



CENTRAL AUSTRALIAN ABORIGINAL CONGRESS

# 2022-2023 ANNUAL REPORT





# 2022-2023

## 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)
- Imanpa Clinic Advisory Group
- Kaltukatjara Clinic Advisory Group

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

- Aboriginal Medical Services Alliance Northern Territory (AMSANT)
- Aboriginal Peak Organisation Northern Territory
- 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 College of Rural and Remote Medicine
- Australian Drug Foundation
- Australian Government Department of Education
- Australian Government Department of Health, First Nations Health (FNH)
- 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 League (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)
- Deakin University
- 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
- Indigenous Allied Health Australia
- Jawun
- LaTrobe University
- Lowitja Institute
- Mental Health Association of Central Australia
- Menzies School of Health
- Menzies School of Health Research
- Movember Foundation
- Murdoch Children's Research Institute
- Mutitjulu Community Aboriginal Corporation (MCAC)
- National Aboriginal Community Controlled Health Organisation (NACCHO)
- National Disability Insurance Agency (NDIA)
- National Health and Medical Research Council
- 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 Industry, Tourism and Trade

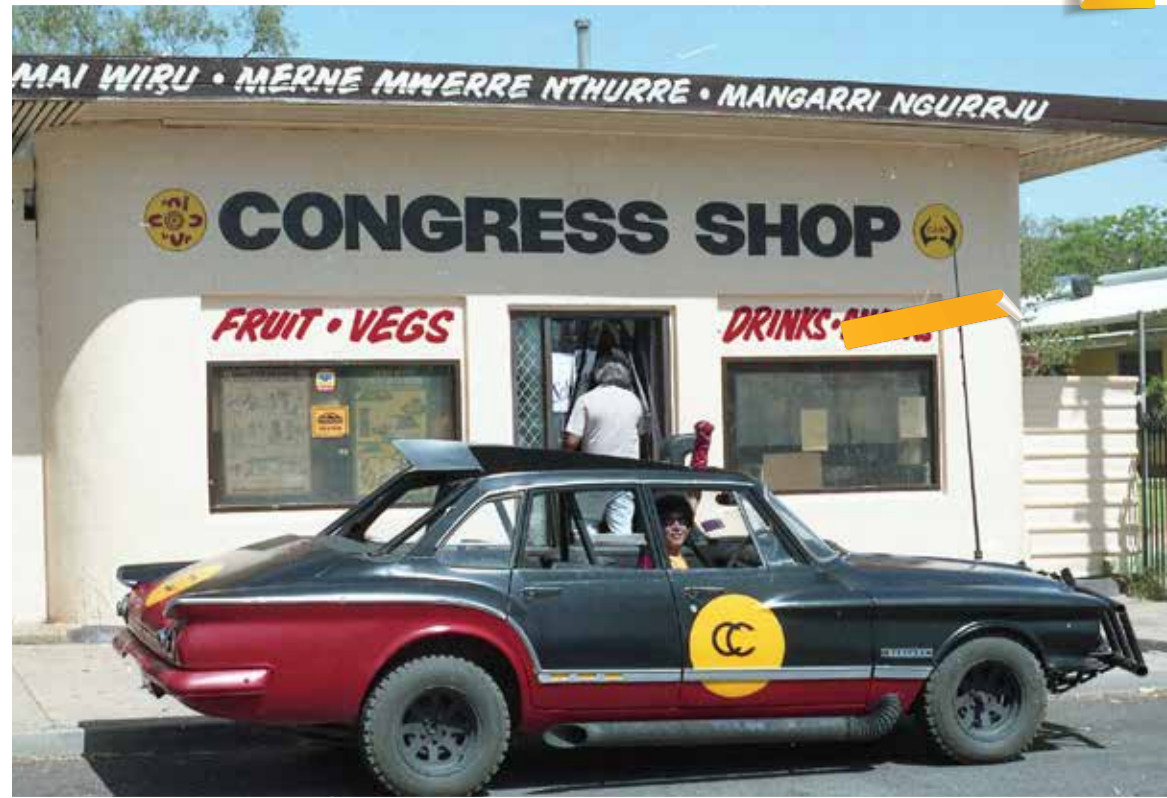
- Northern Territory Department of Territory Families
- Northern Territory Government Department of Education
- Northern Territory GP Education and Training (NTGPE)
- Northern Territory Medical Program
- Northern Territory Primary Health Network (NT PHN)
- Northern Territory Remote Training Hub
- Nourish Our Communities
- 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)
- Services for Australian Rural and Remote Allied Health
- 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 Adelaide
- University of Melbourne
- University of Newcastle
- University of South Australia
- University of Sydney
- Vision Australia
- Women's Safety Services of Central Australia
- Yipirinya School
- Yirara College of the Finke River Mission



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The old Congress Shop. This was purchased along with its liquor license. The license was let lapse and the grog was poured out, live on TV.

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*Congress acknowledges the traditional owners of the lands we live and work on. We pay our respects to them and their culture and to their elders past and present.*

*The 2022-23 Congress Annual Report cover art and theme is inspired by the amazing collection of images and other documents telling the Congress story, sourced from Congress Arrulenyne. This culturally responsive online archive belongs to you, the Congress community, and is available to interact with at [congresshistory.caac.org.au](https://congresshistory.caac.org.au).*

*Historic images used throughout this report are courtesy of Congress Arrulenyne. Readers are reminded that this publication may contain the names, images, artworks and stories of people who have passed away.*

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## ABOUT CONGRESS: PAST, PRESENT, FUTURE



Central Australian Aboriginal Congress (Congress) began just over 50 years ago 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 remote communities in:

- Amoonguna
- Ntaria (Hermannsburg)
- Wallace Rockhole
- Mpwelarre (Santa Teresa)
- Utju (Areyonga)
- Mutitjulu
- Imanpa
- Kaltukatjara (Docker River), and
- Yulara

Fifty years later 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 2022-2023

### MEMBER DIRECTORS



**Graham Dowling**  
Chairperson



**Ebony Abbott-McCormack**  
Deputy Chairperson



**Dorethea Randall**  
Member Director (Remote)



**Joseph Hayes**  
Member Director



**Taren Williams**  
Member Director



**Greg Drew**  
Member Director



**Tristram Watkins**  
Member Director



**Janaya Kopp**  
Youth Representative  
23 February 2022 - 30 June 2023



**Thomas Coelli**  
Youth Representative  
1 July 2022 - 24 November 2022

### INDEPENDENT NON-MEMBER DIRECTORS



**Assoc Professor  
Peter O'mara**  
Primary Health Care



**Leanne Milligan**  
Finance  
1st July 2022 - 19th January 2023  
23rd February - 30th June 2023



**Leon Chapman**  
General



# 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 services and programs on. We are proud to provide our members and clients an Aboriginal community controlled primary health care health service of the highest standard and acknowledge that our members and clients are our key motivation and purpose. We also acknowledge key people who have passed away 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' 2022 – 2023 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 in our Member Directors and Independent Directors to steer the organisation.

This year has been a big one for Congress, for community control and for Aboriginal self-determination more broadly. This amazing organisation entered its 50th year on 9 June. That's fifty years of activism and advocacy. Fifty years of people bravely standing up to racist and inadequate systems. Fifty years of strengthening – in ourselves and in our position in the socio-political landscape. Fifty years of responding to the needs of the community and proudly working together to improve the health of our people. We pause, acknowledge and thank all those who have contributed to Congress along the way as they have created the pathway to where we are now.

This milestone has come at an interesting time for Australia with the announcement of the referendum, where voting citizens will determine whether or not an Aboriginal voice to Parliament will be enshrined in the constitution. The story of health in the last fifty years can help us understand why this is so important. Congress'

exploration into the gains made in health outcomes for people in Central Australia has highlighted the fact that, despite the social determinants of health remaining largely the same, health outcomes have improved.

The first referendum in 1967 was incredibly important and led to the era of self-determination. This was essentially an activist movement that eventually was enshrined in government policy. From here, Aboriginal community controlled health services were established commencing with Redfern in 1971 and Congress in 1973. Later, in 1994, Aboriginal health service leaders in NT got organised and formed AMSANT, making these collective services an even more powerful expression of self-determination. We demanded change, but greatly increased funding and a framework agreement had to exist before conversations could start. This happened with access to Medicare (1996), the PBS (1998) and then the Primary Health Care Access Program in 1999 along with the establishment of the NT Framework Agreement and the NT Aboriginal Health forum in 1998. It is this advisory forum coupled with the increased funds for primary health care and the NT hospital system that has been key to the improvements achieved in health service delivery, and in turn life expectancy rates and other key indicators. The advisory forum provided a structured platform built on advocacy and structured partnership between Aboriginal health services and government that government couldn't walk away from when the going got tough. And that is what the Voice would provide – a structured partnership including Aboriginal people in decisions that impact them that cannot be ignored when the going gets tough. And we know what is important to us. We know the top issues to go on that Voice agenda: health, poverty, housing, education, employment, food security, early childhood development, youth detention. It is my deep hope that this simple, important and

overdue step forward is endorsed by the Australian people, and by the time of the Annual General Meeting, we are celebrating a successful YES campaign. However, if it is a NO vote, we will continue to do the important work that we do. It wouldn't be the first set back we have had to overcome. Above all, we must continue to be kind and respectful to each other.

Community control is self-determination in action, and Congress is proud to have welcomed three more clinics into our service delivery network. We worked alongside our NTG colleagues and community advisory groups to negotiate the transfer of Imanpa and Yulara to management under Congress in March, with Kaltukatjara joining us also just outside this financial year on 1 July 2023. Community appetite for this change was the driver, alongside the knowledge that Aboriginal health is better cared for in Aboriginal hands. We thank the NTG for their collaborative and unified approach to this transition and welcome the staff that have moved with the community clinics and are now in the Congress family.

Despite continuing our commitments to expansions, maintaining a strong clinical workforce has been a challenge in this period. This is not just for Congress but across Australia, in government, community controlled and the private sector alike. We have advocated strongly for creative solutions for this, arguing the necessity of policy that promotes and nurtures a stable remote clinical workforce. We have undertaken specialised, targeted recruitment campaigns promoting Congress and Central Australia as a life-changing place to work, with some success.

Throughout the financial year, Congress provided 121,684 episodes of care through clinics and a range of services, programs and outreach. There is a lot of work in 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, Executive, CEO, and operational staff. The Board works with and through CEO Donna Ah Chee to support her as she manages the operations of the organisation. We note the hard work of the Executive Management team who maintained operations during the CEO's secondment to AMSANT during the year, including David Busuttil who acted at CEO for the period. We are also here to support the staff and are proud of what has been achieved throughout the year. The Board's thanks go to our workforce who continue to show resilience, showing up to care for our community day after day.

Importantly, Congress remains compliant and solvent and in a good position to tackle the next year of service provision. The capacity of the Board increases every year with the partnership between our majority Aboriginal community members and our independent, non-member directors. This is what makes us different in terms of Aboriginal community control. We continue to invest in good governance with annual board and director performance reviews in line with our Board Governance Charter, and continue to improve our governance through these processes. This year the Board undertook Australian Institute of Company Directors training to continue to build on and nurture our capacity as leaders.

Congress continues to work on its capital investment projects - taking on more leases, our expansion needs, continuing repairs and maintenance, and importantly the building of a Health Hub at 127 Todd Street. As planned as part of this large infrastructure project, this year, Congress put out tenders to the market and were pleased to enter into a contract for construction with works to begin in the very near future. The development of the



Mparntwe Health Hub is unique as it will be both a place of service provision to our constituents as well as housing Congress employees. It has been critical to get the design of this building and financing of the project right. We are proud of the building we are working towards, with architect Sue Dugdale and Associates.

At the same time we are also progressing the building of a new clinic at Mutitjulu, major refurbishments at Ltyente Apurte clinic and the new pharmacy out the front of our Gap clinic as well as major refurbishments to Ingkintja along with other projects.

