, with three short, animated videos released presenting key messages from the Parents under Pressure (PuP) Program to families that the FSS program is supporting. The PuP program works to combine psychological principles relating to parenting, child behaviour and parental emotion regulation within a case management model. The intention is for a PuP therapist to watch the videos (available on Congress' website) with the families they work with and then discuss the messages they contain. The three animations aim to reflect Aboriginal life in Central Australia and demonstrate how children can be affected by those who care for them:

- “I’m alright” which shows how parents can make children feel safe and loved by staying in control of their emotions,
- “Just breathe” which shows how parents can protect children by having control of their emotions and maintaining clear boundaries with those around them, and
- “Here I am” which shows how parents can make children feel safe and loved by noticing them.

Each animation has been scripted in English, and then translated into Eastern Arrernte and Pitjantjara languages.

In the previous financial year, the team commenced the process of co-authoring a paper called “It’s about Time - Transformative practice in an Aboriginal intensive family support service” with Associate Professor Melissa Lindeman, detailing the key features on the FSS model of service. This paper was finalised and published during the year. The paper captures the complexities of what makes the model successful, discovering that it is beyond the official description of the service’s ‘bicultural approach. From the report’s executive summary: “bicultural pairs are only the most basic ingredient for this space; it most certainly is enriched by, and dependent on, all the other features of the Congress IFSS Way, as these enable the team to operate with such breadth and depth of knowledge.”

Closing off the year, In June 2022 FSS staff presented in a SNAICC lunchtime webinar: ‘What works best for our communities’ Aboriginal community-controlled organisations sharing their successes and lessons learnt from their programs supporting communities, alongside two other Aboriginal community controlled organisations.

Congress’ **Link Up Service** has continued to provide a valuable service to Stolen Generation members and their families, connecting them together and with others in the community to continue the healing journey.

In May, Link Up held a successful Sorry Day event at the Desert Knowledge Precinct. Up to 80 members of the community – including representatives from the NIAA (National Indigenous Australians Agency) - were there to mourn the past, acknowledge the present and look to the future of all Stolen Generation members and their families. The day was used also to talk to stakeholders to help and support future events and projects to recognise the trauma and struggles of the past and the present. Feedback was received that many of the attendees felt that their presence was acknowledged and that they matter; which is a big part of the healing process.

The team arranged a small event for a group of school children from Papunya School. The students were learning about the 1967 Referendum and the teacher thought it would be valuable for them to connect with some members of the Stolen Generation. The nine students (with four educators) were given a chance to understand what the Stolen Generation is, and what it means to members and their families. The visit aptly took place at the Bungalow, and the children were shown through the rooms that were significant to the Stolen Generation. This was a highly successful endeavour, rewarding not just for the children, but for the members and workers alike.

During Reconciliation Week, Link Up was invited to speak to Bradshaw Primary School students who were learning about the Stolen Generations. The team, accompanied by an Elder from the community, watched the students perform a scene from the film Rabbit Proof Fence, then proceeded to meet with and talk to a range of classes

from kindergarten through to year six. The afternoon was valuable, with some challenging questions raised by some of the children.

The Link Up team participated in trauma training to provide us with a greater understanding of the clients’ responses to trauma and how it also affects the physical body. The learning from this has informed the decision to include more clinical topics and speakers at our gatherings, to better address clients’ needs, and to learn what can triggers impact their overall health.



Link Up’s Briony Kopp and Noel Kruger speaking at the 5th Annual National Indigenous Social and Emotional Wellbeing Forum in June 2022.

NATIONAL DISABILITY INSURANCE SCHEME (NDIS)

Congress' National Disability Insurance Scheme (NDIS) section comprises of a number of specialised programs focused on supporting and improving the lives of people with disabilities in Central Australia. It is an ever-growing and developing space for Congress and aims to provide support and opportunity for people living with a disability.



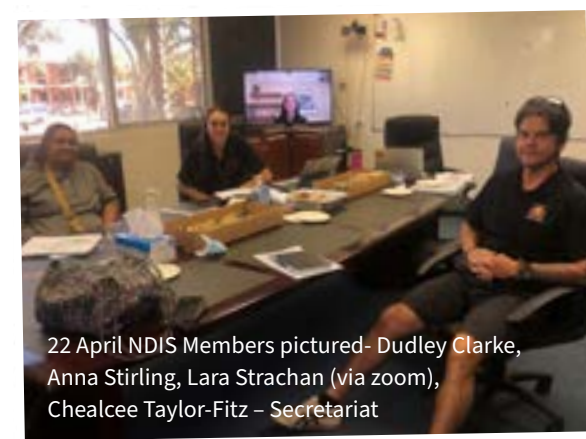
NDIS Section Manager Thea Dunkley presenting at the NACCHO 'NDIS Ready' Yarning Circle

The **NDIS Remote Community Connector (RCC) and NDIS Evidence, Access and Coordination (EAC)** programs employ six Aboriginal staff who provide culturally safe and accessible services aimed at supporting Aboriginal people to apply for the NDIS, as well as understand and navigate the scheme. This service received over 220 requests for NDIS support in the past year and successfully supported 74 people on the scheme. The RCC and EAC programs can provide outreach support to all Congress clients, including clients living in our remote communities. The RCC and EAC programs have established a strong and respectful working relationship with the National Disability Insurance Agency (NDIA) which is crucial when advocating and navigating the complexities of the NDIS.

The **Individual Linkages and Capacity Building (ILCB)** service funded by the Department of Social Services, also continues to strengthen across the organisation, with five caseworkers embedded across our Congress services, including within the Child & Youth Assessment and Treatment Service (CYATS) adult allied health team and the Social Emotional Wellbeing (SEWB) teams. The ILCB program supports people who are not on the NDIS, but still require support to live with their disability. Part of the ILCB work is the successful establishment and commencement of our **Aboriginal People with Disability Reference Group**, which helps to inform and provide Congress with lived-experience views and opinions from people with disability and carers. Feedback from the reference group has been very positive and members continue to be very keen to meet and share their expertise.

We have seen huge uptake and support in the growth and development of our registered **NDIS Therapy Services**. Currently 56 NDIS participants utilise Congress for their

NDIS therapy needs, which includes speech pathology and occupational therapy services to children, and physiotherapy and occupational therapy for adults. We also celebrated **becoming a Registered NDIS Provider** through receiving formal registration from the NDIS Quality and Safeguards Commission in September 2021. This is a huge achievement as it provides additional flexibility and greater access for people to choose Congress for their NDIS therapy services.



22 April NDIS Members pictured- Dudley Clarke, Anna Stirling, Lara Strachan (via zoom), Chealcee Taylor-Fitz – Secretariat

Most recently, the NDIS Section Manager presented at the **NACCHO 'NDIS Ready' Yarning Circle** in Darwin, presenting about our successful journey in becoming a registered NDIS provider and took the opportunity to share our learnings and experience in building these critical services for Aboriginal people in our community. Some feedback from other ACCHS at the conference was that Congress' presentation "was brilliant and the presentation not only shed insights into challenges and barriers faced when establishing and delivering NDIS service, but also gave pointers on how the organisation and management passed these hurdles."

HEALTH SERVICES



CLINICAL SERVICES

Congress' Clinical Service section includes all Congress' clinical functions, including remote and town clinics, and the integrated allied health and other primary healthcare services provided at these site.

COVID-19 took the front seat in the financial year with efforts concentrated around maintaining service accessibility for clients, providing COVID-related care including vaccinations, testing, contact tracing, isolation and quarantine support and more recently treatment with availability of anti-viral medications. Congress was committed to maintaining a broad range of services and programs throughout, and did this successfully on the whole, although at the height of COVID-19 infections in February and March, many people were in isolation which prevented them attending appointments.

An already critical situation impacting the clinical workforce we rely on – locums and relieving clinicians – was exacerbated as workers were restricted in their ability to travel here to start work due to the Territory's hard borders. Relieving nursing staff were also attracted to highly paid vaccine and quarantine services in capital cities and later across the country. Like services all over, Congress was impacted by this lack of available nurses, a situation magnified by our remote location. On top of this, an already exhausted cohort of clinical and support staff were then impacted by the highly infectious Omicron, which first spread through the community and then to staff as it had in all other jurisdictions.

Remarkably, Congress maintained services to residents in both town and remote locations, maintaining access for clients in town through Gap Clinic at the peak of Omicron and at no point closing any remote clinic services. Few other providers achieved this level of service, and the



COVID wasn't the only thing that tried to get in the way of service delivery. Flooding restricted access to and from Santa Teresa in February, making it hard for vehicles to pass!

resilience and dedication of the staff who made this happen cannot be applauded enough.

Despite maintaining this access, the pandemic has impacted the way community members are accessing services, with evidence suggesting that people were attending for acute presentations more than routine care. Service outcomes have declined as detailed in this report; however, it would seem that Congress has weathered the storm relatively well as the declines are small compared to those recorded by others in the sector and are already showing signs of recovery.

The strength of Aboriginal community controlled health service (ACCHS) delivery has paved the way for many remote communities to seek the transition from NT Health's management to ACCHSs, including Congress. The process is now well underway for transitioning primary health care service delivery to Congress' management in Imanpa, Kaltukatjara (Docker River) and Yulara communities. In delivering these services, Congress has established and supports local structures for community input and decision-making, under a broader structure of community control. After the commonwealth committed to funding at the end of the previous financial year, the project moved forward with opening dates scheduled from March 2023.

Negotiations progressed for Congress to become the provider of primary health care for young people in **Alice Springs Youth Detention Centre**, currently provided by Central Australian Regional Health Services. The service will extend to supporting young Aboriginal people to connect to culture, family and community, as well as ensuring the clinical, psychological and social services vital for good health and development, are provided after release. A new service model had been developed in partnership with the NT DoH and the



entire focus will be on therapeutic care and establishing a caring, rehabilitative environment within youth detention. Health and development screening will be undertaken onsite by a GP and senior registered nurse. Initial screening may include those tests to understand general health, development and complex behaviours. A psychologist and cultural mentor will be employed as part of the ASYDC Congress team. As needed, further diagnostic neurodevelopmental assessments may be made through our existing Child and Youth Assessment and Treatment Service and Social and Emotional Wellbeing service, in collaboration with medical specialists e.g., paediatricians or psychiatrists. This includes working with the clinical staff at ASYDC. Our service aims to develop a comprehensive understanding and potential issues the young person may be experiencing, direct therapeutic care and initiate other services as needed, including linkages to the NDIS.

The **Clinical Education Program** is run by the Clinical Services Administration team and involves training for general practitioners, graduate nurses and trainee Aboriginal health practitioners. Education programs are an important focus for Congress, acknowledging our own responsibility in developing the primary health care workforce.

Congress has supported and provided guidance to 11 graduate nurses since the Graduate Nurse Program started in February 2021. This program is designed to support new graduate nurses in transitioning into primary health care practice, including remote health. On completion of the two-year graduate program, they will have developed skills and knowledge to become confident registered nurses in primary health care. The two-year program consists of 12-month rotation through urban clinics, 6-month hospital rotation and optional 6-month remote rotation gaining exposure to

remote work and clinical experience. Extensive training and development is incorporated into this program to provide foundation knowledge in working effectively in remote and very remote Aboriginal communities. Clinical reasoning, assessment and management, investigation including pathology, communication and collaborative practice, evidence-based practice, and advanced clinical skills are developed.

Congress supported and provided guidance for five Aboriginal Health Practitioner (AHP) Trainees throughout a two-year training program in 2021. AHP trainees were enrolled in the Batchelor Institute HLT40213 Certificate IV Aboriginal and/or Torres Strait Islander Primary Health Care Practice Course, which consisted of 14 core units, and seven electives. All AHP trainees attended block courses throughout the year to complete their units. Further education was provided by joining with graduate education sessions every Thursday. A workplace assessment book was provided by Batchelor Institute, to develop skills and competencies, the trainees were required to complete 800 hours of clinical supervision in the designated urban clinic. To complete this course and pass successfully, all units and workbooks are required to be completed. To date, we have two AHP trainees remaining, due to complete course units in March 2023.

Congress now provides General Practitioner Training to between 10 and 15 GP registrars a year from the Royal Australian College of General Practitioners and the Australian College of Rural and Remote Medicine. The registrars are at various stages of their 3-4 years of training and undertake time in our remote clinics to varying degrees. We have had three local Aboriginal registrars over the past year and two have now completed all their exams, one gaining Fellowship in early 2022. This is a landmark for Congress and the NT, but one that we hope to repeat many times in the years to come.

When registrars complete their training, many seek to continue working at Congress. Over time, much of our medical workforce, particularly the very long-term general practitioners, have undertaken their training at Congress. From 2023 the local regional training provider will no longer be involved in training, which will be returned to the Colleges. Congress will be adapting to the new arrangements and will continue to provide training opportunities for doctors seeking a career in primary care, and particularly those who want to work within the ACCHS sector.

Congress' ITC Care Coordination underwent an evaluation throughout the last two years. The findings were that the program is an important and valued component of Congress' comprehensive approach to primary health care. Without targeted funding for care coordination, it is likely that the needs of 'hard to reach' clients, often with multiple chronic diseases and complex medical and social needs, and who face barriers accessing or engaging with health care, may slip through the cracks. Consequences of this can include increases in hospitalisations, decreased quality of life, increased disability, or mortality

After a period of vacancy from June through to December, an audiologist began in January for a short term, after which they continued to advise and provide a responsive service for enquiries remotely, with visit dates scheduled. While at Congress, the audiologist worked to refurbish the audiology equipment and audiology clinic room, purchasing upgraded testing equipment and organising for routine calibration of equipment. Routine visits by Hearing Australia for the provision of hearing aids were instated.

In eye health, on average 42 clients per month were seen by an optometrist at Congress. A visiting optometrist continued to attend Gap Clinic until COVID-19 reduced service delivery to one day per week. Delays to remote visiting optometry services also occurred due to biosecurity zones. An agreement was signed with The Fred Hollows Foundation to employ an optometrist and an allied health assistant (Eye Health). Vision Australia has part funded the allied health assistant role. The eye health team is forming well with the introduction of a vision rehabilitation consultant through Vision Australia who is working to link people in with services (optometry, ophthalmology and vision occupational therapy) and, in collaboration with Female Aboriginal Cultural Lead, Sabella Turner, developing resources that are culturally appropriate to support eye health service delivery.

During the period, the dentist saw on average 8.8 clients per day. Congress was without a dentist for a short period but brokered care through a voucher system with Alice Family Dental Service. Staffing issues are looking up after recruitment of a senior dentist to the role in June 2022. The dentist will work alongside dental assistants, including one trainee. A casual senior dentist has been employed as a consultant to support the dental service to achieve accreditation with the National Safety & Quality for Health Services Standards. In remote servicing, a successful partnership with the Royal Flying Doctor Service has yielded success in Mutitjulu community, with an MoU to be renewed in coming months. A proposal submitted to NT Health is hoped to strengthen the provision of services, which currently includes two scheduled visits to Congress remote sites.

Congress' Commonwealth Home Support Program, caring for older clients referred through the government's My Aged Care portal, received strong referral numbers



Amy Schoneville and Alison Hack
from Allied Health in Ampilawatja

and was extended for a further 12 months. Community based chronic disease rehabilitation groups were developed and delivered in partnership with Alice Springs Town Council which has increased capacity of the small team to see more clients and enabled opportunities for peer support. In advocacy, the team provided a consultation document to the Commonwealth Government towards the design of aged care services into the future, highlighting the importance of community control, employing Aboriginal workers, and service models that are culturally responsive.

The Allied Health team collaborated with the Child Youth Assessment and Treatment Service to propose the establishment of an adult NDIS therapeutic service, which was funded by Congress at the start of the financial year. A physiotherapist and occupational therapist were

recruited to provide these services to NDIS clients, and service delivery engagement is increasing. The team established a clinical working group, identifying and addressing service development needs, ensuring that services are both culturally responsive and accessible for persons with a disability. Additionally, a clinical case coordination service was commenced through a collaboration between Congress and Commonwealth Government Department of Social Services, to work to create connections between Aboriginal people with disability and the communities they live in, and to build the knowledge, skills and confidence of people with a disability to improve their access to community and mainstream service.

Podiatry has enjoyed high engagement from community for service delivery, and provided a regular service to

clients through Congress clinics and external renal facilities. The team worked hard through the year to consolidate client recall lists as well as developing a wound group to provide better coordinated, prioritised care to high-risk clients, and ensuring that no clients fall through the cracks.

The SAHMRI Indigenous Diabetes Related Foot Complications Program continued, commencing the On Call Video Podiatry Service in November for the Central Australian and Barkly regions and providing care for over 65 different clients. This has ensured that these clients can receive best-practice care in their community, reducing the need to travel. Additionally, community and workforce capacity strengthening resources for foot health have been developed and delivered across the regions. Community resources have been co-designed with community members and will be translated into the local languages for each of the regions.