We also continue to work with our joint remote health boards and continue to meet with them as an important pathway to Aboriginal community control and local leadership and decision making. Congress meets with representatives from the health boards at a Joint Remote Health Board meeting where matters of regional significance are discussed. 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 Congress' service provision to their communities.

Again, from the Board a big thank you to our staff. You really are valued and you really are appreciated. We live in a small community. Our doors are open and we encourage all feedback to keep growing and getting better. We continually strive to improve and to deliver what's expected of us from our members and clients. This is the heart of Aboriginal community control.

I write this with a strong sense of pride. In the new financial year I am handing the Chairperson reins over to Ebony Abbott-McCormack who will chair until the new year. I remain as Deputy Chair and am committed to continuing my service to this community as member of the strong and productive Congress Board.

**Graham Dowling**



## CEO'S REPORT

Werte. I am pleased to provide the 2022-2023 financial year's annual report, a very thorough summary of what was yet another challenging year for Congress and the Central Australian Aboriginal community.

This year on 9 June, this great Aboriginal organisation marked the significant milestone of 50 years of service to the Central Australian Aboriginal community. The theme throughout the period of celebration has been 50 Years Strong and looking back through the last 12 months I see a clear connection: strength has been key throughout Congress' history, and continues to be now. Congress has a responsibility to its members and clients. We take that responsibility very seriously, whether that be advocating on the policies that impact our health,



or responding to community needs when it comes to healthcare, and continue to carry that responsibility with us, even when there are outside influences that make it more difficult to do so. The last few years have seemed to deliver those thick and fast, but I am proud of the ability of Congress staff, leadership and beyond to maintain our direction and continue to be committed to our clients and community.

Alice Springs started to experience the impact of the cessation of the Stronger Futures Alcohol reforms from July last year. Early in 2022, Congress and other Aboriginal organisations warned government that if the Stronger Futures 'dry areas' were allowed to lapse in July 2022, the result would be a major increase in drinking and violence, much of it directed within Aboriginal families. Unfortunately, both data on alcohol related emergency presentations and anecdotal evidence of an increase in public drunkenness were very quickly apparent and this story continued to be told until things reached breaking point early in 2023. Coupled with national and international attention, strong advocacy by Congress had a significant effect: on 25 January 2023 the Northern Territory Chief Minister announced immediate restrictions on take away alcohol availability in Alice Springs and on 16 February 2023 NT legislation took effect whereby Aboriginal town camps and communities reverted to being 'dry' zones, to remain in place until 2027, pending decisions by those communities to develop Community Alcohol Plans and opt-out of the restrictions. These restrictions led to immediate and dramatic falls in alcohol consumption, domestic and family violence, assaults, and property crime in Alice Springs.

Strong advocacy from Congress and others resulted in a visit from Prime Minister Anthony Albanese to Alice Springs on 24 January. Albanese was joined by a range of leaders, including: Minister for Indigenous Australians the Hon. Linda Burney MP; Assist. Minister for Indigenous Health the Hon. Senator Malarndirri

McCarthy; WA Senator the Hon. Pat Dodson; Member for Lingiari Ms Marion Scrymgour MP; NT Chief Minister Natasha Fyles; NT Attorney-General and Minister for Justice Chansey Paech; and Minister for PFES, Prevention of Domestic, Family and Sexual Violence and Territory Families, Kate Worden. The group met with Congress leaders and other community organisations, including NPY Women's Council and others, as well as Alice Springs Town Council and NT Police, to hear about the issues and possible solutions. From this, \$250 million of additional funding over four years was announced for the region in addition to the election commitments of around \$1 billion for the region. These new funds led to a three-year \$18.4million investment into the Child and Youth Assessment and Therapeutic Service to extend the service's capacity to identify and treat young people with neurodevelopmental disorders, such as Foetal Alcohol Spectrum Disorder (FASD) both in town and remote communities across Central Australia. This announcement came alongside the implementation of a regional controller among other measures to better manage the issues in the region.

Unfortunately, the national media surrounding the Alice Springs social crisis had a negative impact on what was already a workforce at crisis point. COVID-19 had left us with a reduced ability to recruit in the methods that we had previously relied on, and the rhetoric surrounding Alice Springs and personal safety made near impossible what was already difficult – recruiting a strong remote clinical workforce. During this period, Congress has faced a significant workforce shortage especially of doctors, nurses, Aboriginal health practitioners and medical receptionists. These shortages are national, especially in regional and remote areas, all of which are struggling to recruit and retain staff in the "post-COVID" period. The crisis became particularly bad with regard to doctors. This has had significant effects on service delivery,

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which in turn has impacted clients access to preventable primary healthcare, such as health checks. Congress has advocated strongly to Government throughout this period for urgent action to address the workforce shortages, arguing that they risk stalling or even reversing the health gains (eg in life expectancy) made over the past twenty years. I am pleased to say that in line with our strategic priority of providing care to those who are sick, we have been able to pivot and focus on prioritising acute care for those who are sick, for example by establishing the Fast Track Stream at Gap Rd clinic. This means that those who are sick, have continued to be seen. Additionally, no Congress operated remote clinics have been closed to date due to workforce, which is an incredible feat in the current environment. We continue to advocate for practical solutions to make change in this area and I thank our staff for their work in this area, and for persevering through this challenging time.

Congress is committed to providing a strong community controlled service to remote Central Australia, and we proudly took on delivery of three additional services this year, in line with community wishes. We are pleased now to work with Imanpa, Kaltukatjara and Yulara communities. The Transition of these clinics went very well and staff at both Congress and NT Health should be congratulated for making the transition happen as smoothly as it did.

Congress was successful in signing a grant agreement with the Commonwealth in February to implement a new phase of the Connected Beginnings program for the Alice Springs region (2023-2025). This new phase of the Connected Beginnings program provides an opportunity to integrate Congress' existing Child Health Nurse Team, Transport & Engagement Officers, and PRP Early Years Aboriginal Community Connectors, with the view of providing timely child health checks and developmental screening for well children, and supporting pre-school enrolments and attendance.

A notable story to share is the progression of Congress Alukura's Midwifery Group Practice (MGP). Following many years of work and advocacy and through our strong partnership with the Molly Wardaguga Centre, delivery of a redesigned MGP model of care has commenced. Congress welcomes a new partnership with My Midwives who are now delivering the model for Central Australian Aboriginal women, providing them the opportunity to have their babies at the Alice Springs Hospital, supported by their Alukura midwife and with the security of cultural safety and continuity of care. This is an important progression for our provision of culturally responsive services, and a continuation of the strong, female-led advocacy that started Congress Alukura in the 1980's.

Our delivery of the Tackling Indigenous Smoking program will continue with an expansion into more remote parts of the region, with a successful tender to run this program in Alice Springs and what is termed the Apatula region but encompasses a large part of the Territory. The remote TIS services will be delivered in partnership with Urapuntja, Ampilatwatja and Pintubi Homelands Health Services.

In February, the need arose for our peak body AMSANT for an acting CEO to stand in for John Paterson while he assisted NAAJA with a secondment also. I was honoured to be asked to step in and appreciated the Congress Board's endorsement to do so. This was an important role to step into, as the need for strategic Aboriginal leadership from our peak bodies like AMSANT on key issues such as our health workforce crisis and clinic closures, among others, was at stake. I understand the impact that this kind of change can have, and acknowledge the hard work and dedication displayed by my Executive colleagues in maintaining our direction in my absence, particularly David Busuttill who took on the CEO role in an acting capacity during my five-month secondment.

Also in leadership changes, in February Congress farewellled Dr Josie Douglas who joined Congress as

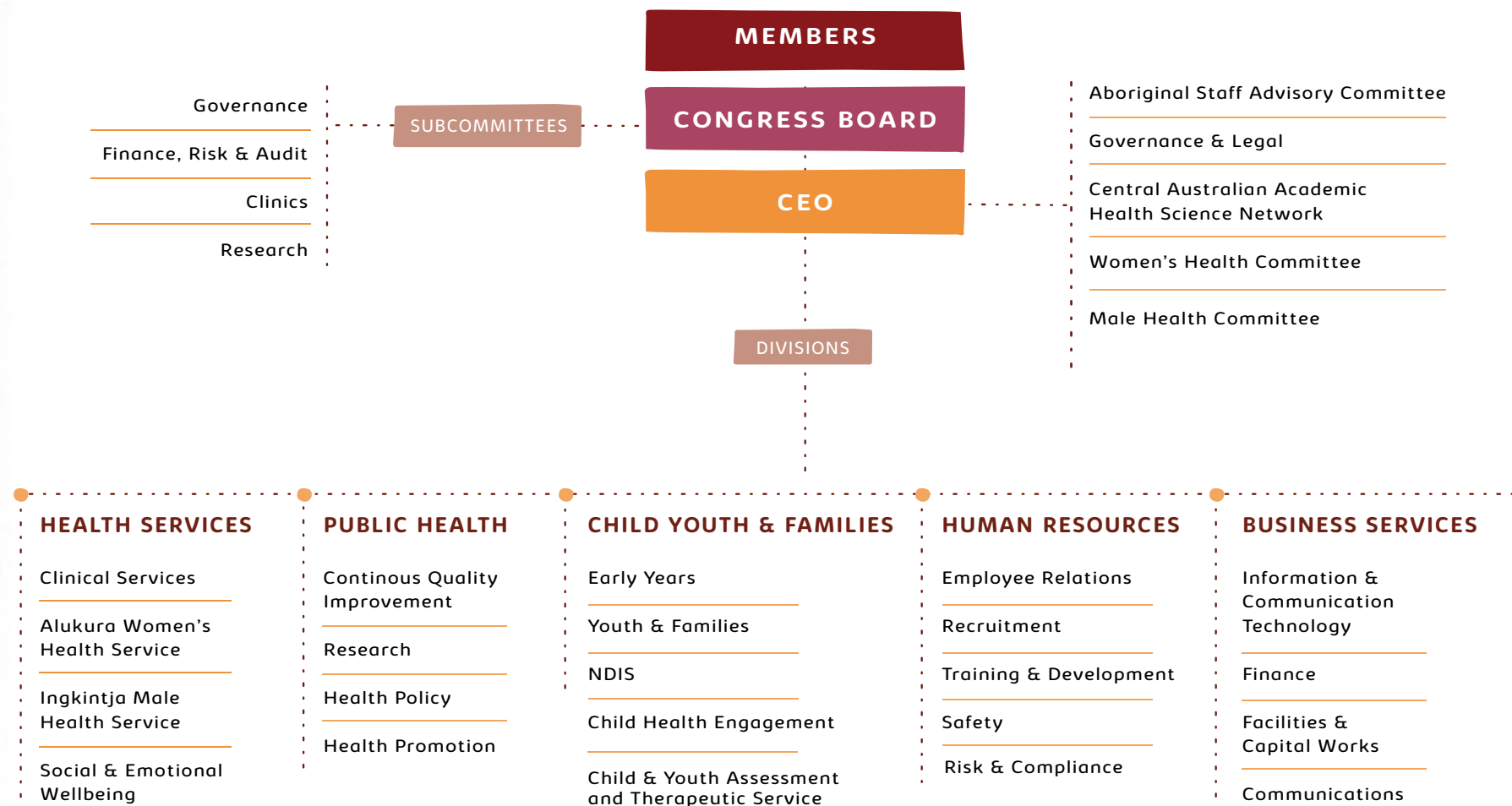
General Manager Health Services Division in October 2021. During Josie's tenure she was key in progressing the transition of the new remote clinics, our health service delivery model redesign, and Alukura's Midwifery Group Practice along with many other strategic projects that benefited from the strength, knowledge and experience she brought with her. Josie's passion for social policy drew her back to Central Land Council allowing her to focus her efforts on the campaign for the Voice to Parliament.

I wholeheartedly look forward to the large 50th Anniversary event that is currently being planned by a steering committee of key Aboriginal staff for 15 October. Coincidentally, this falls the day after the referendum that will decide whether an Aboriginal Voice to Parliament is enshrined in our constitution. I am hopeful that Australia will vote yes, inspired by the strength of organisations like Congress, who, using the voice that we fight to have every day, make positive change for Aboriginal people. Either way the vote may go, Congress' 50 years of strength in self-determination is still the tip of the iceberg for what can be achieved, and I am so proud to be part of this team and the sector as a whole.

Thank you and congratulations to the Congress Board of Directors for the support and direction they provide to me and my colleagues in the Executive team. This note from me is just a brief introduction to the achievements of Congress for the year. When reflecting on the milestones reached by our teams, I am amazed by how much has been accomplished, especially in such difficult circumstances. I continue to be proud and inspired by the passion that drives our staff, from those in fundamental roles behind the scenes to those who are engaging and delivering healthcare to our clients daily. Thank you to each and every one of you. I look forward to leading and supporting you into the next 12 months.

**Donna Ah Chee**

# CONGRESS ORGANISATIONAL STRUCTURE





# CHILD YOUTH & FAMILY SERVICES



Playtime at the original Childcare centre



Childcare moves to Gap Rd



2023 at the Bangtail Muster



## EARLY YEARS

**Ampe Akweke Apurtele Arntarnte Areme, Congress' Australian Nurse Family Partnership Program (ANFPP)** is a voluntary home visiting program for any women living in the Congress health service footprint, pregnant with an Aboriginal Child. This evidence-based approach continues to demonstrate long-term, positive impacts on health, development, and educational outcomes for young at-risk families. Trained specially in the ANFPP model, nurses/midwives, Aboriginal family partnership workers and a social worker visit women fortnightly, from early in their pregnancies until their child turns two. Visiting teams work with young families, promoting health in pregnancy, providing education to families about child health and development, and encouraging young parents to develop a vision for their future. In August 2022, young ANFPP participant families shared their experiences in a production about the joys and challenges of being a parent in Alice Springs. This powerful video was proudly featured at both the ANFPP National Conference in Brisbane and the Best Start to Life conference in Mparntwe.

The ANFPP team conducted 1398 visits with clients during the reporting period and the team were active and visible in the community with stalls for NAIDOC week, the Alice Springs Show, Jeanne Haile's Foundation, and Closing the Gap Day. The team and clients also participated in local events for Harmony Day, Women's Health Week, RU OK Day, and Tangentyere Playgroups. Through the program, clients were treated to Christmas and Mother's Day celebrations and Infant Massage sessions. Additionally, the program provides a culturally responsive Giving Birth class each month for pregnant

clients, delivered by a team midwife. The team worked closely with other stakeholders, so women gain skills and confidence in accessing services for their children.

The ANFPP office is the most often chosen space for visits during this time for mums to be. The office underwent a kitchen upgrade, including the installation of a baby bath in the parent room.

**Congress' 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.

**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 is reflected by continued demand, including a waitlist for places at the centre. Aboriginal families make up 80% of the current enrolment. The centre continued to build and nurture strong relationships in the community and internally within Congress, aiding children with developed learning plans to have access to services easily while at the centre. The centre supports therapeutic relationships, encouraging visits from occupational and speech therapists and others who are supporting children with their development needs. All Children have developmental goals and learning plans that are

incorporated into the program in each room, in line with the Early Years Learning Framework. The program is child-led, fostering the interest of each child. The goals that are developed are then planned for through the child-led experiences, ensuring they are achievable, and the children are engaged. As children advance through rooms at the centre (or on to preschool), transition statements are completed detailing developmental milestones, including potential referral pathways.

**Ampe Rlterke Amangkeme Child Health and Development Centre** is an early childhood health and development centre for Aboriginal children from non-working families living in Alice Springs, aged 6 months to 3.5 years old. The program offers bi-cultural play-based activities with a both traditional and cultural education based on the 3a approach. Throughout the reporting period, 100 children were enrolled in the program, however regular attendance was a challenge with an average of 8–12 children attending daily. Support is provided to families to both enrol their kids in the centre and attend regularly to get the most out of the program. As well as participating in several community events throughout the year, families are welcomed into the centre through a fortnightly family day, providing an opportunity for families to engage with the learning programs provided. In the first half of the year, the centre held health information sessions for families, staff and children, including: Traditional herbs/medicines and some of their uses with Akelyerre (Healing Centre), Eye Health, Ear Health and Healthy Eating Habits.

The centre experienced staffing challenges, including the departure of long-term manager who was farewelled after an amazing ten years working with Congress.

Congress' **Preschool Readiness Program (PRP)** assists children aged three to four years old in readiness for preschool through bi-cultural play based learning in a classroom environment. The program includes helping the family to support and engage their child, choosing and enrolling in preschool and making sure their health checks are up to date. 57 Children were enrolled in PRP through the year, enabling them to be referred for assessment and assistance to address underlying issues, and on to preschool. 49 of these children had ASQ-TRAK developmental screening while in the program. Engagement officers play a vital role in this process. The team talk with families about their child's development, learning and progress for transitioning to preschool. Meetings are held with families whenever they are available to attend. Some parents and carers are unable to attend due to various commitments and the team also communicates about children's development and progress through notices, letters and learning documentation.

Congress' **Transport and Engagement program** assists families living in identified town camps and other town locations to reduce barriers that prevent children from attending preschool, including transport to and from school. The program employs two preschool engagement officers, and these staff have built excellent rapport with families and school staff, providing communication from the families to preschool about their children, any illnesses and absences, medical appointments; and from the school to families from preschool about what is happening at school.

Outreach assistance was provided to seven of the families, practical assistance that connects them with the clinic, housing, Centrelink and other relevant service providers by helping them to call the required service

or liaising with the service to initiate contact when appropriate. The program had 51 enrolments in the period.

The Early Years teams helped increase Congress' visibility in the community by actively participating in community events, including the Bangtail Muster Parade, Harmony Day, Aboriginal Children's day, NAIDOC day and more.

In the last part of the financial year, Congress was successful in signing a grant agreement with the Commonwealth to implement a new phase of the Connected Beginnings program for the Alice Springs region (2023-2025). In turn, planning for a new section within the division was finalised, with the **Child Health Engagement Team** to be launched later in the calendar year with the objective to integrate and coordinate the services provided for Aboriginal children aged 0-5 years and their families, to ensure that they are healthy and well prepared for school.

This new phase of the Connected Beginnings program provides an opportunity to integrate with Congress' existing Child Health Nurse Team, Transport & Engagement Officers, and Early Years Aboriginal Engagement Officers, with the view of providing timely child health checks and developmental screening for well children, and supporting preschool enrolments and attendance.





## YOUTH & FAMILIES

Media around social issues in Alice Springs involving young people in January saw the issue of child and family safety, youth crime, FASD and other neurodevelopmental conditions in the headlines. Strong and ongoing advocacy from Congress about the importance of early assessment and treatment of conditions illustrated to government not only the unacceptable waitlists that exist, but the ongoing impact on families and community the lack of access to treatment is having. In particular, Federal Minister for Indigenous Australians Linda Burney, along with Assistant Minister for Indigenous Australians and Assistant Minister for Indigenous Health Malarndirri McCarthy and Member for Lingiari Marion Scrymgour made repeat visits to Congress to hear from staff at the coalface, speaking to Youth and Families teams. These visits culminated in a welcome investment from the Labor Government into Congress' **Child and Youth Assessment & Therapeutic Service (CYATS)** of \$18.4 million over three years to expand the much-needed service. This funding aims to meet current demand and increase the availability of early detection and intervention services for neurodevelopmental conditions, including Foetal Alcohol Spectrum Disorder (FASD).

Expansion of CYATS allows for greater capacity for early detection and treatment of those neurodevelopmental conditions and ensures families are connected to a network of support services. Additionally, increased funding will allow Congress to better respond to the region's disproportionately high numbers of developmentally vulnerable Aboriginal children,

including those with neurodevelopmental disorders and young people in the justice system.

CYATS recorded:

433

Single-disciplinary  
diagnostic assessments  
completed, comprising...

134

Speech  
Therapist

49

Occupational  
Therapist

162

Neuropsychologist

26

Observational  
Assessment

62

Interview

Along with

58

Multi-disciplinary  
assessments

1,576

interventions  
provided

The **Youth Outreach Team** continued to provide support to 34 group members, however the number of these seen regularly was impacted by not having a female Aboriginal youth worker for much of the year. The team continued to conduct advocacy and liaison with key youth service stakeholders around education, medical, housing, financial, human services and youth justice issues, as well as providing social support such as Food Bank referrals, power cards, clothing and transport.

A highlight of the program was participation in the local Deadly 9s AFL Carnival, a very well run and engagement series of games that created an inclusive and positive environment for the young participants. This was a collaboration between sector stakeholders, including Congress, Redtails Pinktails Right Tracks Program, Department of Territory Families, Housing and Communities Youth Outreach and Reengagement Team, Alice Springs Town Council, Yipirinya School, Tangentyere Council and Yirara College.

Congress' **Back on Track** program saw 23 individual cases closed throughout the year, and five victim offender conferences successfully completed. Highlights for participants included participation in the Deadly 9s series, and an exciting street art project. This project, run in partnership with Saltbush, saw a group young people engaged in a Territory Families, Housing and Communities (TFHC) youth justice program team up with several Centralian artists to brighten up a building in Alice Springs. The five young people, aged 14-17 years, helped to paint a mural on the side of the Lhere Artepe building during the school holidays.

In the period, **Congress' Family Support Service (FSS)** provided holistic support for 42 families who are experiencing a range of challenges in their lives, including

homelessness, substance misuse, health issues, domestic violence and more. Team members engaged in a total of 119 interagency meetings. Working collaboratively with other key stakeholders, such as Territory Families, Housing and Communities, Education and other Congress programs is key to ensuring positive outcomes for children and families.

**“ A total of 1849 client contacts were recorded in the FSS program in the 12month period, 953 of which were face to face. 53% of children under 18 years on the FSS program had a valid health check for the reporting period 1 July 2022 to 30 June 2023 and 62.5% of children under 5 years had completed ASQ Trak assessments.**

The team had the opportunity to share about their work when visited in November by the Federal Minister for Indigenous Australians, Linda Burney, the Assistant Minister for Indigenous Australians, Malarndirri McCarthy and the Member for Lingiari, Marion Scrymgour. Minister Burney and Ms Scrymgour also returned in February, visiting the team's new premises at 1/21 Gregory Terrace. Through these visits staff could articulate not just the distinctive way in which they work with families, but the



complexities of the issues that the families are facing every day and why investment in services that provide wrap around support to enable families to set and meet goals are vital in creating lasting change for community.

The **Congress Link Up Service** continued to engage with local members of the Stolen Generations throughout the year, despite experiencing significant staffing disruptions. This included eleven Congress led events. A standout was the Sorry Day event, held at the Reflection Garden at the Desert Knowledge Precinct, which provided an important opportunity for members to be together to support each other while reflecting on the strength and resilience they represent as survivors. Over 50 people attended this special occasion.

**44 Link Up clients were actively engaged**

**26** clients were supported to enquire and submit expressions of interest regarding recovery of stolen wages

**33** clients were supported to complete applications for compensation through the National Redress Scheme

**6** members continue to regularly attend Art Classes.



# NATIONAL DISABILITY INSURANCE SCHEME (NDIS)

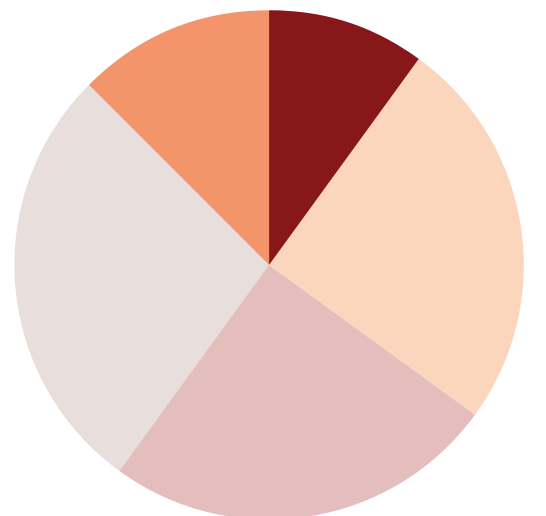
The **National Disability Insurance Scheme** continues to be a developing area within Congress and the community. At the time of reporting, Congress recorded 199 registered participants. Community engagement activities were prioritised to increase awareness of the services provided, and to provide opportunities to inform and remove barriers to people accessing assistance. The team had a presence at the Alice Springs Show, on International Day of People with Disability and at the NDIS Ready-Set-Connect Networking event.