Congress' filled the vacant dietitian role in September 2021, allowing active clinic-based services to be provided at Alukura and Gap Clinic as well as to remote communities through outreach, giving much needed nutrition support for people with chronic and complex illness including diabetes, people wanting to make lifestyle changes, as well as children and young people with various nutrition needs. The dietitian also delivers public health activities (group sessions, cook ups, project work) and established a Women's Cook Up at Alukura, providing a safe place to learn and yarn about healthy food for pregnant women with diabetes.

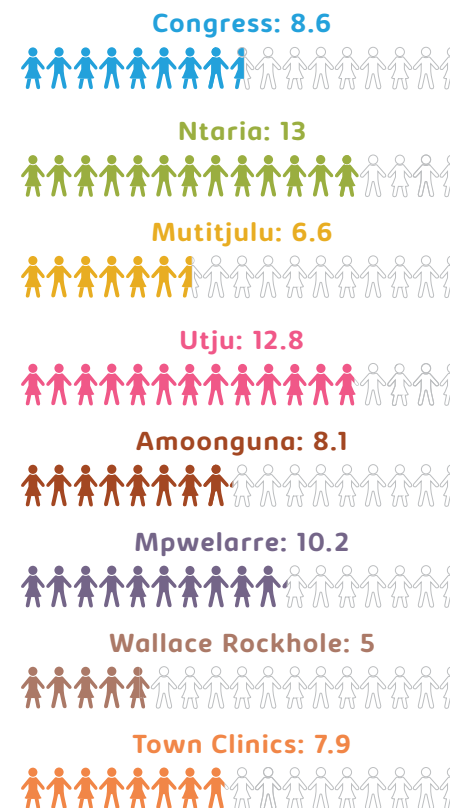
Due to the high proportion of people diagnosed with diabetes, the Diabetes Nurse Education (DNE) team needs to prioritise service delivery using Hba1c results to determine the corresponding urgency and significance

of goal setting with individual clients. Wherever possible, the DNE clinician will partner with clients to develop treatment goals using diabetes indicators relevant to the person's life. The expertise of the Congress DNE team ensures an appropriate treatment plan is tailored for the individual with consideration given to the socio-economic, and cultural environment. Addressing the urgent issue of diabetes in young people, the team has continued to lead the diabetes in youth program, which has involved liaising with schools, community youth programs, and other stakeholders to facilitate events to promote engagement with youth at risk of or whom have diabetes. Congress partnered with Menzies School of Health Research to contribute to a youth-targeted project as a component of an overarching program - Diabetes Across the Life Course. Young Aboriginal people with diabetes were identified and referred to the project team within Menzies to give input around an ideal service delivery design.

The Medical Outreach for Indigenous Chronic Disease (MOICD) program funds outreaching Allied Health services across Central Australia, including podiatrists and diabetes educators. From July 2021, amongst the four Aboriginal Community Controlled Health Services in the region, podiatry and diabetes nurse educators have been providing a 'team care' approach to service delivery, meaning that they are co-located during each remote clinic visit. This aims to routinely provide a form of multidisciplinary care that is holistic and client-focused, so that people at risk of diabetes-related foot complications who receive podiatric care, are also empowered to optimise their diabetes management. Visiting services have been provided to eight remote communities clinics including Congress remote clinics as well as the ACCHS in Kintore, Ampilatwatja and Utopia, recording seven visits per site for this financial year. In one diabetes education session held at Ampilatwatja during the year, a clinician joined women from the community to eat a selection of healthy food options bought from the local shop. This exercise was designed to prompt discussion around sugar content in different foods available locally. The clinician was asked to go back so that the women could do the cooking for them – a great example of two-way learning and engagement.

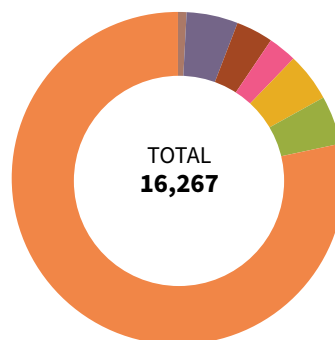
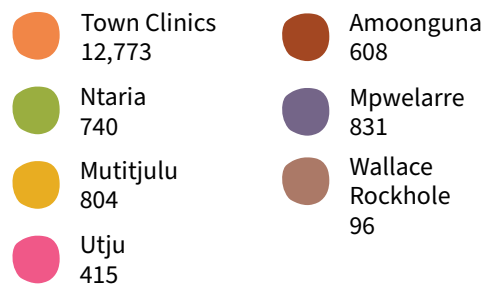
EPISODES OF CARE

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



NUMBER OF ABORIGINAL PEOPLE ACCESSING CONGRESS SERVICES

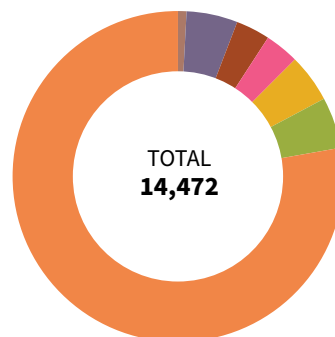
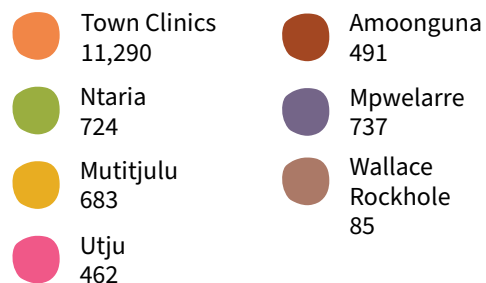
2021 — 2022
(This Year)



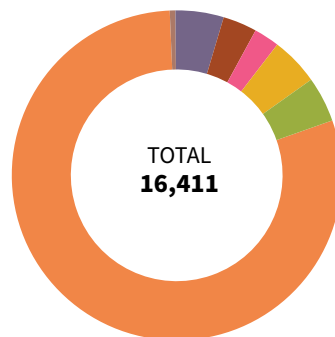
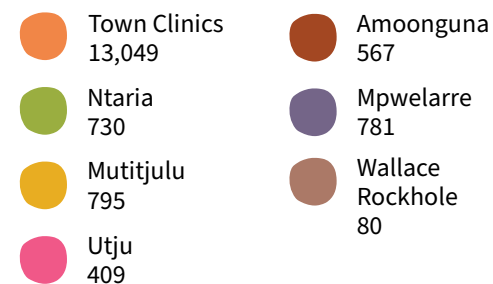
The number of people accessing Congress services increased in 2021/22, after a decline in the previous financial year. Data shows that this is due to more people attending for COVID-19 testing, vaccinations and treatment while otherwise people attended less often for routine health care.

Episodes of care decreased from the previous year, particularly in town. This partly reflects the commitment that Congress made to maintain very remote services by utilising staff from town when needed to cover remote.

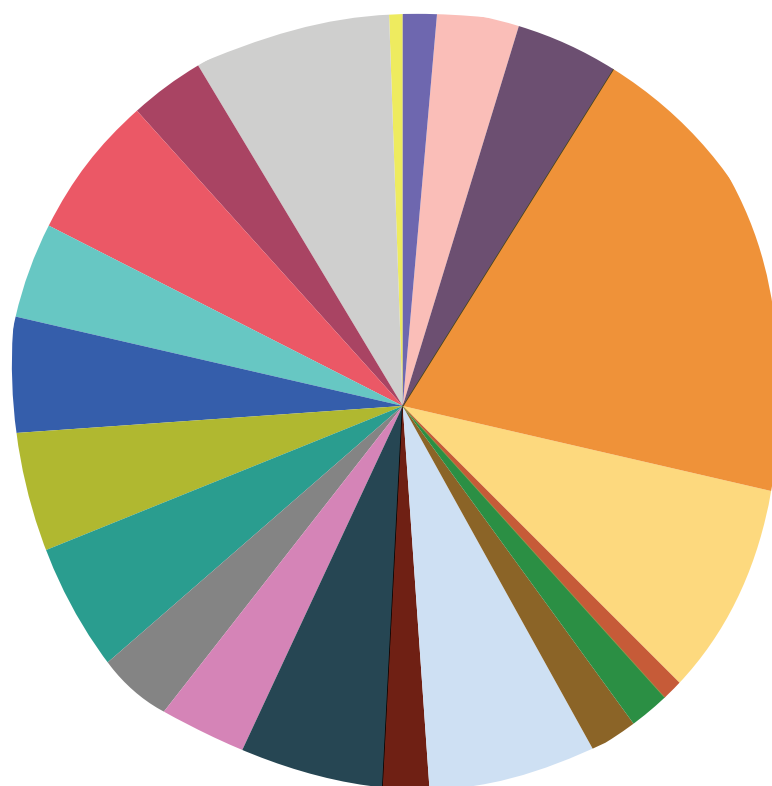
2020 — 2021
(Last Year)



2019 — 2020
(Two Years Ago)



Breakdown of Episodes of Care by Service



TOTAL EPISODES OF CARE: **154,893**

Acute Respiratory Clinic 2,574	Mental Health Clinic 36
Alukura 5,102	Northside Clinic 9,246
Child, Youth & Family Services 6,343	Nursing Homes/Bush Mobiles/ Frail, Aged and Disabled 5,583
Disability Support and NDIS 117	Renal Clinic 4,695
Gap Road Clinic 30,537	Sadadeen Clinic 8,285
Gap Road COVID-19 Vaccine Clinic 13,686	SEWB 7,954
Gap Road Dental Clinic 1,030	Mutitjulu Clinic 7,194
Gap Road Dispensary 394	Utju Clinic 5,749
Headspace clinic 2,302	Mpwelarre Clinic 9,307
Hearing/CHOP/School/Other Programs 3,187	Amoonguna Clinic 4,808
Larapinta Clinic 10,602	Ntaria Clinic 12,184
Male Health & Jaila-wanti 3,195	Wallace Rockhole Clinic 783

ALUKURA WOMEN'S HEALTH SERVICE

Alukura Women's Health Service is a women's only place caring for the health of Aboriginal 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.

Negotiations to establish an Alukura Midwifery Group Practice (AMGP) are progressing well, with development of background agreements nearing completion and the AMGP working group meeting each fortnight. We are working closely with the Molly Wardaguga Research Centre at Charles Darwin University, to assist with the AMGP establishment.

In October 2021, Alukura's midwives and manager, along with relevant Executive Managers, attended the Maternity Services Forum World Café at the Desert Peoples Centre in Alice Springs, coordinated by the Molly Wardaguga Research Centre. The purpose of the forum was to consider maternity services in Central Australia to identify local and practical recommendations, as well as actions to inform the future direction and activities of maternity services and programs in this region. Most participants at the forum were stakeholders involved in maternity services in Central Australia, including Alice Springs Hospital Maternity Unit and Midwifery Group Practice managers and midwives, Obstetric Specialists, the Northern Territory Department of Health senior maternity advisor and remote outreach midwives. A significant benefit of the forum was the opportunity to promote the need for and development of Alukura's Midwifery Group Practice (AMGP).

In June 2022, Alukura staff and Executive Management attended a 'Maternity Clinical and Cultural Governance

Workshop' facilitated by the Molly Wardaguga Research Centre. The workshop followed on from the World Café and focused on discussions about the clinical and cultural governance of the Congress AMGP continuity of midwifery care service and provision of intrapartum care at Alice Springs Hospital. We are now in the process of planning for the Best Start to Life conference in October 2022, hosted jointly with the Molly Wardaguga Research Centre in Mpartnwe.

Ensuring up to date knowledge is at hand, Alukura clinicians Dr Katrina Lloyd, Maternity Services Coordinator Letitia Neate and Women's Health Nurse Patricia Archer, attended a two day 'Ultrasound' workshop at the Centre for Remote Health which provided training to assess foetal dating scans and basic morphology, and Dr Lloyd also attended a subsequent advanced ultrasound course. Aboriginal Liaison Officer Jacqueline Liddle and midwives Megan Williams and Annie Bleakley attended a two day 'Safer baby bundle' workshop in Darwin.

In partnership with the Jean Hailes Foundation, the Polycystic Ovary Syndrome (PCOS) project progressed through the year, with staff and client consultations for PCOS resource development completed in March 2022, following several delays due to COVID-19 restrictions and state/territory border closures.

The Menzies School of Health Research D-Kids Project was impacted by COVID-19 travel restrictions, reducing the project team's capacity to engage maternity client participation with the project. This project is to determine whether weekly vitamin D supplementation given to pregnant Aboriginal mothers and their infants reduces the incidence of acute respiratory infections in the infants' first 12 months of life. The project

recommenced, with new agreed referral processes and ongoing support from the maternity services team.

Alukura received several requests from government and non-government services that are set up to support young females. The services were primarily asking for assistance with information sessions about the women's body, reproductive cycle, sexually transmitted infections. This suggests there may be a need for a program like the Young Women's Community Health Education Program (YCHPE) that was developed and delivered by Alukura for many years, a consideration for the near future.



One of Alukura's beautiful young clients

INGKINTJA: WURRA APA ARTWUKA PMARA MALE HEALTH SERVICE

Ingkintja: Wurra Apa Artwuka Pmara Male Health Service provides male-only comprehensive primary health care service including a full suite of medical care complemented by social support services. Ingkintja's strong emphasis on engagement and preventative health has seen over 1,008 men provided services this year.



The Ingkintja Team visiting Mutitjulu with the Male Health Truck

Incorporated into the male-only service are showers and laundry facilities, male health truck, gym, and a Men's Shed. Ingkintja also delivers the Jaila Wanti prison to work program and takes the lead in supporting men in cultural activities across central Australia by providing equipment and medical support when requested by community leaders.

Ingkintja's hygiene facility continues to be a well-used space where men, many of whom are sleeping rough, come to have a shower, shave and wash their clothes. This is an important opportunity for engagement with the men about their health, and the team uses the opportunity to perform health checks, medical follow up and other necessary referrals to services to improve their health and wellbeing.

During the year, the men's shed and gym ran regular sessions that enable males of all ages to come together and access valuable skills such as fitness, comradery and practical life skills. This is a safe space for men to connect with each other and the service, and provides an opportunity for valuable health interactions. The team regularly hosted gatherings for male clients providing food and guest presenters who gave information about matters of importance in male health and wellbeing. To add to the capacity of the team, Ken Lechleitner and Terry Braun are working towards qualifications in Narrative Therapy and began implementing this in their work with clients with social, emotional, and housing issues.

The Ingkintja Male Health truck travelled to Mutitjulu twice this year and had great success building relationships with community members/elders while providing activities for community around health, self-worth and positive behaviours. The truck also travelled

to Santa Teresa and discussions are underway with other communities in the service footprint to lock in regular visits. This mobile male service is seen as a great way of engaging men in Central Australia, and although the reach was impacted by COVID-19, cultural business and sorry business in communities, it has already shown its value.

The Jaila Wanti program continued at the Alice Springs Correctional Centre. Sessions 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. Positive feedback about the program was received from the prison and several other organisations around Alice Springs, a testament to its importance and value.

Ingkintja adapted well to the changing pandemic environment, providing structure around the times and numbers of participants using Men's Shed and hygiene facilities and installing a window at the clinic reception to allow for safe triage. Patients with any symptoms were tested prior to entering the clinic and clinicians made good use of telehealth to ensure medications and scripts could be kept up to date.

SOCIAL & EMOTIONAL WELLBEING

Congress' Social and Emotional Wellbeing (SEWB) service provides culturally safe, responsive, trauma informed and client-centred care for Aboriginal people in Central Australia across the lifespan for holistic social, emotional/mental and cultural wellbeing while fostering community connectedness. Congress' SEWB services are delivered within a strengths-based "Three Streams of Care" multi-disciplinary model that embeds clients' cultural values and preferences and includes social and cultural support, psychological services and medical care. These services are based in Alice Springs and across other six remote communities around Alice Springs.

Throughout the year, 10,191 episodes of care were provided to 1844 unique clients through SEWB, including 652 episodes of care provided to 197 clients in our remote communities.

During the reporting period, town clinics were supported by a male and female psychologist, and an Aboriginal AOD (Alcohol and other Drugs) care management worker providing services across the week. Funding was received through PHN for a child-focused psychologist to work with children under the age of 12 who were experiencing, or at risk of, mild to moderate mental health issues.

Congress continued to deliver psychological assessment and intervention to clients in the Central Australian Aboriginal Alcohol Programmes Unit (CAAAPU) residential treatment facility, providing high quality individual intervention for men and women who are accessing the service to support recovery and relapse prevention from alcohol and substance use. Intervention was delivered to 135 unique clients in alcohol residential treatment facilities, including weekly psychological group programs for men and women.

Congress participated in the Alice Springs AOD sector meetings. A psychologist and the senior social worker attended these meetings, an invaluable platform for facilitating continued information sharing, updates and sector improvements between agencies.

Individual and group therapeutic programs were delivered to clients in the Alternatives to Custody program, three days per week. This is 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.

Congress received funding through the PHN to employ a mental health nurse to liaise 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 Congress 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.

Congress' partnership with Red Cross continued to facilitate weekly Women Together group meetings for women across a broad range of age groups. The women engaged in varied creative and therapeutic activities that they themselves requested, including painting and sewing, yoga, cooking, workshops focused on domestic and family violence, alcohol and other drugs reduction and parenting, and several bush trips. This group promoted positive social connections and self-esteem among participants.