**NDIS Remote Community** Connectors provide support for Aboriginal clients to apply for NDIS, as well as to understand and access the scheme.

Congress staff were educated about the NDIS through 10 in-service sessions throughout the year. These were designed to increase the workforce's understanding of the service and processes to increase internal referrals and ensure messaging from clinicians to clients is consistent.

In the financial year, the NDIS Connector team provided regular support to remote communities with the objective of reducing a geographical barrier to NDIS access.

**NDIS Therapy Services** provided NDIS funded services to 122 clients across Congress Allied Health and the Child and Youth Assessment and Therapeutic Service, including Occupational Therapy, Physiotherapy and Speech Pathology. An increase in demand has led to the recruitment of an additional occupational and speech therapist.



The **Inclusion, Linkages and Capacity Building (ILCB)** program supports people who are not on the NDIS, but still require support to live with their disability. This team manages the Aboriginal People with Disability Reference Group, a vital consultation mechanism which helps to inform and provide Congress with lived-experience views and opinions from people with disability and carers. The ILCB team supported 317 people with a disability and their families with a total of 1141 interactions across Congress NDIS services.

The NDIA requested the Congress Remote connectors to support

**341** NDIS participants

**35** Congress clients met access to the NDIS

**76** external & **103** internal

Referrals for support received

**54** NDIS applications submitted

# HEALTH SERVICES

Gap Road precinct, from above



Early medicines



The original Hartley St Clinic



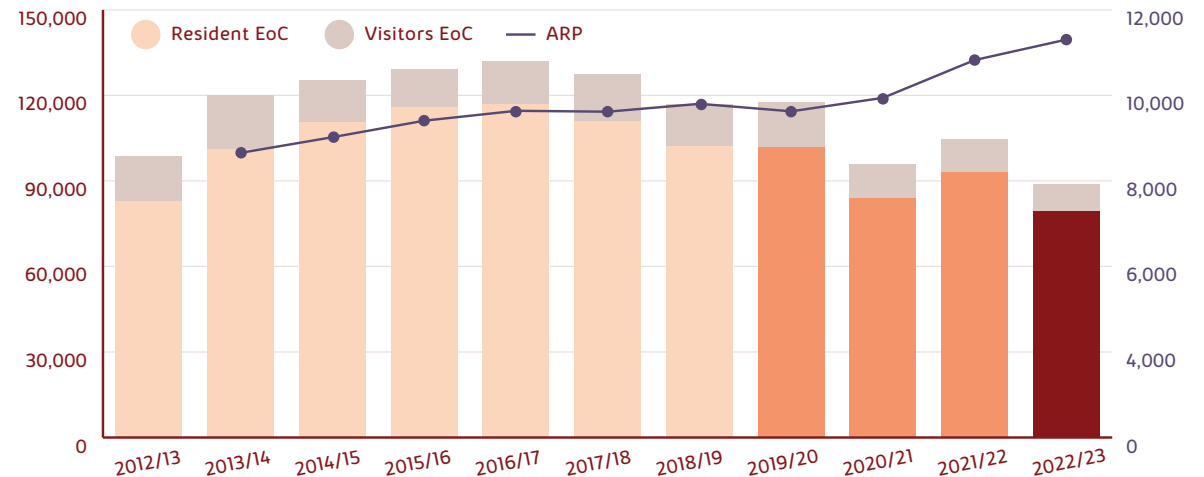
## CLINICAL SERVICES

Congress' clinical services faced a challenging year, as was the case across health services all over the country. The pandemic worsened what was already a crisis in the recruitment of clinical staff to Central Australia. This became near catastrophic when media around social issues in Alice Springs discouraged potential staff even more. Congress' focus was ensuring that the most urgent of service needs were being met, including maintaining services to remote communities. Proudly, no remote clinics were forced to close due to staffing shortages, and the efforts of the remote staff in ensuring this cannot be praised enough. However, sadly Congress was forced to close our Northside town clinic

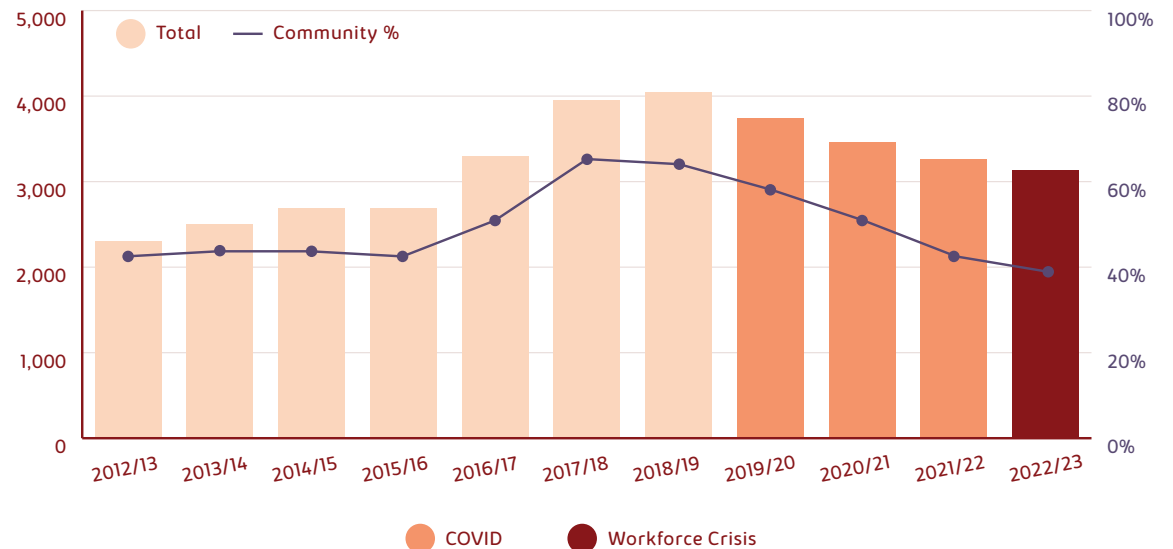
The financial year commenced with Australia still in the third wave of the pandemic. Hospitalisations and deaths were at the highest they had been since the start of the pandemic, and yet the sense of urgency from the government had weakened, as had protective public health measures despite strong advocacy from the community-controlled sector and the pressure being placed on the health system. Although death and hospitalisation rates in the Northern Territory were much lower due to access to vaccines and treatment, this did not lessen the volume of staff acquiring COVID and other respiratory illnesses (such as influenza), preventing them from working. This impact on our workforce soon became an everyday reality, with the impact of COVID on an already difficult workforce situation in remote Australia reaching crisis point.

Management of town services had to be responsive to staffing availability, firstly with rotating closures of clinics, then the eventual closure of Northside Clinic. Although this was not a decision taken lightly, management knew

### EPISODES OF CARE AND ABORIGINAL RESIDENT POPULATION



### COMPLETED ADULT HEALTH CHECKS





that the care needs of clients in that area would be safely and efficiently maintained through delivery of services through other town clinics, supported by clinical staff, transport and Aboriginal liaison officers.

The impact of this workforce crisis is seen most in the numbers of clients being seen for preventative medicine. Episodes of care are down despite a rising Aboriginal population.

Worryingly, the number of health checks is lower than it has been in six years, with only 38% of Adults having completed their annual check.

Childhood immunisations have also dropped to their lowest levels on record and this is unacceptable to Congress. These encounters are key to identifying and preventing many illnesses and chronic diseases, and so the worst impacts of the workforce shortage are yet to be seen but will be realised in future. The decline in access to health care, especially preventive health care due to the current workforce shortage is very likely to start to reverse the health gains that have been made over the last twenty years in Central Australia.

Addressing urgent care needs and the increased traffic to Gap Clinic became a priority, with service redesign being undertaken to make shorter, urgent care appointments available when needed. This led to the development of two teams providing our “Fast Track” service in the Gap clinic.

Contacting Congress via telephone became difficult as medical reception numbers declined due to staff attendance and retention issues. Many new support systems were put in place but we continued on a daily basis to have too few receptionists at work to meet the demand from the community for appointments. .

Extensive work has been done to rectify this, including weekly reports on key data in relation to phone calls. The phone systems were also improved to create a secondary escalation system for unanswered calls. The primary problem however continued to be the lack of medical receptionist at work on any given day. A tough decision had to be made to de-identify the medical receptionist positions so that we could recruit and retain staff in these critical roles. As a result of these changes there has been a dramatic improvement in calls being answered and the number of complaints being received about this has also dramatically reduced. We acknowledge that this has been a challenging period for clients and staff alike.

#### **Medicines Management**

Congress medicine supply is a vital and extremely busy part of Congress. The last few years have seen a significant increase in medications being supplied from Gap Dispensary (GD) and Territory Pharmacy (TP). From 1 July 22 to 30th June 2023 GD and TP dispensed over 30000 items to all Congress clinics. This is an increase of 2000K items or 7% from 2021-2022.

This increase can be attributed to the number of clinics, increased engagement by clients and increasing the ways medications can be ordered and collected. Medications can be ordered by phone, directly at your clinic, by the GP/nurse/AHP attending you or via email.

Since March 2023 Congress actively worked with TP to increase Gap Dispensary staff levels. We now always have two pharmacists and two pharmacy assistants. Most medicines can be supplied to clients within 24 hours in town and TP has committed to remote medicine orders being available with 5 working days plus delivery times. The phone system has been updated this year so clients can call Gap dispensary directly and if not answered it is

answered at Territory Pharmacy. This happens when the clinic is closed during the lunch hour. For clients unable to pick up their medications Home medicine Delivery may be available. This is mainly for elderly, vulnerable, pregnant and acutely sick clients. When collecting medicines from GD during peak times there will be a “fast track” pick up only line. This service should be activated once there are more than 5 clients waiting at the dispensary so that we can avoid people who have pre-ordered their medications having to wait in large queues behind people ordering for the first time at the pharmacy window. The improved phone system, increased staffing, fast track system and other reforms have made a big difference to pharmacy access and waiting times for our clients.

Congress received a grant for a new dispensary and we expect the new purpose built dispensary to be open by 1 December 2023. Territory Pharmacy has helped design and fund these improvements including direct client access, a private consulting room for discussions about client medications and a return to the dispensary being open from 8:30am-5:30pm with no lunch time closure. Eprescribing and ordering for non s100 supply – that is when clients are away from Alice Springs will be in place allowing GPs to send the prescriptions electronically to most pharmacies in Australia.

An automated dispensing unit has been installed at Larapinta Clinic and is expected to be functioning by Nov 2023. This should result in an increase in ordering efficiency, reduce nurse time doing administrative tasks and better availability of medicines. We expect to roll these out to other town and remote clinics once the initial trial is completed.

### Transition Project

A significant milestone in Aboriginal community control and the expression of Aboriginal self-determination was reached this year, with the successful transition of health services at Imanpa, Kaltukatjara and Yulara from NT Government to Congress.

The transitions of Imanpa and Yulara health services took place on 1 March 2023, with Kaltukatjara (Docker River) following in early July 2023. These three clinics join other Congress-run health services in the region at Mutitjulu and Utju, with Congress now providing the majority of

primary health care services to the Anangu living across the south-west 'Lasseter' region of the Northern Territory.

Congress worked closely with communities, establishing locally-based Transition Health Advisory Groups in Imanpa and Kaltukatjara. These advisory groups provided community members the opportunity to be involved in community controlled health business and help shape the service in response to communities' needs and aspirations. Transition Project Officer, Catherine Satour, was instrumental in establishing relationships with community and ensuring there was a

clear channel of communication between the Transition Health Advisory Groups and Congress through regular community engagement and meetings in Imanpa and Kaltukatjara. Representatives from Imanpa and Kaltukatjara were also invited to attend Congress Joint Remote Health Boards meetings as observers during the transition process. Some of the key messages Congress has heard from Imanpa and Kaltukatjara include the need for more social and emotional wellbeing services, increased clinic opening times at Imanpa, and opportunities for local people to be employed in the clinic – all of which Congress have taken on board and are already working to achieve.

The nuts and bolts of transitioning health services is a significant body of work and Congress worked in closed partnership with NT Health on the operational aspects of these transitions. Joint working groups were established with key staff from Congress and NT Health, along with other NT Government agencies, such as the Department of Infrastructure, Planning and Logistics (DIPL) and the Department of Corporate and Digital Development (DCDD), and covered the following key project activity areas:

- Patient Data and Clinical Information Systems
- Infrastructure and ICT
- Equipment and accreditation
- Pharmacy
- Finance
- Service model

An important aspect of the transition was staffing. NT Health staff already working in the Imanpa, Yulara and Kaltukatjara clinics were provided with the opportunity



Imanpa Clinic staff and community after the clinic transitioned to community control



to transfer their employment to Congress, with the majority of staff choosing to come across to Congress. Congress and NT Health worked together to provide staff with monthly joint communiques providing updates to staff on transition progress.

Bringing together the moving parts of the transition was no small feat. Many Congress staff were involved in the many aspects of the transitions, from clinical service delivery, to vehicles, ICT equipment, accreditation, buildings and facilities, communications, and everything in between. Regular Transition Project Leads meetings were held to ensure all Congress staff involved in aspects of the transitions were kept updated with what their colleagues were working on and provided a key forum for staff to share valuable information.

A Transition Steering Committee met fortnightly over the course of the project, and provided a key accountability mechanism for Transition Manager, Emma Delahunty, to keep Executive and the Board (represented by Dorethea Randall) updated with progress and alert to any areas requiring attention.

Quarterly strategic catch-up meetings were held with Congress, NT Health and the Commonwealth Department of Health to ensure there was a forum to raise key strategic issues between partners. Reports from these meetings were then tabled at the Northern Territory Aboriginal Health Forum (NTAHF) which has oversight of transitions across the NT.

These transitions took place in the context of a national health workforce crisis, with critical shortages of doctors, nurses, Aboriginal health practitioners, allied health and other staff disproportionately impacting on rural and remote NT. Whilst Congress was fortunate that the majority of NT Health staff chose to transfer, there was

still a need to recruit more staff especially at Kaltukatjara, where none of the NT Health staff chose to transfer to Congress. Despite these challenges, Congress was pleased to take on Kaltukatjara clinic with a permanent clinic manager, remote area nurses and a doctor, with overall increases to clinic staffing profiles across the three clinics.

An extreme weather event attempted to hamper the Kaltukatjara transition, with significant unseasonal rainfall extending across the central and southern parts of the NT and coinciding with the planned transition handover period. As a result of this heavy cloud and rain, the road between Yulara and Kaltukatjara was closed and charter flights from Alice Springs and Yulara were grounded. Congress staff were unable to reach community until 3 July, whilst NT Health staff were unable to leave and continued to operate the clinic until Congress staff arrived. As soon as conditions eased, Congress very quickly had three nurses and a full-time doctor on the ground.

Congress is proud to welcome Imanpa, Kaltukatjara and Yulara to Aboriginal community control, especially in our 50th year. This is a significant milestone that shows how far Aboriginal community controlled health has come. Providing our services in more communities will help to make a real difference to the health and wellbeing of Aboriginal people across Central Australia, and particularly in Imanpa and Kaltukatjara. Congress has already provided increased access to primary health care services since the transitions, extending clinic opening times in Imanpa from four hours per week under NT Health to two days per week including overnight, with the intention to expand this with allied health and social and emotional wellbeing services. Kaltukatjara has increased medical care with weekly doctor visits.

Congress Yulara provides an outstanding emergency and primary health care service to the township of Yulara, along with thousands of tourists each week who visit Uluru-Kata Tjuta National Park and stay at Voyages Ayers Rock Resort. Palya!

### **Alice Springs Youth Detention Centre**

Congress started delivering medical and therapeutic support to young people in Alice Springs Youth Detention as part of a new agreement with Territory Families, Housing, and Communities. As part of this program, nursing care is provided every day of the week, medical care five mornings per week, a psychologist and cultural mentor four days per week. This team works closely with all staff at the youth detention centre, including youth justice officers, educators, and case managers.

Since September, 79 young people were provided with care at the Alice Springs Youth Detention Centre. This included care related to assessment upon arrival, updating immunisations, general medical and nursing care, health education, and liaising with Alice Springs Hospital for specialist appointments.

Young people were also provided with other support, such as court attendance and providing family visits. The Social and Emotional Wellbeing Team provided two therapeutic groups each week, with a focus on building emotional literacy, discussing worries, and skills building for mindfulness and other strategies.

During the reduced capacity period, where the majority of young people have been transferred from ASYDC to Don Dale Detention Centre, Congress has maintained regular stakeholder meetings with the Don Dale Clinic, and Operations teams at both detention centre sites. The clinic has provided necessary advocacy for young people during this time.



When the new centre becomes operational, it is anticipated that the clinic will also provide regular visits from optometry, audiology, dental and psychiatry, as well as regular health education sessions in collaboration with the education team

### **Alukura**

Alukura underwent significant refurbishment this year. This meant that the team took advantage of the non-operational Northside space and operated seamlessly from that clinic for the period of work. In keeping with the cultural safety of a women-only space, the team that conducted the work was a local, Aboriginal, all female contracting company, First Class Finish Painting. This was a win in several ways, as well as being culturally safe it was in line with Congress' commitment to engaging Aboriginal-owned suppliers.

Congress is in partnership with the Molly Wardaguga Research Centre and My Midwives has worked to redesign the model of care of maternity services for First Nations women in Central Australia through Congress Alukura. For many years Congress Alukura has been trying to establish a Midwifery Group Practice model of care as the evidence that this type of service model is the most effective has been well established. Aboriginal women have been very clear, as are all women, that they prefer continuity of care with a known midwife throughout their pregnancy. The first two iterations of this service model could not be sustained.

This current redesign has been re-invigorated and improved based on the success of the Indigenous Birthing in an Urban Setting (IBUS) prospective cohort study in South-East Queensland. IBUS produced high-level evidence of clinical, cultural and cost effectiveness for First Nations families. Relative to standard care, the

SEQId intervention was associated with a 38% reduction in the odds of preterm birth. It has further been informed by successful partnership between the Institute for Urban Indigenous Health in Brisbane and My Midwives in providing the service in Brisbane.

Congress has now also partnered with My Midwives to provide the same Midwifery Group Practice service model in Alice Springs as this has not previously been done in a remote context anywhere in Australia. There is very good reason however to assume that this service model will provide better outcomes for Aboriginal women in Central Australia as well. The Molly Centre in partnership with Congress has been successful in securing funding for the research support through the RISE SAFELY project being funded by the Medical Research Future Fund (MRFF). The RISE SAFELY project is a complex intervention with four pillars of the RISE framework (see appendix 1): R= Redesign maternal child health services to increase continuity and quality of care; I=Invest in a clinically and culturally exceptional workforce; S= Strengthen First Nations family capacity through connection and belonging; and E= Embed First Nations community engagement, governance, and control. Further funding to ensure the delivery of this project is in negotiation.



Alukura Birthrights meeting 1985

My Midwives have hit the ground running and been able to employ a team of fully endorsed midwives here in Alice Springs and complete all the required agreements with the Central Australian Health Service so that birthing can re-commence in Alice Springs Hospital with a continuity of care MGP service model.

### **Best Start to Life: A National Gathering**

Jointly hosted by Congress, the Molly Wardaguga Research Centre, and Charles Darwin University (CDU) the Best Start to Life (BSTL) gathering was held at the Alice Springs Convention Centre from 10 to 12 October 2022 in Mparntwe. BSTL showcased innovative, translational research, and leading practice changes from around the country, attracting significant national interest. The meeting was a great success, and apart



Malarndirri McCarthy (in Red) with the hosts of the Best Start to Life conference: Sue Kildae, Donna Ah Chee, Yvette Roe and Josie Douglas.



Some of Ingkintja's renovations

from contributing speakers and panelists, Congress had key input to ensure the cultural safety of this primarily women's event. This included a Special Women's Welcome to Arrernte Country, held at Kepelye Arntaye (Jessie Gap).

In the words of delegates, it was "inspiring, brilliant, powerful" or quite simply "the best conference I have ever attended." A significant part of this result were the eminent keynote speakers including Commissioner June Oscar AO and Senator the Hon. Malarndirri McCarthy who spoke about the best start to life as a universal right for all women and families.

### **Ingkintja**

Ingkintja is a male-only service that delivers health and wellbeing services and programs in a friendly, welcoming and culturally safe place.

The multi-disciplinary, male-only workforce will ensure you feel comfortable discussing male health issues. The space includes a men's shed which is designed to be a welcome space for men to spend time and engage with their wellbeing.

Significant investment was made into improving Ingkintja's space this year, with renovations being completed in the clinic and the external areas. It is hoped that this investment ensures that the make-focussed part of Congress service delivery is strengthened, and

that the important relationships between men and their health and wellbeing can be nurtured, socially and therapeutically.

### **Allied Health**

This year, Congress' growing Allied Health team continued its commitment to working alongside Congress clients to enjoy the best of health and wellbeing. The team strengthened strategic collaborations with Indigenous Allied Health Australia and Services For Australian Rural And Remote Allied Health to implement the highest priority activity within Congress' Allied Health Plan - building an Aboriginal Allied Health Assistant workforce. Three Aboriginal AHA roles were created and recruited to across Eye Health, Foot Health, and Aged





Foot Health Project team and friends: (Back) James Gerrard, Gabby from Coolamon Creative, Artist Curtis Haines, Sabella Turner (Front) Laura Stuart and Jae Clarke)



Foot Health Project launch event



Foot Health Project launch event

Care & Disability, making bi-cultural pairing possible for these key service areas. Allied Health continues to make efforts to engage with community members about their experiences of services through community events in both town and remote areas. Together with CQI, Allied Health kick started the Missed Appointment Project, designed to address the challenges associated with non-attendance to scheduled care through a comprehensive non-judgemental framework; so far, notable findings have identified resource disparities, cultural considerations, appointment overload and communication barriers as reasons for missing appointments. Congress Allied Health hope to continue to expand the capability of Congress clinical environment to host group and therapeutic sessions, with plans to refurbish the Activity Room at Gap Road clinic to be able to safely and effectively see clients in a group setting. This is expected to enhance the wonderful work of Alte Kalte (Deadly Wobblers weekly exercise group) and increase Congress' capability to provide group consultations, client education sessions and therapeutic activities. Additionally, a purpose built allied health truck is in fabrication in Adelaide, with two clinic rooms, designed to make services even more accessible in remote areas. Whilst we faced challenges to recruitment at times, we appointed staff to key professional roles, including to dentist, optometrist, diabetes educator, and dietitian positions.