Congress continued to strengthen the Social and Emotional Wellbeing remote service delivery model, building upon achievements over the last six years. Ltyentye Apurte was visited one day per week by a male and a female psychologist, with a female social worker (remote SEWB caseworker) living in the community. Ntaria was visited by a male and a female psychologist weekly, supported by a female remote SEWB caseworker and an Aboriginal male mental health worker based in the community. These team members also service the nearby Utju and Wallace Rockhole communities with outreach visits. Supported by SEWB, a successful women's group in Ntaria ran on a fortnightly basis, focusing on ways to keep strong, physically, mentally and emotionally. A monthly men's group ran also, 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. Mutitjulu benefited from regular three-weekly visits from a male and female psychologist to the community, complemented by a male social worker living in the community. The team partnered with Ingkintja Male Health's mobile clinic outreach during their visits, assisting with community health, domestic and family violence and STI awareness talks. GP health-screening services and chronic care consultations were offered to male participants. Two of these visits were made during the financial year. Amoonguna received services throughout the week from a female social worker, and by male and female Aboriginal AOD care management workers complementing clinic services.



The headspace IPS launch July 2021

Congress contracted Lukas Williams and Marnee Jarrett of Gan'na Healing to deliver two week-long workshops in Ltyentye Apurte and one in Ntaria. Both Lukas and Marnie are Bundjalung Aboriginal people who hold post-graduate qualifications in Indigenous Studies. The workshops integrate trauma informed principles and traditional Aboriginal healing practices to reduce the negative impacts of colonisation and associated trauma on communities. 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, Congress 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. Representation continued on the Central Australian Family and Sexual Violence Abuse Network (CAFSVAN), a local advocacy and networking forum promoting and advocating for policy, delivery and structural changes across whole of community for victims of family and domestic violence, and Congress continued as an active member of AADANT (Association of Alcohol and other Drugs Agencies in Northern Territory). This participation helped SEWB AOD team access affordable training opportunities, utilise peer approved AOD resources and tools and foster networks with other NT AOD agencies.

Through the SEWB manager, Congress was part of the Life Promotion Network for suicide prevention information sharing, collaboration and capacity building at agency level.

The teams participated in community engagement, joining other mental health providers in Central Australia for the Stress Less in the Park event, taking place in October during Mental Health Week. The team used this opportunity to target the mental health awareness message to younger age groups with creative plays and fun educating games.

SEWB facilitated a whole-of-Congress participation in the yellow day mental health awareness at the workplace in September 2021. The theme was "R They Really Ok," which encouraged work colleagues to check on each other and encourage professional help where needed. A goal for 2022 is to better include our remote colleagues.

Congress is the lead agency of **headspace** and as such is responsible for the clinical services that are provided (both medical and psychological) and the direction the service takes for young people between the ages of 12 to 25 in Alice Springs.

In the last financial year headspace Alice Springs provided 2331 occasions of service to 428 young people between the ages of 12 to 25 years, of which 40% were delivered by a GP. Of those, 26.3% identified as being Aboriginal or Torres Strait Islander, 9% describe themselves as culturally and linguistically diverse, and 21.6% describe themselves as LGBTQI.

Facilitation of a specialist social group for young people with autism spectrum disorder continued through the year, providing specific engagement for clients with this diagnosis.

headspace is now about one year into the Individual Placement and Support (IPS) program, a stream to support young people to engage with study and vocational pathways and has consolidated its partnership with Yirara College, continuing to provide in-reach psychology services to students at the school.

Funding was received from headspace National to embed a cultural advisor in the centre, a local Arrernte woman joined the team, strengthening the services ability to be culturally responsive. An exciting project in development is the integration a cultural healing component into the service delivery model through partnerships with other local organisations delivering these services.

Additionally, the establishment of a headspace outreach service to Yulara and Mutitjulu communities has progressed. Consultation is underway with these communities to design a service which is responsive to the community needs. This service looks set to launch in the final quarter of 2022.

At the beginning of 2022, headspace Alice Springs successfully passed the headspace model Integrity framework (hMIF) audit. This a 3 yearly extensive fidelity audit, necessary to retain the headspace Trademark License.



Stress Less in the Park



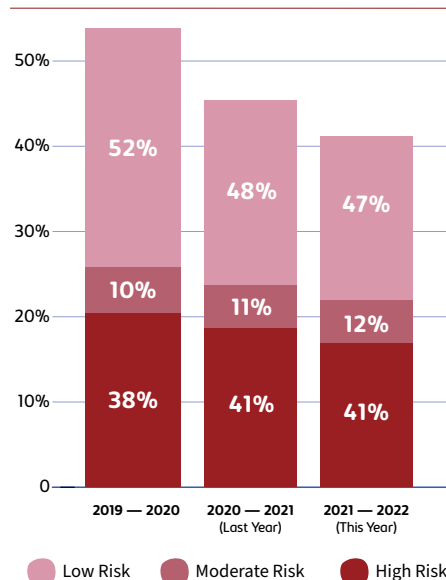
Sabella Turner and Margie Lynch at the launch of headspace's 'take a step' campaign

KEY PERFORMANCE INDICATORS

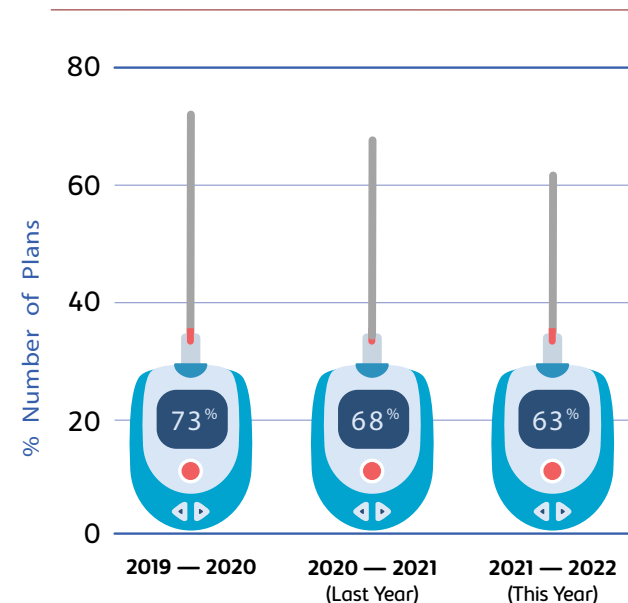
Typically, testing rates were better in remote locations than in town, reflecting the hard work that was done in remote clinics to maintain continuity and staffing. In contrast, clients in town were less likely to present to the clinic for non-acute reasons, and during the peak of the outbreak at the start of 2022, people were encouraged to stay home to avoid infection and Gap Clinic was providing care for all town clients, including through telehealth.

Across most priority areas, testing rates continued to decline, although it seems testing was focussed on people who had clinical indications for testing to take place (rather than testing well people with health checks which declined), we therefore continued to identify people who needed treatment. A good example of this is the decline shown in cardiovascular testing rates compared with the similar percentage of high-risk patients identified to previous years. Also, fewer people underwent HbA1c tests, but a higher percentage were identified as having an HbA1c of less than 7%; meaning that their condition is being well managed. This could reflect that people with more poorly controlled diabetes accessed care less, highlighting the need to focus on the most at risk clients and get them re-engaged with health care now that the pandemic has stabilised.

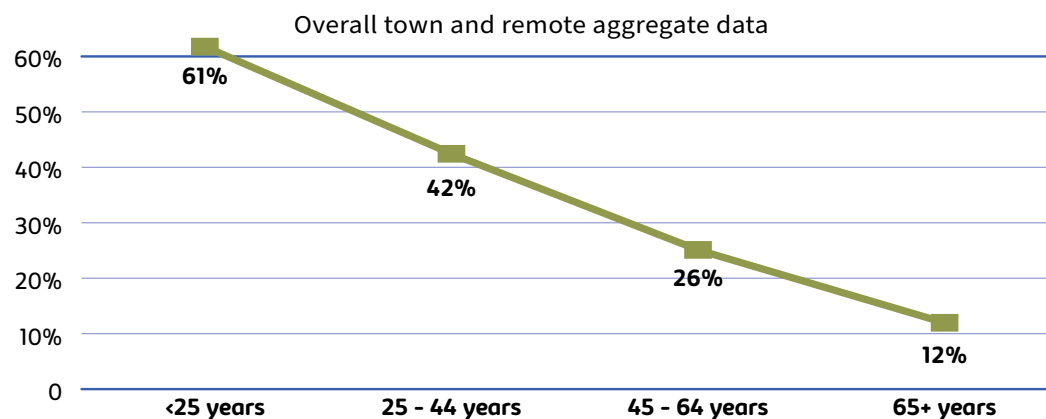
Cardiovascular Testing



Diabetic Care Plans issued



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

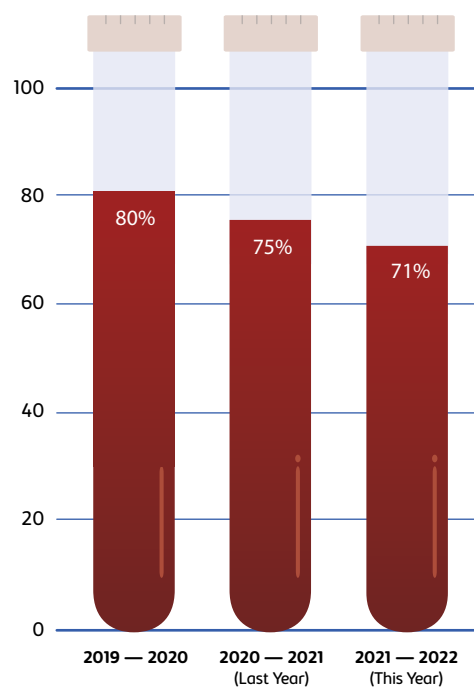


HbA1c testing

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

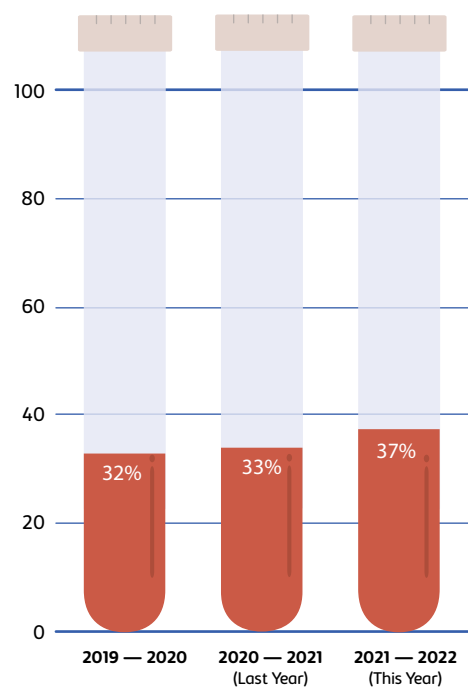
TESTING RATES

% Percentage of all clients

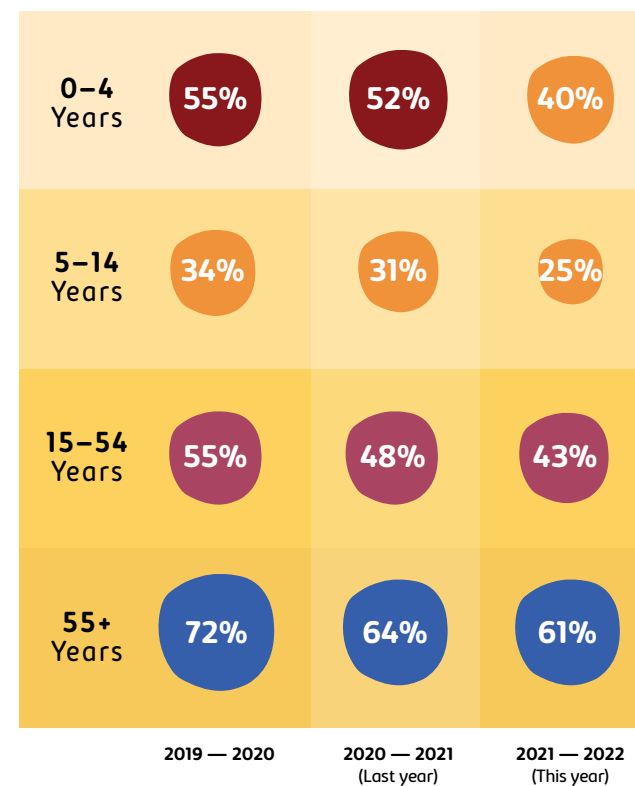


TESTING RESULTS

of less than 7%



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 2021–2022 we tested 60% clients for Anaemia.



COVID-19 RESPONSE

From the start of this reporting period, Congress' COVID-19 testing service, including home visiting capacity, continued through Congress' Respiratory Clinic. Vaccination was the major focus for the organisation while all were in a state of waiting and preparing for the inevitable outbreak in the region. Congress conducted an outreach program in Alice Springs town camps during July and August 2021 to try and lift vaccine rates for these at-risk communities. This was led by Aboriginal community engagement officers who worked alongside nurses to talk to our people in a culturally safe way and build the trust that was needed.

The Congress led vaccination intensive program (VIP) commenced, with pop-up clinics in local shopping centres and at football games, and further outreach programs across public housing, hostels, aged care facilities and town camps. This program was supported by a financial incentive in the form of a \$25 shopping or store voucher to be given to every client vaccinated. Desktop research was undertaken on the effectiveness of such incentives, the evidence indicating that they were likely only marginally effective.

Despite this, given the high level of risks and the relatively low vaccination rates in our communities it was decided to proceed. While there has been no formal review of the effectiveness of the incentives, anecdotal feedback indicates that they were well-received. An impression is that some of those with a 'wait and see' attitude were persuaded to get vaccinated rather than wait. However, it is clear that the greatest motivator for people to get vaccinated was when there were outbreaks and lockdowns in the Northern Territory – at the Tanami

mine for example in July 2021, and in the Top End and Katherine region later in that year. This is what happened in the big cities as well when they had their outbreaks.

The VIP gained funding from the commonwealth and became the VAP (Vaccine Acceleration Program). The funding meant the program could continue as it had been operating, plus Congress would support NT Health through providing Aboriginal engagement officers to work in areas not serviced by Congress.

Throughout this time, community consultation continued, and evidence was put in front of community members so they were able to make informed decisions about their health and the health of their families. Facts, data, like stories from other places were shared, and we developed campaigns to persuade emotionally. A television campaign was developed based on two concepts: "Dying Alone" which depicted a man dying in hospital while his family said goodbye via an iPad, outside (based on the highly restrictive hospital isolation measures at the time) and "The Fighter" that compared the vaccine to a well-trained boxer, defeating COVID-19. A web series was developed aimed at dispelling misinformation by using community members to frankly talk about the information they were provided. The series, called "True or Gammon" was very popular due to its use of honesty, real people and humour.

These efforts were often hampered by misinformation, and by poor access to data about immunisation rates at a local and regional level. It took some time to reach agreement that Aboriginal-specific AIR data could be publicly released at the local government area level. This was the most accurate data as it included immunisations given anywhere and not just those given by a local health service.



December saw events take place that led to the most significant outbreak in the Northern Territory, and the first in our region. It was clear for some time that Governments were planning to ease travel restrictions as vaccination rates increased. However, the argument of Congress and other Aboriginal organisations such as AMSANT and Land Councils was that the borders should remain closed until vaccination rates for Aboriginal people aged 16 and over were at 90% or more. This was based on modelling from the Doherty Institute, and on the greater risk of the new Omicron variant.

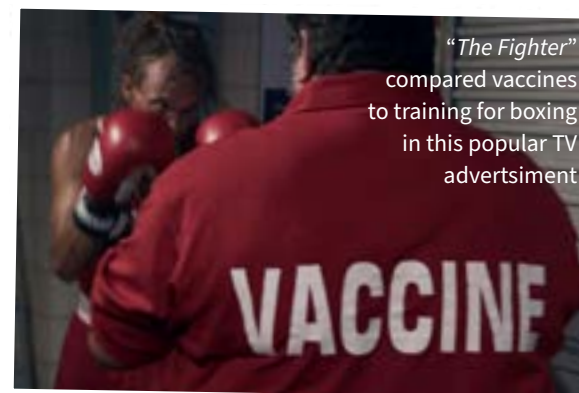
There were also concerns that opening up at Christmas would lead to an outbreak at a time when the health system was poorly staffed and that this would affect the health system's capacity to respond.

However, the Government pushed ahead with opening the NT borders to vaccinated travellers from 20 December 2021. This led to immediate widespread and uncontrolled community transmission. Unfortunately, even though it was predictable that this would happen, it was not until late on New Year's Eve that government introduced an indoor mask mandate and by then it was too late to be significantly complied with at New Year's Eve Parties. It was at this point that we believe a great deal of the good work that had been carried out previously was undone, particularly in Central Australia.

Congress' critique of the outbreak response is well known. An open letter to the Chief Minister was published late in January, written in partnership with other Aboriginal organisations. This letter detailed the issues and suggested some solutions. This critique was not aimed at individuals in the health system: everyone was doing their best in a time of crisis and uncertainty. But there were some system failures that should have been foreseen and addressed.



Strong, emotional messages were shared in "Dying Alone" to encourage vaccination.

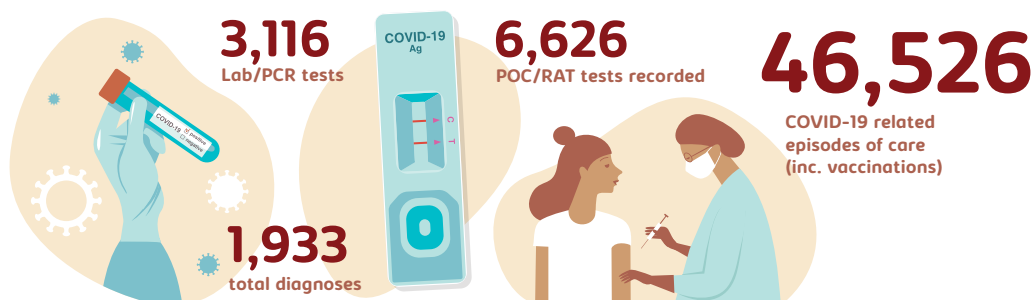


"The Fighter" compared vaccines to training for boxing in this popular TV advert

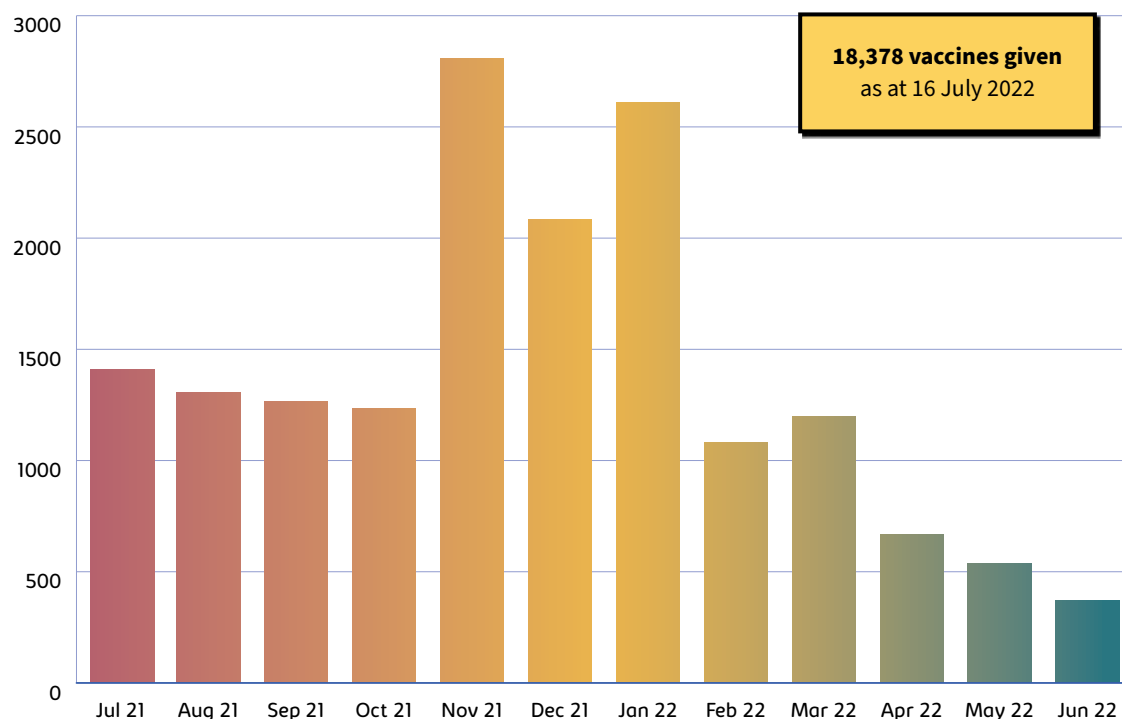


Larissa Meneri and Genise Williams busting myths in *True or Gammon*, a funny and down to earth web series that challenged misinformation about COVID-19 and vaccines

COVID-19 Episodes of Care



COVID Vaccines given at Congress by month



First and foremost, it seemed that many of the plans that had been so exhaustively made during 2020 and 2021 were abandoned almost immediately when the outbreak hit in 2022. This was particularly true in relation to providing, immediate supervised isolation for those community members who had tested positive but could not safely isolate at home.

All plans agreed that positive cases would be removed immediately from such households; in reality many were left in crowded households for more than 48 hours by which time the virus had spread within and between households and then to other town camps, remote communities and houses.

TTIQ (Test, Trace, Isolate and Quarantine) responses were abandoned very early such that when there was a super spreader event at a New Year's Eve Party in Alice Springs it was already deemed not appropriate to take this approach. From this event the virus took hold in town camps and remote communities very quickly.

The workforce capacity for TTIQ of course was dramatically reduced due to the Christmas / New Year leave period and so the system was rapidly overwhelmed. Much of the responsibility for TTIQ in relation to the Aboriginal community was transferred from government to Aboriginal primary health care services.

Significant numbers of Congress staff were quickly redeployed to TTIQ in an effort to slow the spread of the virus and provide more time to continue to increase vaccination and respond to new cases. This was highly taxing work and staff were stretched to breaking point. Data systems also broke down and it was some time before there was a strategic picture of numbers of cases by region or locality, information which was essential for a coordinated and planned response. It also became apparent that the number of COVID deaths in line with



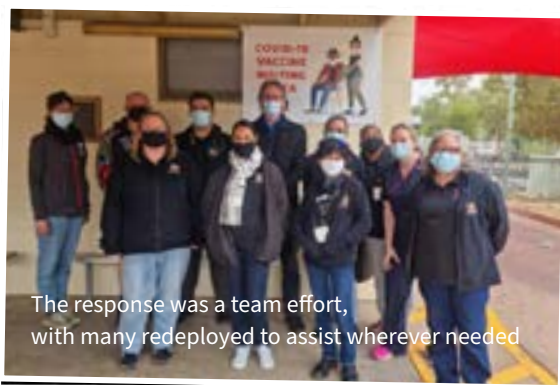
Residents of Anthepe Camp line up for vaccines

the nationally agreed definition was being significantly under-reported This information was vital for services but also to help convince people who were still vaccine hesitant that they needed to get vaccinated.

During all this, health staff – in Congress, in other Aboriginal organisations, and in government – worked long, stressful, exhausting hours. A great deal is owed to them as it is thanks to their efforts that the number of infections and deaths has not been greater.



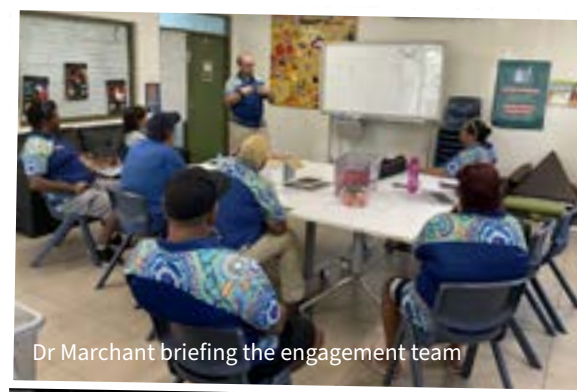
Cedric, Joy, Sabrina, Kiarma and Angela at Hoppy's Camp getting vaccinated against COVID-19 to protect their community



The response was a team effort, with many redeployed to assist wherever needed

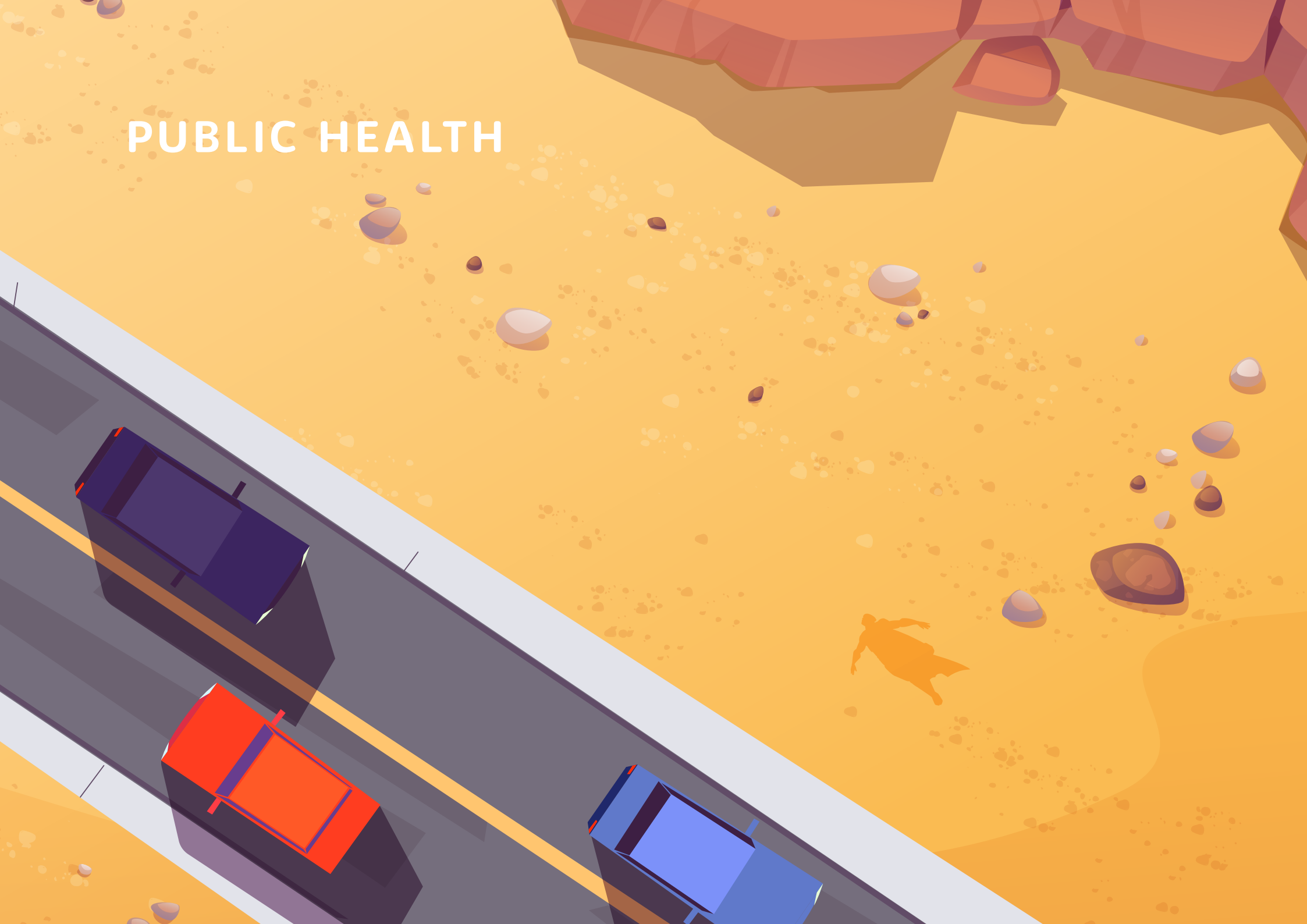


Aboriginal Engagement Officers were key



Dr Marchant briefing the engagement team

PUBLIC HEALTH



HEALTH PROMOTION

Congress had another strong year in health promotion, delivering health promotion and prevention messages across Central Australia. Strong partnerships were built with stakeholders and services across the region enabling greater reach in program delivery.

The **Tackling Indigenous Smoking (TIS)** team continued to deliver activities across Alice Springs and Congress remote sites, including sessions in schools, community education, community events and workforce development. Congress was successful in receiving additional funding to expand the reach of the program to include Yulara, Kaltukatjara (Docker River), Yuendumu, Imanpa and Papunya, enabling wider distribution of vital tobacco related information and engagement for Central Australian Aboriginal people than ever before.

Tobacco-related workforce development was delivered to local organisations. This included Children's Ground and MacDonnell Regional Council, who we assisted to develop and implement smoke-free workplace policies. The team continued to work with local schools and organisations including Karen Sheldon Employment, Waltja, DESART, The Waterhole (Salvation Army), Alcohol and other Drug Services Central Australia (ADSCA), Voyagers Yulara, Tangentyere Council, and STARS. Internally, health promotion officers continued to refer clients for clinical support to stop smoking, and partnered with Congress' Oral Health team and Respiratory Rehabilitation Group. Health promotion stalls were conducted in public areas and at events in the community, including Stress Less in the Park (Kids and Adults), Mpartnwe's NAIDOC Community Day, Puyu Wanti Football Carnival (Papunya). The extremely popular World No Tobacco Day Colour Smash Fun Runs were held in both Santa Teresa and

Papunya. Through these channels priority populations were engaged using interactive education to provide information about the harms of first, second and third hand smoke, the cost of smoking and the dangers of smoking while pregnant. People were asked to sign pledges to keep their cars and homes smoke free, and were given "Smoke Free Car" stickers and "Smoke Free Home" door mats to let people know that smoking was not welcome inside.

Smoke Free Pregnancy groups were commenced in town and at Santa Teresa, providing a safe space for pregnant women to be supported to stop smoking for their own health as well as for their baby.

Public messaging was provided throughout Central Australia and beyond. Television commercials aired through mainstream stations and to remote communities through Indigenous Community Television (ICTV), and through targeted placement in key events like the Olympic Games and AFL finals, as well as the CAFL finals locally. The campaigns around cost of smoking, and reasons to quit were adapted for radio and aired through the CAAMA and RIBS networks, reaching all of Central Australia. Additionally, messaging continued to be delivered through social media platforms, supplementing and strengthening the television and radio campaigns and promoting engagement.

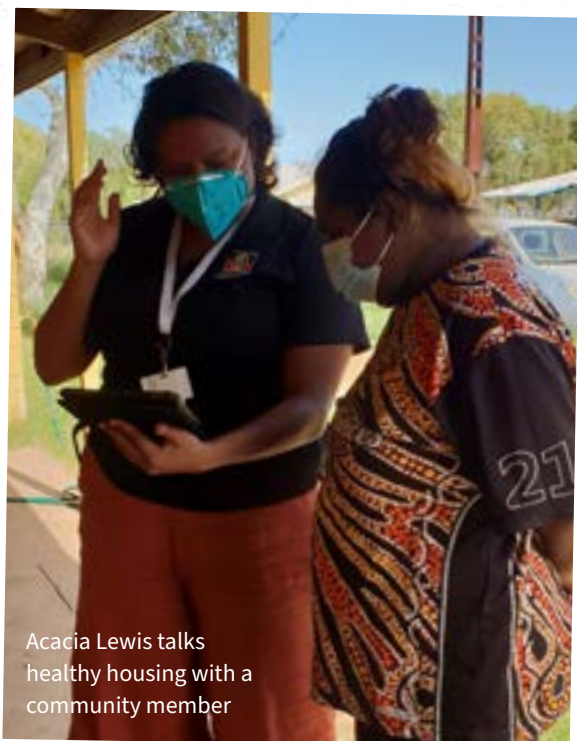


Community members pledging to make their homes smoke free!



Filling the sky with colour, not cigarette smoke, at Papunya

The **Healthy Housing Program** is designed to identify issues within remote housing that may impact residents' health and how the responsible organisations address these issues. In the program's pilot phase, more than ten houses in two remote communities were audited. The audit tool was designed and developed in collaboration with the University of Melbourne's Indigenous Eye Health and other partners. Using the application on an iPad streamlines the auditing process. In addition, a Healthy Housing Officer, Acacia Lewis, was recruited to conduct audits and attend relevant workshops and conferences to advance within the role.



Acacia Lewis talks healthy housing with a community member

The **Redtails Pinktails Right Tracks Program (Right Tracks)** leverages sports (AFL, softball and netball) as a vehicle to engage young people and deliver quality health promotion programs that cover health and wellbeing, leadership, domestic and family violence, tobacco, alcohol and other drugs and sexual health. During the year, thirteen sporting clubs and four other organisations signed up or have engaged with the Right Tracks Program.

In addition to running program sessions with sporting teams and clubs, this financial year saw Right Tracks develop new initiatives like the Rusted Gems initiative (in partnership with the Red CentreNATS) where old cars are restored with the goal of entering them in the Red CentreNATS event. As is achieved with sport, the activity of fixing the cars is used as a way of engaging new participants into the health and wellbeing program. Rusted Gems has three teams now, with participants from Yirara College, Papunya Community and recently, Yipirinya School.



Talking to a young fella about healthy choices



Cuz Congress' wheels - old and new, at Red CentreNATS



All set up for action at Stress Less in the Park



Fellas from Yirara College with the new Cuz Car.. before

During the year Right Tracks also added to their program: COACH Central Australia, an AFL Coaching program to help assist coaches in their development; the Redtails Pinktails Academy – Central Australia AFL Talent pathway in partnership with the SANFL, North and South Adelaide; Footy Foundation Program in partnership with AFLNT and Northern Territory (NT) Corrections and Yipirinya Football Club – in partnership with Yipirinya School. These programs are all built with the same overarching goals, to better develop young people through sport.