Innovative approaches to preventing and managing **chronic disease** in primary health care were trialled, including Diabetes in Pregnancy cook-ups and education sessions at Alukura, and a Diabetes In Youth school education program. A 'Shake It Off' diabetes remission program was started in Utju, and Shared Medical Appointments were brought in as an alternative to



one-on-one individual consultations. More so than any other year, collaboration with Congress' research team took place, to implement projects in partnership with Menzies School of Health Research and Central Australia Academic Health Science Network. Allied Health played a pivotal role in planning for Aboriginal-led innovations, including the much-anticipated Merne Mwerre Artweye Areye-ka diabetes program. The commitment to chronic disease management in remote areas was continued with a regional on-call podiatry telehealth service, and outreach podiatry and diabetes education when resources permitted. In town, Diabetes Education and Podiatry services prioritised their service availability for the areas that need it most, including strong coverage at Alukura and Gap Road clinics. The podiatry team took on coordination of Congress clients with a wound, working closely with a high risk foot discharge planner at Alice Springs Hospital (a rotating staff member from a major public hospital in Melbourne). The team supported two graduate diabetes educators completing their credentialling, adding immense value to our recruitment efforts and overall capacity. After successfully securing funding for an additional three years, the Ingke Arntarnte-areme (Looking After Feet) program team commenced the year by engaging with stakeholders to determine how this program would best be delivered over the coming years to optimise diabetes foot health outcomes for Aboriginal people in the Central Australia and Barkly regions. Jae Clarke, an Arrernte man, joined the program team and bringing important knowledge and skills not only to this program, but the wider team. To date, over 780 community members have engaged with the program, and over 340 staff have participated in capacity strengthening workshops to identify and manage diabetes foot concerns. The program built up to a successful Foot Health Resources Launch in June 2023,

which saw the many resources developed alongside community members compiled into a mobile phone app, and housed on the Congress website. The team then presented these resources at the Australian Podiatry Association Conference, where they got a very special mention in the best poster competition!

Congress' **audiology, optometry, and dental services** have continued their commitment to improving the health status of the Aboriginal community. The Audiology service focused on expanding its clinical scope to prevent hearing loss and improve ear and hearing health among community members. This expansion has been achieved through staff upskilling, equipment upgrades, and streamlined care coordination. These efforts have enabled Congress to effectively address ear diseases, particularly in children, to mitigate long-term hearing issues.

Congress brokered strategic collaborations with schools, Alice Springs Hospital ENT, NT Hearing, and Hearing Australia in order to improve client journeys and ensure school outreach and screening initiatives linked people to care. The "Hearing for Learning" initiative in collaboration with Menzies, pairing an Ear Health Facilitator with our Audiologist, has facilitated more engaged community participation in ear and hearing services. From this, we built on relationships with Children's Ground and Families As First Teachers to strengthen ear health services. Notably, our partnership with Specsavers has led to the establishment of hearing aid provision for adults who do not qualify for public services. A highlight for the Audiology service was attending a ranger's camp providing coordinated audiology care for Central Land Council rangers.

The **Eye Health** service has maintained its commitment to optimising the Visiting Optometry Service and provision of spectacles both in town and remote communities, through partnerships with Territory Optical Superstore and Brien Holden Foundation. The eye health service also broke new ground in providing a screening service to Alice Springs Youth Detention Centre and schools in Mutitjulu, and Ltyentye Apurte. Congress eye service continues to work closely with ASH Eye department and ophthalmology with good communications and referral pathways improving all the time. Our local private optometry town services also works closely with the Eye Coordinator to share resources as necessary to provide effective comprehensive eye service in our town. The eye health service continued upskilling and promotional activities to strengthen the capacity of town and remote primary health care staff. The exciting recent addition of a full time temporary optometrist provided Congress with an invaluable opportunity to develop a sustainable and more accessible service for Congress clients – an opportunity made possible through The Fred Hollows foundation. A vision loss support specialist service, made possible through a partnership with Vision Australia, was offered to clients throughout the year with a growth in referrals and community understanding of the service. In April the service ran community engagement sessions with clients and families to provide feedback on the service and development of vision loss support resources, feedback is being used to create an animation video, illustrative images with a local Indigenous Artist, client interviews and a health professionals flyer. We enjoyed attending a number of community health days to grow the awareness of the service and prevent vision loss for local community members. Congress looks forward to continuing its collaboration with Vision Australia.

Despite challenges recruiting to the second dentist position, Congress' **Dental Service** continued with steady service provision. The team initiated a partnership with Alice Springs Family Dental to engage a visiting dentist one day per week. The vacant dentist and dental assistant positions were filled in July. Mutitjulu continued to partner with RFDS whom provide a highly valued visiting service to Mutitjulu. Congress has formally requested an expansion of this service to two further remote sites to supplement the regional service provided by NT Oral Health Service. The team looks forward to being fully staffed in next financial year, expanding on our partnerships with RFDS, Alice Springs Family Dental, and NT Oral Health service. The team hopes to host an Oral Health Forum to strengthen collaboration in the region and continue advocacy for increased resources for dental services.

### Community Allied Health

The Commonwealth Home Support Program (CHSP) continued to serve community members aged 50 and above, with efforts to enhance their overall well-being. Congress' Commonwealth Home Support Program, (caring for our community members aged 50 and over) continues to receive strong referral numbers. Due to work with stakeholders in the first half of the year, we have been able to maximise our reporting of our work for this important cohort in our community (May was the highest level of activity reported since the beginning of the program in 2019). The community based chronic disease rehabilitation groups (Alte Kalte, or 'Deadly Wobblers') have an increasing attendance and are an important community activity for the participants. They are also providing social connectivity to our elders, and other group activities occur including our NAIDOC Week celebration 'For Our Elders' celebrating



Allied Health engaging with community at Amoonguna

our members. Congress allied health also work closely with Tangyentyere Aged Care Service to provide activity days for our older community members with sessions run by congress team members around balance and exercise, foot health, movement and vision. Ongoing and proactive advocacy continued with Congress working alongside Winangali Indigenous Engagement Consultants to who were providing feedback to the Commonwealth Government specifically towards the design of aged

care services for Aboriginal community members. We coordinated with NT Government in both oral health and community health to strengthen service availability in remote communities, offering occupational therapy and physiotherapy healthy ageing services for the first time. Our NDIS Therapeutic service continued to strengthen, with increasing referral numbers, and ongoing development of business and operational systems to ensure service s are effective and sustainable.

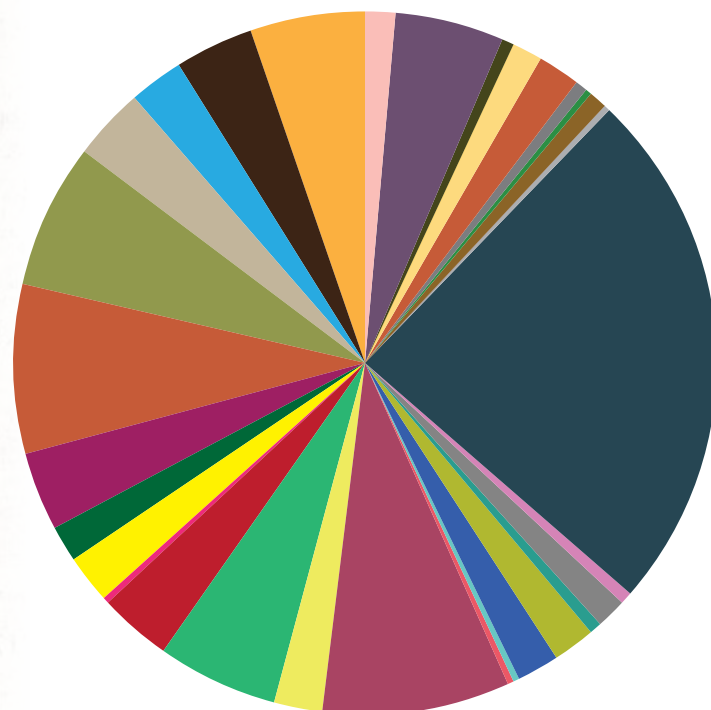




Allied Health engaging with community at Amoonguna



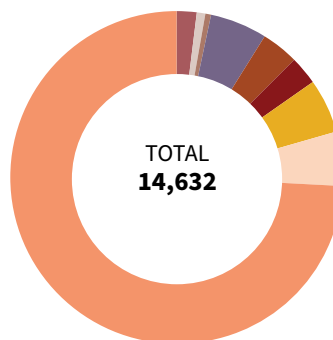
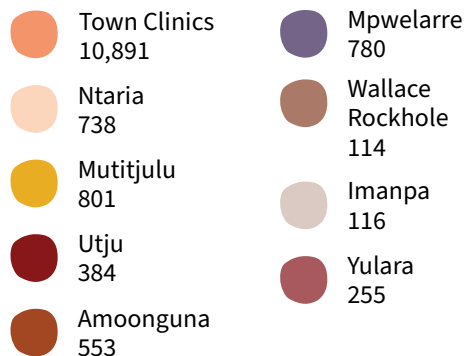
## Breakdown of Episodes of Care by Service



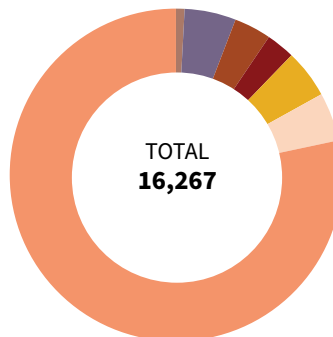
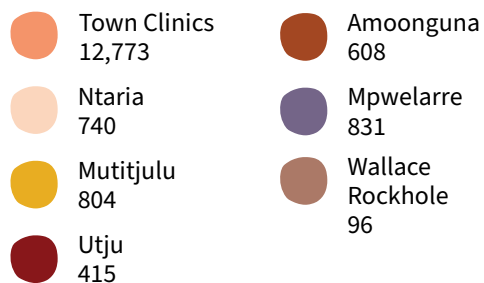
**TOTAL EPISODES OF CARE: 121,684**

## NUMBER OF ABORIGINAL PEOPLE ACCESSING CONGRESS SERVICES

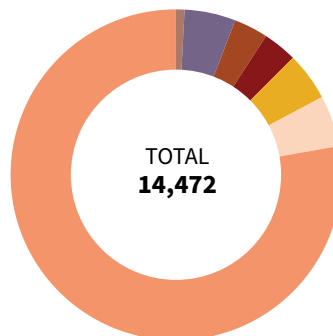
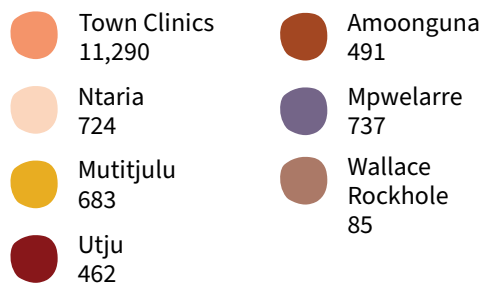
**2022 — 2023**  
(This Year)