Finally, Congress was successful in gaining funding to reduce the harms of gambling in the community. The **gambling amelioration** grant funded a small team, comprising of a full time Aboriginal health promotion officer and a part time (0.4 FTE) communications officer, who will work together to implement local health promotional activities and an integrated social marketing campaign with a focus on developing culturally appropriate messaging around the prevention of gambling.



And after!

RESEARCH



A collection of illustrations by Frank McLeod, commissioned for the Doing It Right Project



Congress' Research program consists of both internal and external research projects, including evaluation projects. Since 2014, more than 90 research applications have been submitted to Congress, with the Board approving the majority of those applications and two-thirds being external.

Aremella Arratyeny-ileme - Doing It Right: Research Knowledge Generation and Translation in Central Australia' was completed in 2021 the resources and report have been available for researchers to use since they were launched at the start of 2022. The project has already helped Aboriginal community members, the health services, and the board members better understand health research processes, benefits, and outcomes, empowering them to become equitable partners and drive the research agenda. The Doing it Right guides are available on the Congress website.

'Potentially avoidable hospitalisations' is an internal project (formal title: Impact of primary health care services on potentially preventable hospitalisations of Aboriginal people in central Australia and Barkly region). This project aims to understand the impact of Aboriginal patient attendance to Primary Health Care Services on both potentially preventable hospitalisations and mortality. It brings together a mix of expertise, services and organisations to achieve these aims, including Menzies School of Health Research, NT Department of Health, SANT Datalink, several ACCHS in addition to Congress and AMSANT our peak body. Because of the importance of this research, the scope has expanded since its inception. The research is progressing, with the first stage of data linkage - demographic data extraction - complete. However, there have been some delays in project delivery, primarily due to complexities arising

from health services' limited capacity to engage in the research approval process and, more importantly, the prioritisation of the public health response to the Covid-19 pandemic.

Congress is participating in the VOICE (Validating Outcomes by Including Consumer Experience) research project, which is external research. The project, funded in 2021, aims to develop and validate a Patient Reported Experience Measure for Aboriginal and Torres Strait Islander people accessing primary health care. This tool reflects the values and world views of Aboriginal and Torres Strait Islander peoples for use by primary health care services to improve the quality of care they provide. The new PREM will satisfy accreditation requirements and be available as a CQI measure for patient-centred care by services. The project is due for completion in 2024. The project investigators visited Congress sites in May 2022 and plan to return later this year to collect data.

The Congress Arruleny (History Project) has continued to progress attracting significant new funding to enable it to complete its important work. Congress achieved commitment of additional support for the History project in 2022 from Aboriginal Benefits Account (ABA) and previously in 2021 Central Australia Academic Health Science Network (CAAHSN) and Indigenous Health Division (Aust Dept of Health) enabling us to partner with NT Government's Population and Digital Health Unit and Menzies School of Health Research to analyse changes in Aboriginal health in Central Australia over time, and enabling us to develop a digital platform for community access to photos, videos, oral histories and reports that show Congress history.

The initial release of data for the quantitative component of the study has shown major improvements in health outcomes over time, especially since the advent of the

Primary Health Care Access program and access to the Medicare Benefits Schedule (MBS) and Pharmaceutical Benefits Scheme (PBS) Life expectancy, median age of deaths, years of life lost before age 65 have all improved significantly and the gap has been closing. There is also an impressive story to tell about the decline in alcohol attributable hospitalisations as a result of different iterations of supply reduction measures. The reduction in alcohol consumption amongst pregnant women is especially pleasing and this is part of the overall reduction in alcohol consumption over time. Now we have the data a timeline of key historical events will be used to interpret what may have contributed to different improvements. The qualitative part of the project has continued on, with digital recording of key historical archives. One very interesting finding from these archives was the uncovering of a media release by facsimile that Congress sent in 1984 highlighting the fact that there were no Aboriginal people on juries and the systemic barriers to addressing this. Sadly, this history recently repeated itself.

This year Congress completed its first full internal evaluation project since establishing its own internal evaluation section several years ago. The project, an Evaluation of Congress's Integrated Team Care (ITC) – Chronic Disease Care Coordination program was a two-year project conducted between June 2020 and July 2022 in a partnership between Congress and Menzies School of Health Research, and funded under a Northern Territory Primary Health Network (NT PHN) ITC Care Coordination Improvement grant. The project was approved by the Central Australian Human Research Ethics Committee (CAHREC) ethics approval #CA-20-3821.

The evaluation aims were to:

- Evaluate the delivery and impact of the ITC Program on clients' health and wellbeing to inform continuous quality improvement; and
- Establish a monitoring and evaluation (M&E) framework to measure, improve and evaluate the program/ care coordinator roles and their value to patients, Congress, other community services, and the broader health system.

In addition, the evaluation aimed to gain insights into the experiences of program clients and service providers; and to contribute to the evidence base of what works in care coordination for Aboriginal people with complex chronic diseases in Central Australia.

The evaluation found that Congress's ITC Care Coordination program is an important and valued component of Congress' comprehensive approach to primary health care. Without targeted funding for care coordination, it is likely that the needs of 'hard to reach' clients, often with multiple chronic diseases and complex medical and social needs, and who face barriers accessing or engaging with health care, may slip through the cracks, with consequences including increases in hospitalisations, decreased quality of life, increased disability or mortality. In particular, the renal care coordination stream demonstrably ensured timely access to outreach-based primary health care for clients with end stage kidney disease.

Findings from the evaluation were used to inform development of a service-level monitoring and evaluation (M&E) framework, intended to improve data collection and enable improved evaluation of program performance and outcomes in future. The framework is expected to be piloted in the coming 2022-2023 financial year.

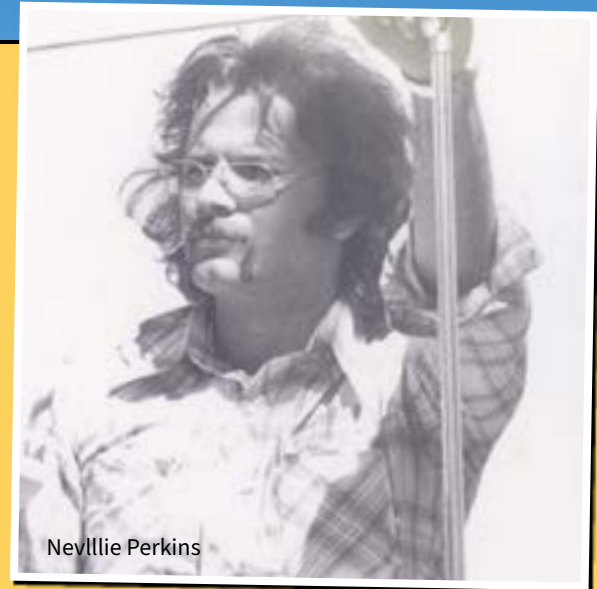
CONGRESS FOUNDER RETURNS

Congress founder, Neville Perkins spoke to a forum for staff and invited guests about Congress in the early days, as part of Congress Arrulenye (History Project).

In April 2022, Congress founder Neville Perkins returned to Mparntwe to visit Congress as part of Congress Arrulenye (History Project). While here, he was the guest of honour at a forum for staff and invited guests about Congress in the early days. Neville Perkins was born and grew up in Mparntwe, then went to Sydney to Newington School and Sydney University. He was just 21 years old when he founded Congress in 1973. He worked with people in town and from bush communities to get the Aboriginal Legal Service (CAALAS, now part of NAAJA) established in 1972, then Congress in 1973. Later he helped with getting other Aboriginal organisations going in Central Australia, and spent some time in politics.

He was also the first Aboriginal General Manager of Aboriginal Hostels and Imparja TV, and served as the Registrar of Aboriginal Lands in NSW.

Joining him at the forum were Geoff Shaw, Eileen Hoosan and Dawn Mack Ross, some of the original Congress staff members and valuable community leaders. They talked about the importance of history: “when heading to the future you have to take the past with you.” Congress was established of the people, by the people and for the people. There was a lot of racism and opposition to overcome. Unity was critical. Community people had the dream of having an Aboriginal run health service. 49 years on we are a health service of the people, by the people, for the people.



Neville Perkins



Dawn Mack Ross, Eileen Hoosan, Neville Perkins and Geoff Shaw

Congress thanks the hard work and dedication of these people, and many others, in those early days. It was instrumental to the health of Aboriginal people living in Central Australia from then and to this day.

Eileen Hoosan appreciated being part of this forum. She said “*it was good for Neville to be given recognition and respect. Without Neville we wouldn’t have Congress*”.

She’s also happy for the future of Congress; “*Congress is in good hands today with strong leadership. Chairman Graham Dowling has a good relationship with Tangentyere President. Donna Ah Chee is an excellent CEO, and my favourite, Dr Boffa. He reminds me of Dr Cutter – compassionate and caring.*” (Dr Trevor Cutter was the first doctor to work at Congress).

CONGRESS ARRULENYES STORY: COMMUNITY CONTROL

Congress Arrulenye (History Project) has shared some wonderful stories throughout the year, including this reflection on how it all started.

When Congress was established in 1973, Aboriginal people were not being consulted about things that affected their lives. Congress spoke up for Aboriginal people to be involved in solutions to the serious health problems that they were experiencing. These problems had come about because colonisation had degraded and disrupted Aboriginal people's traditional foods, water sources, living conditions and Aboriginal ways of life. Aboriginal people formed Congress to be their voice across central Australia. In the early days the main decision-making body of Congress was called the Council. It represented Aboriginal people in town and remote communities. A smaller group, the Congress Cabinet, took decisions between the big Council meetings.

As well as starting a health service in town, Congress supported remote communities to establish their own health services under their own control. Dr Trevor Cutter, the first Congress doctor, developed an Alternative Health Model in the mid 1970s based on research with Aboriginal people in Papunya and Utopia. Dr Cutter said a community development health focus was needed, together with community control of housing, education, family services and food.

Congress support for community control in health was part of a global movement starting in the 1970s. The World Health Organisation recognised the importance of community control in 1978 in the Alma-Ata Declaration



Congress AGM at Gap Clinic 1997

on Primary Health Care. The declaration states that all people have a right and a duty to participate individually and collectively in planning and implementing their health care. It says that primary health care relies on community and individual self-reliance and participation. This is very much like the Alternative Health Model that Congress drew up in the mid 1970s. Today, the Board of Directors is the key structure for community control of Congress. The Board governs the corporation and oversees the programs and services that Congress provides. Congress also relies on members to keep informed about the needs of our community and how health services are delivered.

For the six remote communities where Congress staffs the health clinics, Congress works closely with Boards of Directors elected from those communities. Also, representatives of the remote boards sit on the Congress Board of Directors. Congress also consults with community members through events and activities in the community, through its Aboriginal Staff Advisory Committee which represents the 40% of Congress staff who are Aboriginal, and through evaluation and feedback on planning and delivery of its services.



AGM in Willowra in 1980

HEALTH POLICY

Advocacy is, and has always been, at the heart of Congress' work. A key part of our role as an Aboriginal community controlled health service is to be a voice for our people. This includes ongoing advocacy and action on the social, cultural, economic and political determinants of health, as is set out in our Strategic Plan.

Responding to the ever-evolving COVID-19 pandemic continued a focus for Congress' public health policy and advocacy activity throughout 2021-22, especially regarding vaccination, testing, workforce and outbreak management.

We advocated strongly that government policies and programs protected the health of Aboriginal people in Central Australia and beyond. Many of these actions led to or supported changes in government policy and practice, though often after some delay.

Highlights of this advocacy include articles published in *The Conversation* (*Vaccinations need to reach 90% of First Nations adults and teens to protect vulnerable communities*, by Paul Komesaroff, Donna Ah Chee, Ian Kerridge and John Boffa, published 14 September 2021), and *Croakey* (*Aboriginal communities across Australia must be safe before we open up*, by Donna Ah Chee and Marie McInerney, published 1 September 2021).

An important part of Congress' role as an advocate is to use every opportunity we can to speak out about the needs of the communities we serve. This includes writing submissions to government (at both the Commonwealth and Northern Territory level) on issues that impact on our peoples' health. We use these submissions as opportunities to talk about the important work that our staff are doing and the impact that Congress has on our

peoples' health and wellbeing. Congress has grown over almost 50 years to be a very influential voice, one that governments listen to.

During this reporting period, the Health Policy team implemented a series of 'Advocacy in Brief' posts on the Congress website as a summary of Congress' advocacy and policy submissions. Topics covered by Advocacy in Brief website posts during this period include:

- Indigenous Voice
- FASD Senate Inquiry
- Climate Change
- NT Treaty.

Congress continued to advocate on a range of matters through making written submissions to inquiries and other government processes. This included:

- Responding to the draft recommendations from the Primary Health Reform Steering Group on the Australian Government's *Primary Health Care 10 Year Plan* (July 2021),
- Input to the NT Gender Equality Action Plan 2022-2025,
- A submission to the Senate Inquiry into the *Purpose, intent and adequacy of the Disability Support Pension* (July 2021),
- Responding to the Department of Social Services Consultation Paper: *Implementing the successor plan to the National Framework for Protecting Australia's Children 2009-2020* (August 2021),
- A submission in response to the NT Department of Education's *Education Engagement Strategy: Discussion Paper* (August 2021),
- A submission to the NT Inquiry into Local Decision Making (August 2021),

- A submission to the *National Climate Resilience and Adaptation Strategy* (September 2021),
- A submission in response to the *Northern Territory Treaty Commission Discussion Paper* (October 2021),
- A submission to the *10-Year Generational Strategy for Children and Families in the Northern Territory* (October 2021),
- Letter to cross-bench Senators urging them to oppose the *Electoral Amendment (Voter Integrity) Bill 2021* (November 2021),
- Response to the draft *Northern Territory Legislation for National Preventative Mechanism – Optional Protocol to the Convention Against Torture (OPCAT)* (February 2022),
- Response to the *Northern Territory Strategic Water Plan Directions Paper* (February 2022)

We also participated in and contributed to a number of consultations and workshops, including input into the National Aboriginal Community Controlled Health Organisation's (NACCHO's) Health Sector Strengthening Plan; consultation on the NT Generational Strategy; and contributing to the SNAICC Family Matters Report, the Central Australia Maternity Services World Café workshop, and workshops on the Model of Care for Youth Detention Centres in the NT.

In September 2021, Congress appeared as a witness to provide evidence the Disability Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, which focused on First Nations children with disability in out-of-home care. We highlighted three key areas to the Commission:



Donna Ah Chee, Dr John Boffa and CYATS paediatric clinical neuropsychologists, Amelia Paterson and Hannah Blaine attending the Disability Royal Commission

- The importance of ensuring that all Aboriginal children under 7 years old with developmental delay are detected as early as possible and placed onto an Early Childhood Early Intervention NDIS plan;
- That the model of our CYATS team to undertake comprehensive, multidisciplinary assessments for children who need it is funded and resourced by Commonwealth or state/territory governments; and
- The key need to establish therapeutic secure care rehabilitation facilities for young people with neurodevelopmental and other disabilities who are justice involved, to get these young people out of detention centres once and for all.

In October 2021, Congress appeared and provided evidence to the Senate Inquiry into the purpose, intent and adequacy of the Disability Support Pension. Congress also provided representation to the NT Legislative Assembly Public Accounts Committee's Public Hearing on Local Decision Making in October 2021.

Congress continued to be involved in discussions related to climate justice for Aboriginal people in our region, which included convening the Central Australia and Barkly Region Aboriginal Climate Justice Alliance; contributing to the Lowitja Discussion Paper on Climate Change and Aboriginal and Torres Strait Islander Health; and presenting to the Healthy Environments and Lives (HEAL) Network conference in November 2021.

The Policy team, under the direction of the CEO and Executive, also led the development of the Congress Corporate Business Plan for 2022-23, as well as reporting to the Board of Directors on the implementation of the Strategic Plan in line with the Five-Year Action Framework.

CONTINUOUS QUALITY IMPROVEMENT

Continual service improvement is embedded across all Congress programs and services, supported through our dedicated Continuous Quality Improvement (CQI) team. The team works across the Congress network to focus on standardising services, continuously measuring performance, identifying areas requiring improvement and facilitating the implementation of solutions for service improvement.

As for all in the sector and beyond, CQI activities were heavily impacted by the pandemic. There were limitations on, at times or no capacity at all to run workshops and groups during the height of the NT outbreak. The service took on a more supportive, behind the scenes approach to supporting clinics before being called upon to assist with the Vaccine Intensive and Accelerations program. During the outbreak, nursing staff were redeployed to join Congress' contact tracing and testing efforts within the community. Additionally, the sexual health coordinator was redeployed to Tennant Creek at the height of the community outbreak to assist with COVID-19 point of care testing. An unintended benefit of redeployment was that CQI staff were able to integrate with teams, gaining a better insight about how things operate on the ground, and being able to offer suggestions for improvements in efficiency through sharing of knowledge.

Despite the year's limiting factors, many CQI activities were still integral to the organisation and were completed by the team. This included the implementation of a major upgrade to Congress' health information system, Communicare, which brought the system in alignment with that of Services Australia.

Congress remained committed to limiting the impact of the pandemic on sexual health outcomes in the community, maintaining ongoing sexual health support behind the scenes through the completion of follow up and recall processes for closed and/or understaffed clinics. Sexual Health Aboriginal Liaison Officer, Bradley Braun and Sexual Health Coordinator, Roisin Steward were invited to present at the National Syphilis round table meeting outlining successes and challenges. The presentation was very well received by all in attendance.

Funding was secured for both the Hepatitis B project and Enhanced Syphilis Response. Unfortunately, recruitment challenges saw the Enhanced Syphilis Response program at full staffing capacity for only six weeks.

After the need was identified through a local network with Alice Springs Hospital on antimicrobial stewardship, CQI Pharmacist, Lisa Wark worked with Female Lead Aboriginal Cultural Advisor, Sabella Turner and Congress' communications team to develop an accessible, plain English information flyer to better explain antimicrobial resistance. This was presented at the CQI collaborative, with Lisa's presentation on antimicrobial stewardship. It was well received and will now be shared throughout services within the Territory by request. It is hoped that this is the first of many of these collaborations aimed at increasing health literacy.

A steering committee was formed to progress the merging of Congress' health information systems to provide more cohesive service to clients through better shared data across Congress clinic sites. Funding and business plan reports were submitted on deadline, and a second data position was created to better cater for the growing needs of the organisation.

The 2021 Client Satisfaction Survey was completed by Ninti One, with the report made available in September 2021. The responses received were representative of Congress' client population in terms of age. About 42.58% of the total responses were received from adults aged between 20 and 29 years. In terms of gender balance 39.45% of respondents were male, 59.84% were female and 0.71% preferred not to answer. There is a small under-representation of males relative to their service usage. There was a very high level of overall satisfaction with Congress service, with clients reporting very good access to Congress services. 57% of clients would prefer to be spoken to in a language other than English and importantly, respondents felt that communication was respectful and culturally safe and that their privacy and confidentiality was always respected. Constructive feedback was provided about improvement of wait times/more appointments which can be attributed to staffing numbers. Work is being done to review and implement and updated clinic service delivery model which will aim to address these factors.

2021 CLIENT SATISFACTION SURVEY



95 %

either strongly agreed or agreed that clinics are well located for access.



96 %

of clients were happy with the location of the clinics.

97.97 %

of respondents agreed that overall they are satisfied with Congress services.

99 %

were happy that Congress has now more than one clinic in Alice Springs.



95 %

said that it was easy for them to get to the clinic the day they were surveyed

HUMAN RESOURCES



HUMAN RESOURCES

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

During the financial year, the **Employee Relations** team was expanded to facilitate existing projects as well as to increase the team's ability to respond to the needs of the organisation more effectively.

Work with vendors continued, progressing towards the introduction of new human resources information/management systems, due to go live in coming months. These processes were delayed at the vendor end due to difficulties associated with the pandemic. The Enterprise Agreement negotiation processes continued with bargaining representatives. This resulted in a new proposed agreement that is set to be implemented early in the new financial year. This agreement is geared at modernising some elements, realigning job classifications, and providing conditions that continue to place Congress as an employer of choice.

The announcement and implementation of the vaccine mandate took a significant volume of resources, with a full-time staff member assigned to coordinate and monitor the compliance of all staff, and therefore the organisation. Compliance processes have been an important part of ensuring that expectations of our funding bodies are met. A new compliance check was initiated related to NDIS screening. This will be embedded into the new human resources management system ensuring an efficient process of notifying relevant staff this is required for their role.

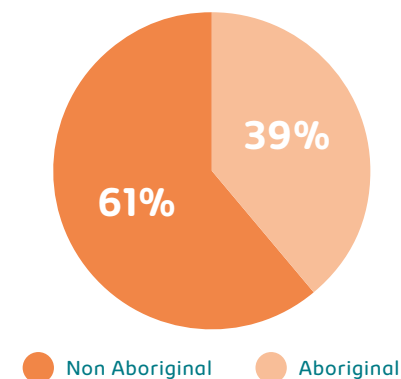
Recruitment continued to be a key area of focus for the organisation, with constant effort required to minimise the impact of shortages in clinical workforce on service delivery. COVID-19 caused disruption to recruitment, especially in terms of candidates being able to relocate across borders with restrictions in place. Local recruitment measures were strengthened through the development of promotional materials and targeted messaging aimed at filling targeted roles. Distribution to schools, through clinics, at expos and other locations aimed to reach local people to fill identified positions as well as to look at Congress as a place to start their career.

Throughout the financial year, Congress engaged 247 new employees, a substantial number especially when compared to the total workforce size. For all positions that were advertised, a total of 2726 applications were received, 705 of these applications being from Aboriginal applicants. Despite these numbers being higher than the previous reporting period, work with community partners increase applications, especially from Aboriginal people. Additionally, two recruitment team members attended an Indigenous Healthcare Workforce Engagement & Career Development Masterclass. This conference illustrated valuable strategies and resources to better partner with job seekers and supporting organisations to attract, retain and develop a thriving Aboriginal workforce in a culturally safe environment.

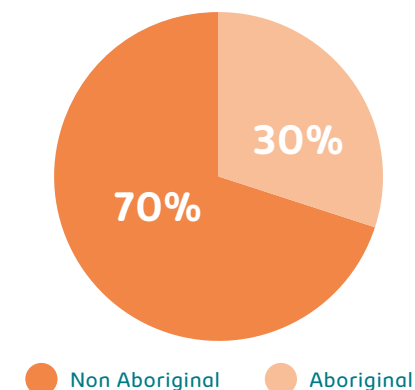
Congress' **Training and Development** efforts were heavily impacted by restrictions related to the pandemic, however the organisation managed to deliver 66 training sessions across the organisation including: Staff Orientation, Cultural Awareness, De-Escalation and Dealing with Difficult Clients, Appropriate Workplace Behaviours, Snake Identification and Information, Mandatory Reporting, Privacy and Confidentiality.

Total headcount as of 30 June 2022 **479**

ABORIGINAL AND NON-ABORIGINAL WORKFORCE



LEADERSHIP ROLES



During the period Congress employed four cadets across various roles, with cadet Johvan Miles completing his Bachelor of Business at the Queensland University of Technology in Brisbane. Congratulations Johvan!

October Safe Work Month set the pace for **Work, Health & Safety (WHS)** with safety talks with most teams during the month. The month was concluded with a safety competition that was in staff newsletter.

The pandemic had obvious implications for work health and safety, manifesting in shortages of personal protective equipment (PPE), logistical challenges, staff leave and increased work stressors.

Using part of a workforce development grant a consultant was engaged to assist in addressing gaps identified in the WHS audit completed in the previous period. This is the first step to building on Congress' safety culture which is based on shared values, leadership involvement, continuous learning, accountability and constant support.

Congress' first ever child restraint accredited fitters were trained this year. Five staff from key programs that work with and or transport infants up to eight years were trained as fitters of child seats, capsules and booster seats.

The average time for resolution of incidents reported in the organisation met the internal target of 30 days. Note that there was an increase in the number of both SR2 and SR3 rated incidents. On investigation it was deemed that many of these were incorrectly recorded due to human error. Training to address this has implemented.



Executive Managers getting behind safety Month
(before mask rules were implemented at Congress)

Workers Compensation Claims and IPI Claims management are both reported on monthly. We saw a decrease in IPI claims and an increase in Workers Compensation Claims for the year.

In Risk and Quality, the Board, Executive and staff continued to receive training and education about risk management practices throughout the year. Reviews of internal controls and risk management procedures were undertaken and presented to the Finance, Risk and Audit Committee (FRAC) and the Board.

The organisation underwent ISO 9001:2015 recertification in December with the following outcome: "...Congress has a mature and effective Quality Management System (QMS) in place. The Congress QMS serves to continually improve the suitability, adequacy, and effectiveness of the organisation.

The audit identified the organisation exhibits the following organisational strengths:

- The Board, CEO, and the executive team have a high standard of governance application, clear strategy, objectives, operational plans, and performance framework with a clear focus for improving and building community controlled, culturally appropriate, best practice primary healthcare and well-being services to the communities.
- There was evident ongoing commitment to continuous improvement generally and specifically to ensure the service is aligned to client needs e.g., language considerations, culturally appropriate delivery models and tools.
- Interviews with staff confirmed a strong commitment, culture supported by a cultural advisor role and Staff

Advisory Group, and customer focus, and specifically demonstrated an active and collaborative approach to working with other Congress teams and, with client consent, external community service providers and other stakeholders to ensure a holistic approach to the client-centric service provision.”

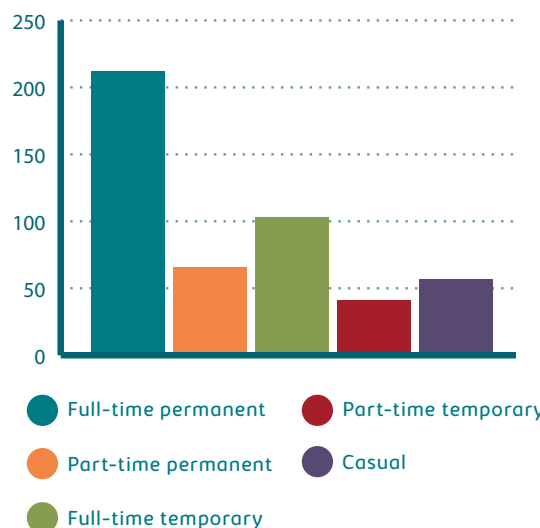
Additionally, Congress received a certificate of registration as a registered NDIS provider in October 2021 and Alukura Women’s Health Service was awarded full accreditation against the Diagnostic Imaging Accreditation Scheme (DIAS) Standards in December.

Audits were completed by independent assurance providers, per the internal audit schedule. Reports were presented to the Finance Risk and Audit Committee (FRAC): Staff Grievance, Facilities, and Assets Management. Recommendations were approved by Executive Management, and the status of implementation was reported to FRAC.

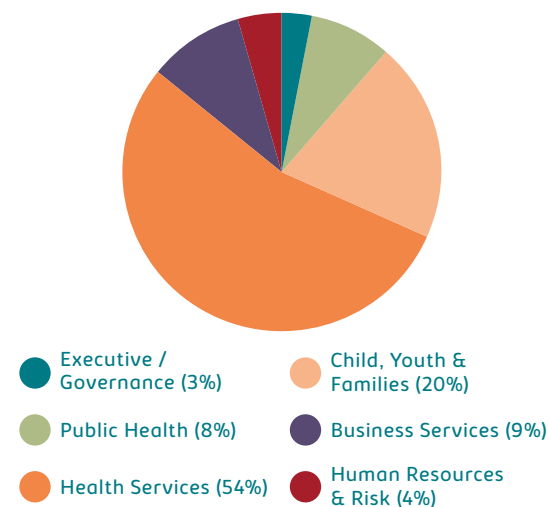
RiskMan access and training for staff was provided through the mandatory training schedule, including face-to-face workshops conducted across sites when restrictions permitted. These workshops were highly successful, with a substantial increase in the number of employees trained.

Additionally, Risk and Quality began the process of introducing a new risk management, incident, and feedback reporting programme, which will be implemented in the new financial year.

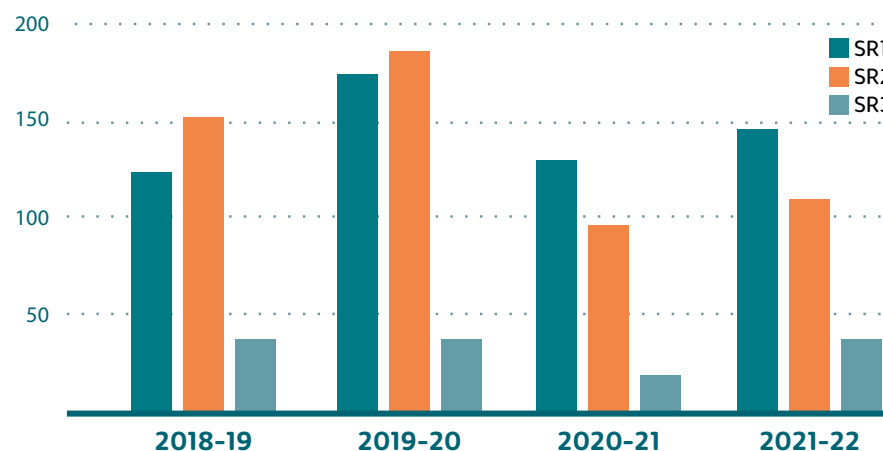
HEADCOUNT OF STAFF BY EMPLOYMENT TYPE



HEADCOUNT BY DIVISION



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:

Information and Communications Technology (IT) has continued to be an area of innovation and continuous improvement for Congress. The organisation is committed to robust information security, evidenced by the absence of any known breaches during the reporting period. Email security was updated to Trend Micro Advanced which scans all incoming and outgoing emails and tests their content to detect threats such as viruses, malware or potential scams. Other applications also scan other parts of the network including Office 365, OneDrive and SharePoint to detect unusual activity. Congress engaged external parties to conduct penetration testing through actively attempting to penetrate all the external IP addresses into our network. The attempted penetrations were unsuccessful. Additionally, Congress' cloud storage (Amazon Web Services) firewalls were upgraded to manage both incoming and outgoing traffic to the internet. A consultant was engaged to audit the security of our Amazon Web Services servers. The consultancy made recommendations for improving security which continue to be implemented. An Information Security Framework will now be developed, providing Congress with a blueprint for managing risk and reducing vulnerabilities.

The increased need for telehealth and technology-driven systems of communication to provide services due to the pandemic was met through various means. All clinics were provided with access to telehealth facilities, and consultations have been conducted using telephone, iPads and zoom; dependent on the quality of the internet connection. For example, videoconferencing could

generally not be used in Utju because of the latency over the satellite internet connection, however Santa Teresa and Mutitjulu had regular periods where specialists contact local patients using this. The potential for innovation in this area is very promising. Technology that facilitates remote patient observations (e.g., temperature and ECG) is currently being evaluated with exciting possibilities for complementing service delivery, especially for people living in very remote places.

Advocacy at a national level for satisfactory internet access in remote locations is vital for the success of such technology. Congress continues to lobby for equitable infrastructure – including telecommunications infrastructure – for remote communities, knowing that improvements to internet connection and mobile telephone coverage would have a profound impact on health outcomes for Aboriginal people living in remote and very remote locations. Correcting this inequity is possible and should be completed regardless of the level of investment required by the commonwealth.

Internal communications remained in focus for Congress, aided by a strong partnership between the **Communications Team** and IT. A new intranet hub “Antherreme” was released at the end of 2021 along with Congress' Internal Service Directory. These resources were received well by staff. With our staff located across a vast geographical area, an intranet site improves communication, governance through ensuring staff access the correct documents and coordination of our services. Teams continue to be trained so that they can use the technology effectively to manage their team's sites and improve communications, connection and work culture.

COVID-19 communications took focus for most of the year, with internal advices, updates and alerts for staff through Antherreme, email and SMS, and COVID-safety

“ Congress continues to lobby for equitable infrastructure – including telecommunications infrastructure – for remote communities, knowing that improvements to internet connection and mobile telephone coverage would have a profound impact on health outcomes for Aboriginal people living in remote and very remote locations.

advice, advocacy and vaccine promotion featuring in external communications. Of particular note were Congress' vaccine promotion television and digital video campaigns, especially True or Gammon which reached at least a hundred thousand people through social media channels, and is believed to have contributed in part to our high vaccination rates. Requests to display the videos were made by other ACHHS as well as Royal Darwin Hospital. The communications manager was used across functions, supporting the vaccine acceleration program and Congress' COVID-19 response at the peak of the outbreak.

Strong relationships with Congress Aboriginal cultural leads meant that communications were culturally safe and audience focussed. Social media was a fundamental tool for connecting with community, and provided a platform for Congress health promotion messages and advertising job vacancies.

.....

Congress launched a new website; an excellent, functional resource that details all services and programs. The site is designed to make it easy for clients to search by service to find what they are looking for, or by clinic where services available are also linked. It also acts as a library for Congress publications, policy positions and submissions, and stories. Future plans include redevelopment of the human resources pages to best use this asset to promote Congress as a great place to work.

Financial statements for the 2021/22 financial year show a modest surplus as detailed in the following financial statements. At a time of rising inflationary pressures and increased costs associated with the pandemic, this is a welcome result and highlights the work of the Board and management to ensure Congress is a well financially managed organisation. Unqualified audited financial statements are included with this annual report. The impact of the pandemic is reflected in the financial statements.

A focus on vaccination and contact tracing led to less Medicare income being earned, while costs increased in a range of areas, including medical supplies with increased expenditure on safety equipment and infection control. Border closures and a high demand for health staff made staffing difficult.