**2021 — 2022**  
(Last Year)



**2020 — 2021**  
(Two Years Ago)



## EPISODES OF CARE

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

**Town Clinics: 8**



**Ntaria: 12.34**



**Mutitjulu: 7.25**



**Utju: 9.84**



**Amoonguna: 8.38**



**Mpwelarre: 7.39**



**Wallace Rockhole: 4.64**



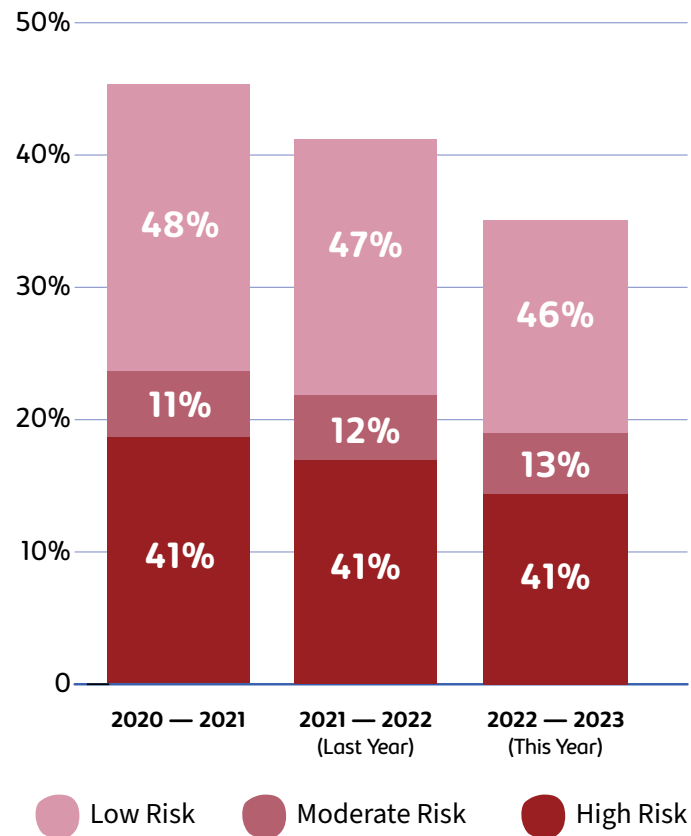
**Imanpa: 2.15**



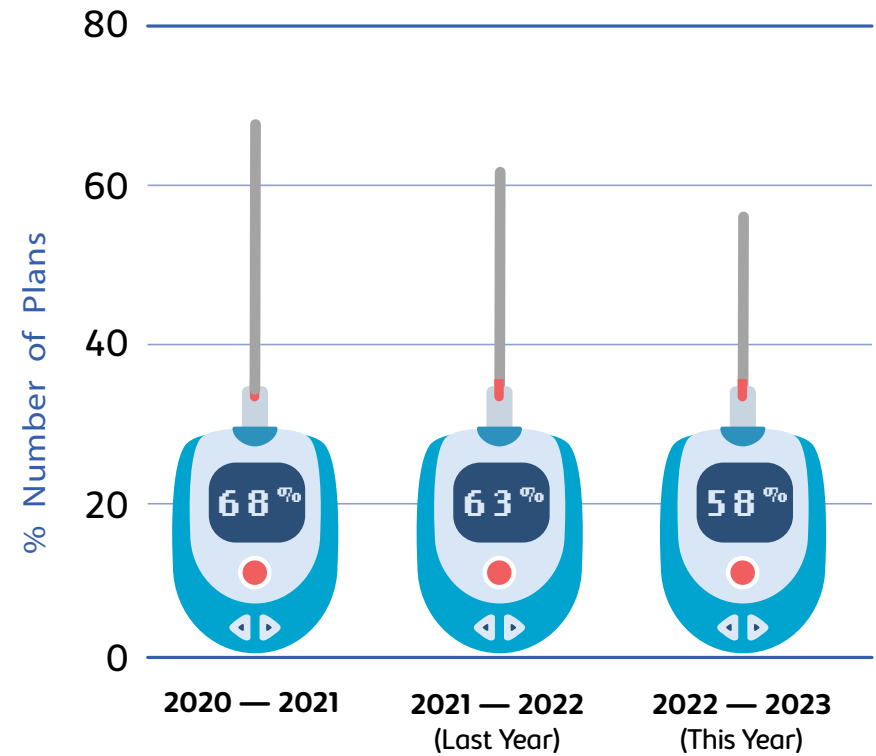
**Yulara: 2.47**



## Cardiovascular Testing



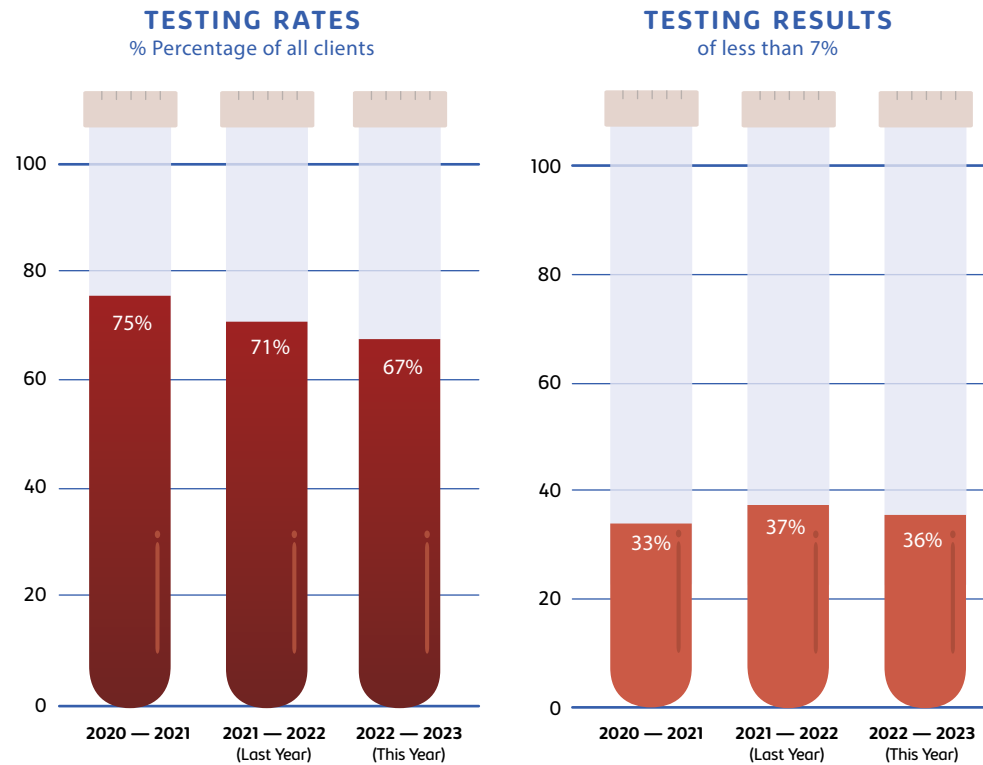
## Diabetic Care Plans issued



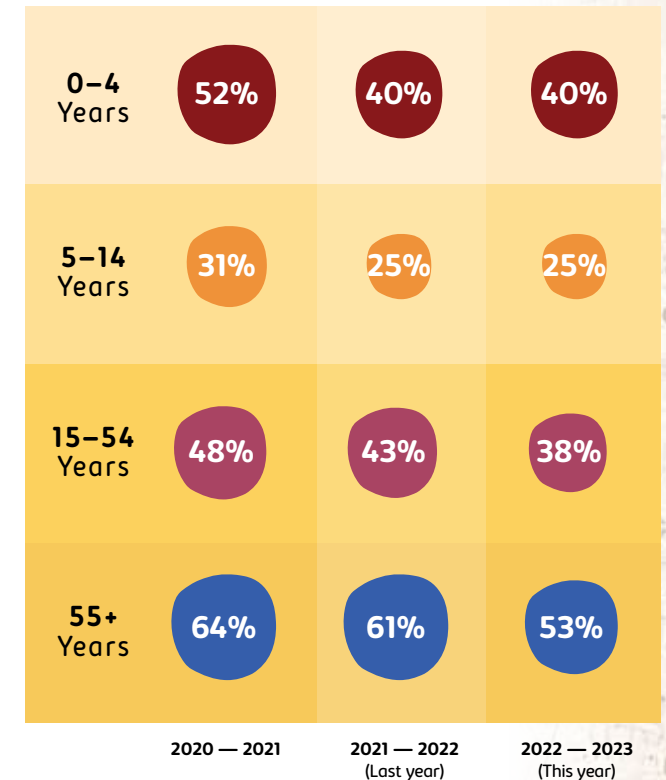


## HbA1c testing

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



## Health checks



## ASQ trak

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



## Anemia testing

In 2022–2023 we tested 54% clients for Anaemia.



## SOCIAL & EMOTIONAL WELLBEING

The Social and Emotional Wellbeing (SEWB) service provides culturally safe, culturally responsive, trauma informed and client-centred care for Aboriginal people in Central Australia. Our team works across the lifespan (from young people to older people), with a focus on providing holistic social, emotional, mental, and cultural wellbeing. The SEWB service supports clients using a strengths-based “Three Streams of Care” multi-disciplinary model. This model embeds our clients’ cultural values and treatment preferences during their episode of care, and includes the provision of social and cultural support, psychological services, and medical care.

The core SEWB service is based in Alice Springs. The SEWB team are multidisciplinary, with psychologists, social workers, mental health nurses, mental health occupational therapists, remote SEWB caseworkers, community services workers, and Aboriginal AOD care management workers. This year, the SEWB team welcomed a new leadership position to the team, with the introduction of the SEWB Clinical Lead. Our team are supported by a dedicated administration team.

Our SEWB service supports each of the town-based clinics, with psychologists and Aboriginal AOD care management staff working from each clinic. For our remote clinics, we have at least once SEWB worker in each of the remote communities, complemented by visiting mental health clinicians. SEWB continues to deliver services on-site at Congress clinics, outreach services to meet clients in allocation of their preference, and also in-reach services for specific programs in Alice Springs.

|                                  | Episodes of care | Unique clients |
|----------------------------------|------------------|----------------|
| Community Services Worker        | 1170             | 207            |
| Psychologist                     | 3506             | 653            |
| Registered Nurse (Mental Health) | 128              | 12             |
| Social Worker                    | 2344             | 342            |
| Substance Misuse Worker          | 843              | 132            |
| Youth Worker                     | 18               | 11             |
| <b>Grand Total</b>               | <b>8009</b>      | <b>1357</b>    |

The SEWB service continued to partner with two residential treatment providers to provide in-reach programs. One of our psychologists continued to provide individual and group therapeutic programs three days per week for the Alternatives to Custody program. 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 continued to deliver psychological assessment and intervention to clients currently residing at Central Australian Aboriginal Alcohol Programmes Unit, 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. Congress also provided a visiting GP service for two sessions each week. Intervention was delivered to clients in

alcohol residential treatment facilities, including weekly psychological group programs for men and women.

Continued stakeholder engagement is an important part of our SEWB program. Alcohol and other drug (AOD) support is a large part of our SEWB program. As such, we participated in the Alice Springs AOD sector meetings with staff from the hospital. A psychologist attended these meetings, an invaluable platform for facilitating continued information sharing, updates and sector improvements between agencies.

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 resulted in pathways to the SEWB service for supported and 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. Congress was part of the Life Promotion Network for suicide prevention information sharing, collaboration and capacity building at agency level.



SEWB and the broader Congress team will continue to strengthen our approach to suicide prevention and aftercare services, with funding received from NACCHO to develop the Culture Care Connect team. This is a targeted program to build capacity in suicide prevention, support individuals during periods of crisis, and support families during a death by suicide. The program is in its early implementation stages, with commencement of services imminent.

Our NTPHN funded mental health nurse program continued to be an important service offering for clients with serious mental health illnesses. This program strengthens the relationships between the Central Australian Community Mental Health Service and Congress to ensure clients are well supported following contact with the hospital mental health services. 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. We look forward to expanding this program, with the employment of an additional mental health nurse – this ensures we have both a male and female mental health nurse available to support our clients.

The Arelhe Apurte-irreme (Women Together) group continued weekly. The purpose of this group is to bring Aboriginal women together to feel connected to each other. 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 education, and parenting. The group also participate in bush trips to locations near to Alice Springs.



headspace and young students from Yirara

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. We also employed a local male SEWB worker to support the men in community. A successful fortnightly men's group was initiated by the local SEWB worker. Ntaria was visited by a male and a female psychologist weekly, supported by a female remote SEWB caseworker. These team members also service the nearby Utju and Wallace Rockhole communities. 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. 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. Amoonguna received services throughout the week from a female social worker, and by male and female Aboriginal AOD care management workers complementing clinic services.

SEWB started providing support to young people at the Alice Springs Youth Detention Centre. We have a psychologist and cultural advisor visiting four days per week. This program is part of the provision of primary healthcare for the young people by Congress. This service also includes a full-time nursing and a visiting GP for multiple sessions each week.

We continue to strengthen our social work and psychology placement program. This is an important aspect of our SEWB program, providing opportunity to strengthen and build the knowledge of upcoming



Chloe Owen and Aram Hutchings at NAIDOC week



practitioners in Aboriginal primary health care, with a focus on community social and emotional wellbeing. This year, we welcomed eight psychology students and two social work students, who completed the necessary requirements for the post-graduate qualifications. This program continues to provide a pathway for students to return to Congress once their studies are completed. We look forward to welcoming our forth coming students.

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 1658 occasions of service to 351 young people between the ages of 12 to 25 years, of which 12.5% were delivered by a GP. Of those, 34.1% identified as being Aboriginal or Torres Strait Islander, 11.8% describe themselves as culturally and linguistically diverse, and 26.4% describe themselves as LGBTQI.