Led by the Finance Team and recognising growth, Congress has been working towards implementation of a series of new software applications in 2021-22. The most significant of these is Sage Intacct, a modern, state of the art accounting package which will replace our current accounting system SUN and its associated applications including iPos. It is expected that Sage Intacct, as well as providing a more efficient and modern accounting environment, will also give program managers real time access to budget data, improve fund agreement management, enable more flexible reporting and provide an opportunity to improve purchasing processes.

Additionally, new software is being introduced to manage

rostering, human resources systems and leases, as well as systems to better manage assets, including vehicle fleet management software.

A major customer for local suppliers of various building and maintenance work, **Facilities and Capital Works** continue to prioritise local Aboriginal companies to work with. The procurement policy was updated during the year and an updated list of preferred suppliers was completed, proudly including mostly Aboriginal businesses.

Congress maintains a ten-year infrastructure plan that is updated annually. A recent report highlighted that the reinstatement value of Congress' buildings is in excess of \$80 million. Buildings are located in remote areas with extreme climatic conditions and accessing trades in a timely manner is often difficult. Congress continues to lobby and apply for funding to improve the standard of these assets. An election commitment for commonwealth funding for renovations to Ltyentye Apurte Clinic and a new clinic for Mutitjulu was a welcome announcement from the now governing Labor Party. Along with these funds, the government has also committed significant funding to develop the Mpartnwe Health Hub at 127 Todd Street. This development will see three current Congress sites combined into one location, leading to savings in rent and building occupancy costs, better coordination of services and productivity gains. Work is expected to commence in 2023. Congress is now seeking Green Star certification through the Green Building Council of Australia reflecting the organisation's commitment to caring for climate.

Cleaners continued to meet the demands of a busy health service in a pandemic, maintaining a very high standard across all sites despite the impact of COVID on staff availability. Maintenance and repairs continued to be in high demand across sites buildings, responding to repair requests, and security related issues and upgrades.

“ This (Mpartnwe Health Hub) development will see three current Congress sites combined into one location, leading to savings in rent and building occupancy costs, better coordination of services and productivity gains. Work is expected to commence in 2023. Congress is now seeking Green Star certification through the Green Building Council of Australia reflecting the organisation's commitment to caring for climate.

MPARNTWE HEALTH HUB - VISION FOR THE FUTURE!



Courtyard entry



Projected aerial view from the north



View from Todd Street



FINANCIAL STATEMENTS

.....

Your directors present this report on the Corporation for the financial year ended 30 June 2022.

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 (during 2021-22 Financial Year)	Position	Meetings attended
Graham Dowling	1st July 2021 to 30th June 2022	Chairperson - Member Director	7
Dorethea Randall	1st July 2021 to 30th June 2022	Deputy Chairperson until 24 February - Member Director (Remote)	8
Joseph Hayes	1st July 2021 to 30th June 2022	Member Director	8
Michael Liddle	1st July 2021 to 25th November 2021	Member Director	0
Taren Williams	1st July 2021 to 30th June 2022	Member Director (Remote)	6
Leanne Milligan	1st July 2021 to 30th June 2022	Independent Director (Finance)	8
Peter O'Mara	1st July 2021 to 30th June 2022	Independent Director (Primary Health Care)	7
Ebony Miller	1st July 2021 to 30th June 2022	Deputy Chairperson from 24 February 2022 - Member Director	7
Greg Drew	25th November 2021 to 30th June 2022	Member Director	2
Thomas Coelli-Donaghy	Two casual appointments: 14 October 2021 to 25 November 2021, 8 December 2021 to 30 June 2022	Member Director - Youth Representative - casual appointment	4
Leon Chapman	25th November 2021 to 30th June 2022	Independent Director - General	3
Tristram Watkins	25th November 2021 to 30th June 2022	Member Director	2
Board Meetings held throughout the year			8

Board Committees

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

Directors and directors' meetings

Name of Director	Finance, Risk & Audit Subcommittee	Clinics Subcommittee	Research Subcommittee	Governance Subcommittee
Graham Dowling	4	1	5	3
Dorethea Randall	6			3
Joseph Hayes		1	4	1
Michael Liddle		1		
Taren Williams	3	1	1	
Leanne Milligan	7			4
Peter O'Mara		2	3	
Ebony Miller	4			
Greg Drew				2
Thomas Coelli-Donaghy	2			
Leon Chapman			2	5
Tristram Watkins		1		
Meetings held during the year	7	2	5	5

Corporation Secretary

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

Ms. Isobel Milnes 1st July 2021 to 30th June 2022

Ms Milnes has been a qualified lawyer for 10 years and holds a current NT Practising Certificate

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

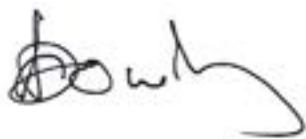
The corporation's operations are not subject to any particular and significant environmental regulation under a Commonwealth, State or Territory law.

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 | 29 September 2022

Auditor's Independence Declaration




Tel: +61 8 7514 6000
Fax: +61 8 7514 6111
www.bdo.com.au

BDO Centre
Level 7, 408 King William Street
Adelaide SA 5000
GPO Box 32118 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 2022, 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 2003 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, 4 October 2022

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Statement of Profit or Loss and Other Comprehensive Income for the year ended 30 June 2022

	Notes	2022 \$	2021 \$
OPERATING INCOME			
Grants and Contributions provided	2	54,711,908	48,205,275
Medicare & practice incentive payment income	3	7,774,228	8,406,654
Investment income	4	145,154	132,623
Other operating revenues	5	2,120,020	1,614,893
Net gain/(loss) on termination of leases		-	81,307
Net gain/(loss) on disposal of assets		48,228	-
		64,799,538	58,440,752
OPERATING EXPENSES			
Employee benefits expenses	6	47,783,965	43,858,527
Interest charges	7	235,096	192,169
Depreciation & amortisation	8	2,819,239	2,787,174
Medical supplies & program expenses	9	4,066,049	3,019,153
Motor vehicle & travel expenses	10	1,663,237	1,327,917
Rent & occupancy expenses	11	1,560,515	1,574,026
Minor equipment expenditure	12	485,084	554,515
Other operating expenses	13	5,757,691	3,567,864
Total operating expenses		64,370,876	56,881,345
Surplus for the year		428,662	1,559,407
Other comprehensive income		-	-
Total comprehensive income		428,662	1,559,407

Notes to the financial statements are set out on page 70.

Statement of Financial Position for the year ended 30 June 2022

	Notes	2022 \$	2021 \$
CURRENT ASSETS			
Cash and cash equivalents	14	29,088,434	31,634,483
Other current assets	15	754,030	506,630
Trade and other receivables	16	538,034	1,098,131
Total current assets		30,380,498	33,239,244
NON CURRENT ASSETS			
Investments	17	2	2
Property, plant and equipment	18	12,207,840	12,061,481
Intangible assets	19	-	-
Leases - Right of Use Asset	20	9,436,660	5,828,299
Total non current assets		21,644,502	17,889,782
Total assets		52,025,000	51,129,026
CURRENT LIABILITIES			
Trade and other payables	21	2,428,335	1,886,440
Employee benefits	22	6,566,408	6,065,241
Funds Repayable to Provider under AASB 1058	23	2,182,822	1,574,888
Contractual Liabilities under AASB 15	24	10,969,010	15,739,348
Leases - Current Liability	25	2,041,986	1,777,697
Total current liabilities		24,188,561	27,043,614
NON CURRENT LIABILITIES			
Employee benefits	22	790,057	797,967
Leases - Non Current Liability	25	7,667,285	4,337,010
Total non current liabilities		8,457,342	5,134,977

	2022 \$	2021 \$
Total liabilities	32,645,903	32,178,591
Net assets	19,379,097	18,950,435
EQUITY		
Accumulated funds	8,453,321	8,453,321
Reserve funds	10,925,776	10,497,114
Total equity	19,379,097	18,950,435

Statement of Changes in Equity for the year ended 30 June 2022

	Accumulated surpluses \$	Medicare & PIP reserves \$	Other reserves \$	Total \$
Balance at 1st July 2020	8,894,534	4,703,790	3,792,704	17,391,028
Surplus for the Year	1,559,407	-	-	1,559,407
Other Comprehensive Income	(2,000,620)	441,213	1,559,407	-
Total Comprehensive Income for the Year	-\$441,213	\$441,213	\$1,559,407	\$1,559,407
Balance at 30th June 2021	8,453,321	5,145,003	5,352,111	18,950,435
Surplus for the Year	428,662	-	-	428,662
Other Comprehensive Income	(428,662)	(383,019)	811,681	-
Total Comprehensive Income for the Year	-	(383,019)	811,681	428,662
Balance at 30th June 2022	8,453,321	4,761,984	6,163,792	19,379,097

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

Statement of Cash Flows for the year ended 30 June 2022

	Notes	2022 \$	2021 \$
CASH FLOWS FROM OPERATING ACTIVITIES			
Payments			
Employee costs		(47,290,708)	(43,292,577)
Materials, contracts and other costs		(13,503,213)	(9,840,112)
Interest paid		(9,043)	(9,407)
Interest paid - leases		(226,053)	(182,762)
Receipts			
Receipts from activities		(10,188,039)	10,355,949
Interest received		(115,873)	132,623
Receipts from funding bodies		(50,845,091)	57,736,804
Net cash provided by operating activities		(119,986)	14,900,518
CASH FLOWS FROM INVESTING ACTIVITIES			
Payments for property, plant & equipment		(845,495)	(667,335)
Proceeds on sale of assets		48,228	-
Net cash used in investing activities		(797,267)	(667,335)
CASH FLOWS FROM FINANCING ACTIVITIES			
Repayment of Lease Liabilities		(1,868,768)	(1,698,040)
Net cash provided by financing activities		(1,868,768)	(1,698,040)
Net increase (decrease) in cash held		(2,546,049)	(12,535,143)
Cash at beginning of the year		31,634,483	12,099,340
Cash at end of the year	14	29,088,434	31,634,483

Notes to the financial statements are set out on page 70.

Notes to the Financial Statements for the year ended 30 June 2022

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 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.

AASB 1060 General Purpose Financial Statements - Simplified Disclosures for For-Profit and Not-for-Profit Tier 2 Entities; - The Company has adopted AASB 1060 from 1 July 2021. The standard provides a new Tier 2 reporting framework with simplified disclosures that are based on the requirements of IFRS for SMEs. As a result, there is increased disclosure in these financial statements for key management personnel and related parties.

Basis of preparation

The financial statements are general purpose financial statements that have been prepared in accordance with Australian Accounting Standards - Simplified Disclosure 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 29th September 2022, 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:

	2022 (YEARS)	2021 (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. Leases

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	2022	2021
Full time equivalent employees	380	359
Number of employees	479	447

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 provides employees with open choice of the fund they wish to contribute their superannuation entitlements to. During the year the Corporation paid 10.0% 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:

- i. 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
- ii. 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 reserve

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

Medicare and PIP Reserve

The Medicare and PIP reserve is to record funds from Medicare and PIP 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.

2 - Grants & Contributions Provided

	2022 \$	2021 \$
AUSTRALIAN GOVERNMENT FINANCIAL ASSISTANCE		
Department of Health	33,140,136	30,187,613
Department of Social Services	1,756,535	1,283,162
National Indigenous Australians Agency	4,779,266	4,020,845
Department of Education and Training	553,802	615,900
National Disability Insurance Agency	636,013	508,702
Total Australian Government Financial Assistance	40,865,752	36,616,222
NORTHERN TERRITORY GOVERNMENT FINANCIAL ASSISTANCE		
NT Department of Health	3,024,205	2,748,898
Department of Children and Families	1,238,689	1,120,659
Department of Corrections	-	240,301
Department of Education	172,047	167,003
Total Northern Territory Government Financial Assistance	4,434,941	4,276,861
OTHER FINANCIAL ASSISTANCE		
Northern Territory General Practice Education Ltd	1,958,956	2,747,734
Northern Territory PHN	3,517,772	3,259,011
Other grants	3,934,487	1,305,447
Total Other Financial Assistance	9,411,215	7,312,192
TOTAL GRANTS and CONTRIBUTIONS	54,711,908	48,205,275

3 - Medicare Income and Practice Incentive Payments

	2022 \$	2021 \$
Medicare income	6,038,109	6,457,154
Practice incentive payments	1,736,119	1,949,500
Total Medicare Income and Practice Incentive Payments	7,774,228	8,406,654

4 - Investment Income

Interest income	145,154	132,623
Total investment income	145,154	132,623

5 - Other Operating Revenues

Fees received	1,755,711	1,373,911
Rent received	16,411	20,585
Other receipts	347,898	220,397
Total other operating revenues	2,120,020	1,614,893

6 - Employee Benefits Expense

Fringe benefits tax	123,236	111,813
Salaries	42,625,202	39,178,190
Superannuation	4,005,163	3,489,753
Workcover insurance	285,399	501,022
Income protection insurance	209,483	228,681
Employee recruitment and relocation	38,691	20,149
Employee training and development	496,791	328,919
Total Employee Benefits Expense	47,783,965	43,858,527

	2022 \$	2021 \$
7 - Interest Expense		
Bank Charges & Interest	9,043	9,407
Interest - Leases	226,053	182,762
Total Investment Income	235,096	192,169

8 - Depreciation & Amortisation

Depreciation Expense	964,268	1,053,501
Depreciation - property leases	1,145,276	1,131,799
Depreciation - vehicle leases	709,695	601,874
Total Depreciation & Amortisation	2,819,239	2,787,174

9 - Medical Supplies and Program Expenses

Contract staff	676,851	660,188
Equipment maintenance	346,031	264,600
Medical supplies	1,191,511	680,450
Program consumables	398,083	317,618
Meeting expenses	82,670	51,617
Communicare licence and other subscriptions	1,370,903	1,044,680
Total Medical Supplies and Program Expenses	4,066,049	3,019,153

	2022 \$	2021 \$
10 - Motor Vehicle and Travel Expenses		
Motor vehicle - fuel and oil	358,460	259,175
Motor vehicle - repairs and maintenance	208,562	249,816
Motor vehicle - variable lease payments	148,277	167,855
Motor vehicle - insurance and registration	176,649	158,783
Motor vehicle - GPS charges	85,349	140,748
Motor vehicle - short term lease payments	5,886	6,291
Travel - fares and accommodation	384,731	206,242
Travel allowance	295,323	139,007
Total Motor Vehicle and Travel Expenses	1,663,237	1,327,917

11 - Rent and Occupancy Expenses

Rent and rates - variable lease payments	78,260	75,912
Electricity, water and gas	543,106	503,719
Cleaning	139,458	107,994
Maintenance to buildings	374,728	537,894
Security	280,497	221,510
Waste management	144,466	126,997
Total Rent and Occupancy Expenses	1,560,515	1,574,026

12 - Minor Equipment Expenditure

Buildings	18,964	52,166
Office furniture & equipment	28,333	52,797
Computers	278,508	400,906
Motor vehicles	10,035	2,047
Plant & equipment	74,245	31,648
Legal & Architect Fees	74,999	14,951
Total Minor Equipment Expenditure	485,084	554,515

	2022 \$	2021 \$
13 - Other Operating Expenses		
Computers, communications and technology	556,457	573,903
Equipment leasing - low value assets	19,989	15,966
Insurances	507,191	376,685
Telecommunications costs	420,307	349,825
Consulting	1,026,166	704,396
Advertising and promotion	487,034	380,084
Administrative costs	212,089	155,093
Commissioned Research	2,065,724	735,201
Sundry expenses	462,734	276,711
Total Other Operating Expenses	5,757,691	3,567,864

14 - Cash and Cash Equivalents

Cash on hand	4,355	4,355
Cash at bank	2,934,718	1,416,141
Cash on investment	26,149,361	30,213,987
Total Cash and Cash Equivalents	29,088,434	31,634,483

15 - Other Current Assets

Bonds paid	146,350	50,842
Prepayments	607,680	455,788
Total Other Current Assets	754,030	506,630

16 - Trade and Other Receivables

Trade debtors	547,271	1,153,217
Provision for impairment	(9,237)	(55,086)
Total Trade and Other Receivables	538,034	1,098,131

	2022 Gross \$	2022 Allowance \$	2021 Gross \$	2021 Allowance \$
Not past due	279,081	-	654,599	-
Past due:				
0 - 30 days	196,615	-	4,747	-
31 - 60 days	5,208	-	47,693	-
61 - 90 days	58,853	-	33,783	-
90 days and over	7,514	(9,237)	412,395	(55,086)
	547,271	(9,237)	1,153,217	(55,086)

	2022 \$	2021 \$
17 - Investments		
Shares in Centrecorp Aboriginal Investment Corporation Pty Ltd	2	2
Total Investments	2	2

18 - Property, Plant and Equipment

	Land & Buildings \$	Work in Process \$	Motor Vehicles \$	Office Equipment \$	Office Furniture \$	Plant & Equipment \$	Total PP&E \$
GROSS CARRYING AMOUNT							
Balance at 30th June 2020	14,709,605	367,750	1,323,378	585,789	265,662	1,344,912	18,597,096
Additions	96,300	513,140	-	-	-	78,212	687,652
Transfers between Asset Classes	20,423	(20,423)					-
Balance at 30th June 2021	14,826,328	860,467	1,323,378	585,789	265,662	1,423,124	19,284,748
Additions	48,548	939,390	-	-	-	122,689	1,110,627
Transfers between Asset Classes	151,857	(151,857)	-	-	-	-	-
Disposals	-	-	(41,372)	-	-	-	(41,372)
Balance at 30th June 2022	15,026,733	1,648,000	1,282,006	585,789	265,662	1,545,813	20,354,003
ACCUMULATED DEPRECIATION							
Balance at 30th June 2020	3,910,722	-	731,075	399,719	187,019	941,850	6,170,385
Charge for the year	716,170	-	61,914	69,514	28,618	176,666	1,052,882
Accumulated on disposals							-
Balance at 30th June 2021	4,626,892	-	792,989	469,233	215,637	1,118,516	7,223,267
Charge for the year	688,038	-	57,990	64,167	23,503	130,570	964,268
Accumulated on disposals			(41,372)				(41,372)
Balance at 30th June 2022	5,314,930	-	809,607	533,400	239,140	1,249,086	8,146,163
NET BOOK VALUE							
Balance at 30th June 2021	10,199,436	860,467	530,389	116,556	50,025	304,608	12,061,481
Balance at 30th June 2022	9,711,803	1,648,000	472,399	52,389	26,522	296,727	12,207,840

19 - Intangible Assets

Computer Software
\$

GROSS CARRYING AMOUNT

Balance at 30th June 2020	425,836
Additions	-
Disposals	-
Balance at 30th June 2021	425,836
Additions	-
Disposals	-
Balance at 30th June 2022	425,836

ACCUMULATED DEPRECIATION

Balance at 30th June 2020	425,217
Charge for the year	619
Accumulated on disposals	-
Balance at 30th June 2021	425,836
Charge for the year	-
Accumulated on disposals	-
Balance at 30th June 2022	425,836

NET BOOK VALUE

Balance at 30th June 2021	-
Balance at 30th June 2022	-

20 - Leases - Right of Use Assets (ROUA)

2022
\$

2021
\$

LEASED PROPERTIES

CARRYING AMOUNT

Balance at 30/06/2021	13,453,584	11,767,437
Additions	3,445,833	711,213
Modifications	999,380	974,933
Balance at 30/06/2022	17,898,797	13,453,584

ACCUMULATED DEPRECIATION

Balance at 30/06/2021	8,489,935	7,358,136
Charge For The Year	1,145,276	1,131,799
Balance at 30/06/2022	9,635,211	8,489,935
Lease Properties ROUA at 30/06/2022	8,263,586	4,963,649

LEASED VEHICLES

CARRYING AMOUNT

Balance at 30/06/2021	3,188,633	2,621,214
Additions	422,764	440,334
Modifications	595,354	127,086
Balance at 30/06/2022	4,206,751	3,188,633

ACCUMULATED DEPRECIATION

Balance at 30/06/2021	2,323,983	1,722,109
Charge For The Year	709,695	601,874
Balance at 30/06/2022	3,033,678	2,323,983
Lease Vehicles ROUA at 30/06/2022	1,173,074	864,650
TOTAL LEASES ROUA AT 30/06/2022	9,436,660	5,828,299

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.

	2022 \$	2021 \$
21 - Trade and Other Payables		
Trade and other payables	2,396,933	885,227
Provision	5,218	33
GST/FBT	26,184	1,001,180
TOTAL	2,428,335	1,886,440

22 - Employee Benefits

CURRENT LIABILITIES

Annual leave	3,260,337	2,965,860
Long service leave	1,863,125	1,849,475
Accrued salary & wages	1,442,946	1,249,906
Total current liabilities	6,566,408	6,065,241

NON-CURRENT LIABILITIES

Long service leave	790,057	797,967
Total non-current liabilities	790,057	797,967
Total employee liabilities	7,356,465	6,863,208

23 - Funds Repayable to Provider under AASB 1058

COMMONWEALTH DEPARTMENT OF HEALTH	2022 \$	2021 \$
Relocation of Gap Road Dispensary & New Clinics	193,740	193,740
Replacement of Security System - 14 Congress Sites	40,835	85,425
Repairs to Santa Teresa Clinic Doors	37,416	50,826
Repairs & Upgrade - Ntaria Clinic & Premises	34,789	44,000
Alukura Sewage Connection	20,590	20,590
Staff Housing Security Areyonga (Lot 55 & 56)	24,741	24,741
Duress Alarm Santa Teresa Staff accommodation	38,346	69,605
Blinds on Veranda - Gap Road & Larapinta Clinic	21,125	21,125
Duress Alarm System Mutitjulu Staff Accommodation	-	32,278
Duress Alarm System Ntaria Staff Accommodation	47,872	47,872
Inkingja Renovations 2022-2023	183,255	-
GRC Shade Shelter & Solar Panels 2022-2023	443,213	-

DEPARTMENT OF HEALTH NT

Mutitjulu Renal Room	691,524	702,000
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NATIONAL INDIGENOUS AUSTRALIANS AGENCY

Podiatry Truck	68,298	201,298
Mutitjulu Clinic & Staff Housing Security	46,435	-
Upgrade Accounting and Human Resource (HR) Systems	129,743	-
Sadadeen Clinic Consult Room Security	13,500	-
Renovate Clinic Room at Alukura Clinic	112,800	-

	2022 \$	2021 \$
NORTHERN TERRITORY PHN		
Graduate Nurse Educator	-	46,788
NT PHN Integrated Team Care Supplementary Services	34,600	34,600
TOTAL	2,182,822	1,574,888

24 - Contractual Liabilities under AASB 15

COMMONWEALTH DEPARTMENT OF HEALTH		
Comprehensive Primary Health Care (Core Grant)	-	5,666,421
Transition To Community Control	226,704	-
Remote Services Leadership Program	-	64,325
CHSP - Allied Health and Therapy Services	12,444	-
IAHP PHC Service Expansion Diabetes Education	83,555	64,058
Australian Nurse Family Partnership Program (ANFPP)	350,888	211,042
Early Childhood Development Centre	191,993	72,198
Alcohol Action Initiative - Right Tracks Program	-	23,189
Remote TIS	333,235	230,331
Continuity of Care Evaluation	55,248	87,237
Aboriginal History in Aboriginal Hands	13,000	-
PHC & Avoidable Hospitalisations	20,952	66,352
Aboriginal Mortality: Transformation 1967-2019	60,481	-
CHaD Evaluation	8,829	-
CAAHSN RART 2.1 Projects	-	52,038
CAAHSN RART 2.1 QR, Praxis & Cert II	5,462	26,077
CAAHSN NLSI Grant	20,000	8,340
CAAHSN Fundraising	9,745	-
CAAHSN - Partner Contribution (non-RART)	8,729	-
CA AHSN - RART 2.2 Operations	-	2,000,000
CAAHSN RART 2.2 Projects	130,190	972,315

	2022 \$	2021 \$
CAAHSN RART 2.2 Quick Response	202,061	60,000
CAAHSN RART 2.2 Praxis	17,000	8,499
CAAHSN RART 2.2 Aboriginal Initiatives	143,051	57,000
CAAHSN RART 2.3 PROJECTS	451,786	-
RART 3 Projects	3,464,157	-
B & T cell response to COVID 19	10,513	-
Tackling Smoking And Healthy Lifestyle Workforce	214,204	119,830
Enhanced Syphilis Response	336,998	117,089
Prevention & Testing Of Blood Borne Viruses & STI	271,338	92,657
Male Health Truck Operating Expenses	-	100,000
Aspen Covid-19	87,768	84,616
Connected Beginnings	61,593	-

NATIONAL INDIGENOUS AUSTRALIANS AGENCY

NAIDOC Week Grant	45,198	46,943
AOD (Safe & Sober) Program	60,910	241,309
Congress History Project (ABA)	3,706	32,175
PRP Transport & Engagement	54,720	110,094
Pre - School Readiness Program	164,929	528,178
Community Wellbeing & Violence Intervention	-	211,227
Stolen Generation Link - Up Service	91,611	536,788
Targeted Family Support Service (Dept of PM&C)	90,875	90,875

DEPARTMENT OF SOCIAL SERVICES

Individual Capacity Building (NDIS)	982,973	819,281
Individual Placement Support Program	69,995	59,611
Intensive Family Support Service	141,856	95,511

	2022 \$	2021 \$
NATIONAL DISABILITY INSURANCE AGENCY		
NDIS Remote Community Connectors	231,914	246,301
NDIS - Evidence, Access, Coordination Of Planning	119,214	167,508

DEPARTMENT OF HEALTH NT

Santa Teresa Health Services (NT)	-	81
Coordination Support & Capacity Building for NDIS	10,391	-
Under 5s Program	49,387	49,388
Alternatives to Custody	84,250	71,284
Alcohol and Other Drugs Aftercare	68,872	223,871
AOD Repairs & Maintenance Grant (One Off)	4,559	4,559
Remote AOD Workers	21,361	124,249
Mental Health Support Worker SEWB	52,479	52,479

NORTHERN TERRITORY PHN

MOICD - Outreach Health Services Program	331,643	69,264
Student Support Grant (NT PHN)	6,000	6,000
Health Care Home Review - Stage One - NTPHN	-	23,507
NT PHN Intergrated Team Care Care Coordination	26,196	46,904
Youth Mental Health Capacity Building Program	2,427	2,427
Allied Psychological Services (ATAPPS)	-	15,036
Mental Health Nurse Program (NTPHN)	14,570	71,787
headspace relocation	148,302	148,302

NT TERRITORY FAMILIES

Child & Youth Comprehensive Assessment Team	24,465	-
After Hours Youth Service	52,132	52,132
Mental Health Worker Youth Detention Centre	11,733	11,733
Back On Track	-	157,877

	2022 \$	2021 \$
NT GOVERNMENT - OTHER		
Naidoc Week Grant	10,319	-
Aboriginal Workforce Grant Abor Super Mentoring	64,000	64,000
Gambling Amelioration	238,221	-
Connected Beginnings - Braitling	81,399	115,980
Utju Trachoma Project	-	6,268
Mutitjulu Clinical Equipment Purchase	-	530
Sahmri - Diabetes Foot Complications	152,040	239,282
Allied Health Rural Generalist Trainee Program	-	13,700
Iap Workforce Project	92,469	-
Patches Youth Diagnostic Services	-	2,130
HSTAC Grant	-	4,182
B Part of It NT (Uni Adelaide)	23,583	56,050
Remote Food Security (UNIQ)	95,037	183,790
Murdoch Children's Research Institute	9,334	28,918
Intergenerational Trauma (La Trobe Uni)	30,900	51,280
Doing It Right (CAAHSN)	-	33,827
CAAHSN Fundraising	-	9,745
CAAHSN - Partner Contribution (non-RART)	-	155,609
Banned Drinkers Register	-	27,173
ASQ TRAK STEPS - Uni Melb	3,889	-
IAHP Yarnes	4,014	-
Clinical Trial Research Agreement - HTLV study	88,644	-
FASD - A Multi-Site Prevention Program	-	25,360
Fred Hollows - Environmental Health & Housing	130,876	134,318
"Blood Borne Viruses & Sexually Transmissible Infections"	48,047	
NACCHO - Covid19 Vaccination Support Grant	-	36,410
Aboriginal Cultural Advisor - Headspace	120,359	50,501
IFSS - Implementation Support Services	17,287	-
TOTAL	10,969,010	15,739,348

25 - Leases	2022	2021
LEASES - CURRENT LIABILITY	\$	\$
Leased Properties - Current Liability	1,382,059	1,254,315
Lease Vehicles - Current Liability	659,927	523,382
TOTAL	2,041,986	1,777,697

LEASES - NON CURRENT LIABILITY

Leased Properties - Non Current Liability	7,135,383	3,943,385
Lease Vehicles - Non Current Liability	531,902	393,625
TOTAL	7,667,285	4,337,010

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.

	2022 \$	2021 \$
Directors' fee payments during the year	371,463	166,242

The directors during the financial year were:

- Graham Dowling (Chairperson)
- Dorethea Randall
- Joseph Hayes
- Michael Liddle
- Taren Williams
- Ebony Miller
- Leanne Milligan
- Peter O'Mara
- Tristram Watkins
- Leon Chapman
- Greg Drew
- Thomas Coelli-Donaghy

REMUNERATION LEVEL	2022	2021
\$0 to \$5,000		1
\$5,001 to \$10,000	1	
\$10,001 to \$20,000	1	7
\$20,001 to \$40,000	9	
From \$40,001 to \$60,000	1	1

27 - Key Management Personnel Compensation

The aggregate compensation paid to key management personnel is set out below:

	2022 \$	2021 \$
Short term employee benefits	1,505,190	1,498,990

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

2022	2021
Ms Donna Ah Chee (period 1 July 2021 to 30 June 2022)	Ms Donna Ah Chee (period 1 July 2020 to 30 June 2021)
Dr John Boffa (period 1 July 2021 to 30 June 2022)	Dr John Boffa (period 1 July 2020 to 30 June 2021)
Mr Stephen Marshall (period 1 Jul 2021 to 10 Nov 2021)	Mr Stephen Marshall (period 1 Jul 2020 to 30 June 2021)
Mr David Busuttill (period 25 Oct 2021 to 30 June 2022)	Dr Colin Marchant (period 1 July 2020 to 30 June 2021)
Ms Josie Douglas (period 6 Oct 2021 to 30 June 2022)	Mr Brett Capes (period 1 July 2020 to 30 June 2021)
Dr Colin Marchant (period 1 July 2021 to 6 Oct 2021)	Ms Carolyn Renehan (period 1 July 2020 to 22 March 2021)
Mr Brett Capes (period 1 July 2021 to 30 June 2022)	Ms Sheralee Taylor (period 7 June 2021 to 30 June 2021)
Ms Sheralee Taylor (period 1 July 2021 to 30 June 2022)	

28 - Related Party Transactions

During the financial year ended 30 June 2022, no loans or other related party transactions were made to any Board member or key management personnel other than those disclosed in Note 26 & 27.

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 BDO Audit (SA Pty Ltd, the auditors of Central Australian Aboriginal Congress Aboriginal Corporation:

	2022 \$	2021 \$
Audit or review services	24,600	22,727
Other services	-	-
	24,600	22,727

31 - Contingent Liabilities

The corporation had no contingent liabilities as at 30 June 2022 and 30 June 2021

32 - Commitments

The corporation had no commitments for expenditure as at 30 June 2022 and 30 June 2021

Directors' Declaration

CENTRAL AUSTRALIAN ABORIGINAL CONGRESS ABORIGINAL CORPORATION

DIRECTORS' DECLARATION

FOR THE YEAR ENDED 30 JUNE 2022

I, the undersigned, being a director 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
2. give a true and fair view of the financial position of the corporation as at 30 June 2022 and of its performance for the financial year ended on that date; and
3. are consistent with the information contained in the financial statements for the year ended on that date.
4. In the Director's opinion there are no grounds to believe that the corporation will be able to pay its debts when they become due and payable.
5. The Directors are not aware of:
- (a) any grant funds provided from time to time for the general purposes and that all have and complied with the grant from time to time; and
- (b) any attached financial statements are accepted, accurately from the financial records and data of the corporation;
6. adequate provision has been made for liabilities to be incurred and for the assets of the corporation to be maintained; and
7. any expenditure and other liabilities have been maintained throughout the year;
8. the corporation has complied with the statutory obligations in relation to taxation, insurance, employee entitlements and the fulfilment of its obligations;
9. the financial records in relation to the corporation are adequate; and
10. the financial statements are in accordance with the requirements of the Corporations (Aboriginal and Torres Strait Islander) Act 2006.

Signed in accordance with the declaration of the directors

Signed at Alice Springs this 20th day of September 2022



Graham Dwyer
Chairperson

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Independent Auditor's Report



Tel: +61 8 7116 6000
Fax: +61 8 7124 8111

BDO Centre
Level 7, 420 King William Street
Adelaide SA 5000
GPO Box 12110 Adelaide SA 5001
Australia

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 2022, 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 2022 and of its financial performance for the year ended on that date; and
- (ii) Complying with Australian Accounting Standards – Simplified Disclosures 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 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.

BDO Audit (50/79/141/480/51/45/179/440) is a member of a national network of independent member firms which are all members of BDO member firms and BDO 110/110/110, an Australian company limited by guarantee. BDO member firms and BDO member firms are members of BDO International (UK) a UK company limited by guarantee and form part of the independent BDO network of independent member firms. Liability limited by a scheme approved under Professional Standards legislation.



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.

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 – Simplified Disclosures 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.aasb.gov.au/standards.aspx> at:

<http://www.aasb.gov.au/standards.aspx?responsibilities/and.pdf>

This description forms part of our auditor's report.

Independent Auditor's Report



Report on Other Legal and Regulatory Requirements

Opinion

- a) There are no applicable regulations made for the purposes of sections 335-10 and 335-15 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 Islanders) Act 2006 and the Corporations (Aboriginal and Torres Strait Islanders) Regulations 2007. 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, 4 October 2022

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CENTRAL AUSTRALIAN
ABORIGINAL CONGRESS
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