The service offered two social peer groups throughout the year. One group for young people with autism spectrum disorder continued through the year, providing specific engagement for clients with this diagnosis. We also offered a social group for LGBTIQABS+ young people. We will continue to facilitate these groups and are looking at opportunities for other social groups to be run.

We continue to support vocational and education for young people with the Individual Placement and Support (IPS) program. One big success for this program was receiving a positive fidelity review, increasing the program's score by 25% since the previous review.

The headspace team progressed with the implementation of the Yulara and Mutitjulu service. We look forward to launching this program in the second half of 2023.



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# PUBLIC HEALTH



The new!

Image: ABC Alice Springs (Xavier Martin)

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The old!

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# RESEARCH

Congress Research has been at the forefront of innovative research initiatives since 2014, with a robust portfolio of over 140 approved projects spanning internal and external collaborations. We are pleased to highlight a subset of almost 40 carefully selected research initiatives in the spotlight for this reporting period, i.e. July 2022 to June 2023. During this period, over 20 research projects have been led by Congress, demonstrating our commitment to cutting-edge research. Internal research projects, in particular, account for nearly two-thirds of our research efforts, demonstrating our unwavering commitment to advancing knowledge within and beyond our organisation. Our research team has been diverse, with an average of 11 FTE dedicated researchers, nearly 45% of whom proudly represent the Aboriginal community. Some of these efforts are highlighted below.

## Congress-led Research projects

### *Continuity of Care Model evaluation*

This year the Congress Research section are in the final stages of completing a comprehensive multi-year evaluation of the reforms to Congress's primary health model of care in Alice Springs. The reforms were implemented from 2016 to 2018, and included the establishment of three new clinics (Larapinta, Sadadeen and Northside). The study titled 'Evaluation of the Continuity of Care Model in Congress Town-based Clinics', conducted in partnership with the Menzies School of Health Research, and funded by a Department of Health and Aged Care 'Emerging Priorities' grant, evaluated the outcomes of the service model reforms, specifically focussing on:

- Access to primary health care in Mparntwe /Alice Springs,
- Continuity of care, and
- Quality of care.

Key findings include modest but significant improvements in continuity of care, a significant improvement in rates of chronic disease care planning, improved utilisation of multidisciplinary care, and improved accessibility and acceptability of services to clients. Key to the success of the new model was smaller catchment areas, expanded health workforce, and implementation of a multidisciplinary team based approach, enabling care teams to serve smaller groups of personally-known clients. Key challenges associated with the model included maintaining sufficient workforce to staff four clinics; maintaining consistency, coordination and cohesion across sites; and catchment area issues (e.g. transport, availability of services at smaller clinics, maintaining continuity when clients or providers move to different catchment areas). Learnings from the evaluation will be used to inform future service model planning.

### *History Project*

Aboriginal researchers have been gathering photos and documents from Congress's past, and digitising and archiving selected material for research and preservation. So far, over 17,000 items, such as photos, documents, videos and sound recordings, have been digitised and preserved for safekeeping in Content Manager, Congress's digital repository for in-house material.

The History Team have uploaded just under 5000 digitised items to Congress Arrulenyne, an interactive digital community archive which the public can access. They have been busy adding information identifying

people, places and events to 3380 records and in creating 18 albums on subjects such as Congress Hartley Street Clinic, Congress First Childcare and the 25 Year Anniversary Celebration. They have also identified 75 stories for Congress's interactive digital timeline, and have been researching graphics and information for these stories.

To mark Congress's 50th anniversary, the Congress Arrulenyne Archive was launched at the Araluen Arts Centre on 9 June 2023. This included an update on the History Project's findings about improvements in the health status of Aboriginal people in Central Australia over the last 50 years and Congress's role in driving these changes.

The History Team also engaged with community members at events during NAIDOC week and at a stall at the Alice Springs Show by demonstrating how to access Congress Arrulenyne and encouraging them to identify people and events to add information to photos and other material in the digital community archive.

### *Remote Food Security (Healthy Food, Strong Future for Kids) Project*

The Remote Food Security (RFS) Project comprises multiple phases, aiming to explore community-driven solutions to enhance food security in eight remote communities in Central Australia (NT) and Cape York (QLD). The project's primary objectives include assessing the impact of price-discounted healthy foods for women and children on diet quality, food security, and the affordability of a nutritious diet. Additionally, it aims to gather insights from community members, incorporating their experiences and suggestions to shape a community-led food security framework. Phase 1 encompassing the discount card trial and qualitative interviews concluded



in 2021, while Phase 2, involving the photo voice study and community priorities workshops, concluded in 2022. Currently, the translation phase is underway. A Knowledge Exchange meeting took place in February, engaging community representatives from Central Australia and Cape York. Further translation endeavours are planned and scheduled for 2023.

The project has yielded various conference presentations and publications, with more in progress. Moreover, it actively supports translating findings into policies and practices, leveraging available state and national opportunities as determined by community representatives. These efforts extend to contributing project findings to submissions like the National Inquiry into Food Security in Australia and responding to the draft Queensland Remote Food Security Strategy.



Remote Food Security Knowledge Exchange, February 2023, Cairns including Taren Williams (Back, second from left), Sarah Gallagher (Front, 2nd from right) and Jonanthon Dooley (Back right)

Collaborating with community representatives, Aboriginal Medical Service Alliance Northern Territory, Queensland Aboriginal and Islander Health Council, and National Indigenous Australians' Agency, the project team ensures community voices resonate in the formulation of a national strategy for food security in remote communities. Given its continued momentum, the project's timeline has been extended until February 2024 to facilitate further knowledge translation activities.

### External research projects

The Congress research team continue to support tens of other externally-led research studies. This includes but not limited to:

- Commencement of a Congress-commissioned independent evaluation of the Child Health and Development Centre (CHaD), led by the Murdoch Children's Research Institute. This study builds on previous service evaluations to assess the impact of the CHaD centre on children's health and development. The study is expected to conclude in mid-2024; and is expected to be an important tool enabling advocacy for long-term funding for CHaD.
- The *VOICE (Validating Outcomes by Including Consumer Experience)* study, led by CRE-STRIDE, a national collaboration of researchers, which aims to develop a new and better way of collecting client feedback for health services, in a way that reflects the values

and world views of Indigenous Australians;

- *ASQ-STEPS - Measuring Aboriginal Child Development - Completion of phase 3 (validation phase)*. This multi-phase study, led by the University of Melbourne, is a developing, testing, validating and evaluating the first culturally appropriate developmental outcome measure for Aboriginal children. This will be an invaluable tool enabling rigorous evaluation of the impact of services on children's development;
- Completion of the *Indigenous Australian Health Program (IAHP) Yarns evaluation*, a national evaluation of the Australian Government's Investment in Aboriginal and Torres Strait Islander Health Care.
- Presenting the preliminary findings of the *Healthy Journey for Kids Study*, led by Murdoch Children's Research Institute and the University of Melbourne. This study conducted community focus groups and health service audits to make recommendations about the feasibility and acceptability of developing a longitudinal cohort of Aboriginal children in central Australia for future research studies;
- Completion of Congress's support for the *Healing the Past by Nurturing the Future*, led by LaTrobe University and the University of Melbourne; which aimed to develop acceptable, safe and feasible support strategies around the perinatal period for Aboriginal parents who have experienced complex trauma, with the goal of promoting healing and preventing transmission of intergenerational trauma.
- Dissemination of the BDR project findings. While the project element for Congress collecting data should finish this year, the whole project will continue until at least the end of 2024, focussed especially on dissemination of findings.

# CENTRAL AUSTRALIAN ABORIGINAL CONGRESS:

## *FIFTY YEARS OF ACTIVISM, FIFTY YEARS OF STRENGTH.*

On Friday 9 June, Central Australian Aboriginal Congress (Congress) held an event to mark fifty years since the organisation's founding in 1973. The event was centred around sharing outcomes from Congress Arrulenyne (Congress from a long time ago), a recent study that looked into the organisation's history and the impact it has had on Aboriginal health in Central Australia.

Today, Congress is a large Aboriginal Community Controlled Health Service (ACCHS) based in Mparntwe (Alice Springs), one of the most experienced organisations in the country in Aboriginal health and a national leader in primary health care. Congress delivers services to more than 17,000 Aboriginal people living in Mparntwe and remote communities across Central Australia.

Event attendees were treated to a warm reflection on where it all started from Congress' founder and first CEO, Neville Perkins AOM as he recalled the early years of the organisation. Mr Perkins was instrumental in calling a meeting in Alice Springs on 9 June 1973, when over one hundred Aboriginal people from across Central Australia met to talk about the need to safeguard and promote the interests of their communities.

The meeting elected a Cabinet to represent the Aboriginal people from Central Australia, and the name Central Australian Aboriginal Congress was chosen modelled on the Indian National Congress and the African National Congress, who had led their own struggles for self determination. At the time, Aboriginal people lived in very harsh conditions.

Families, language and culture were strong, but extreme poverty and poor housing was almost universal.

There were no land rights, and few health services especially in remote areas. What health services existed were marked by overt racism: the Alice Springs Hospital had been segregated into overcrowded Aboriginal wards and largely empty wards for non-Aboriginal people until 1969. In the 1960s in remote areas up to 1 in 5 Aboriginal infants died in their first year of life, and life expectancy was around 55 years.

Congress' initial aims were to be a voice for the Aboriginal people of Central Australia on all matters that concerned them.

But health remained a great concern, and in 1975, Congress started a Medical Service and began developing its comprehensive model of health care aimed at not just treating those who were ill, but also acting on the causes of illness.

Congress became the voice of Aboriginal health.

But Mr Perkins recalled that "Congress was always envisaged to be more than a medical service ..." and that to realise the rights of Aboriginal people, "... we had to protest in the main street."

Congress Chair Graham Dowling agreed, saying that "The goal of speaking out on behalf of our mob has always been an important part of what we do."

Mr Dowling also paid tribute to the many staff who have contributed to the Congress journey, and especially the Aboriginal Directors who have led Congress since those early days.

"Many things have changed in the last fifty years," he said, "but throughout that time, we have been guided by the dreams and aspirations of our community-elected Board members, and their dedication to justice and self-determination."

The event also heard from Acacia Lewis, who has worked on the Congress Arrulenyne (Congress from a long time ago) project to document the history of the organisation.

She described how the project has created an interactive digital portal, a cultural archive for the community that allows people to browse or search photos, documents and other media from Congress' history, while providing controls to protect and prioritise cultural safety. Through this, it is hoped that the stories – and the learnings – live on. "We want our young people to learn about the history of our old people – the stories of resilience, courage and strength. We are grateful for our old people and their contributions." Ms Lewis emphasised.

In addition, the project has created an interactive digital timeline that allows users to travel through Congress' history and view organisational and community

Congress protest march in support of Charlie Perkins 1988





milestones alongside major changes in the national socio-political landscape.

Finally, the event provided an opportunity to ask the question: after 50 years, what has Congress achieved?

To help answer this question, Congress' Chief Medical Officer Public Health presented some initial, indicative findings from the Congress history project, which demonstrates some significant improvements in the health status of Aboriginal people in Central Australia over the years.

While more work is needed to 'close the gap' in health status with non-Aboriginal people, improvements have been more marked in Central Australia than in other regions of the NT and include:

- More than halving 'years of life lost' before age 75, a key measure of avoidable mortality, especially for Aboriginal men for the period 1999 to 2013;
- improvements in the median age of death which in the mid-1990s stood at around 45 years for men and 55 years for women; but which increased to around 58 years for men and 66 years for women by the period 2014-18;
- a dramatic fall in the infant mortality rate from up to 200 per thousand live births in late 1960s to around 15 per thousand live births in 2018; and
- decreasing proportion of teenage mothers from around 30% to 40% in the late 1980s to around 15% in 2021.

Some areas are more complex.

For example, alcohol related hospitalisations rose rapidly during the 1990s, and only started to fall again after the introduction of effective alcohol restrictions from 2013.



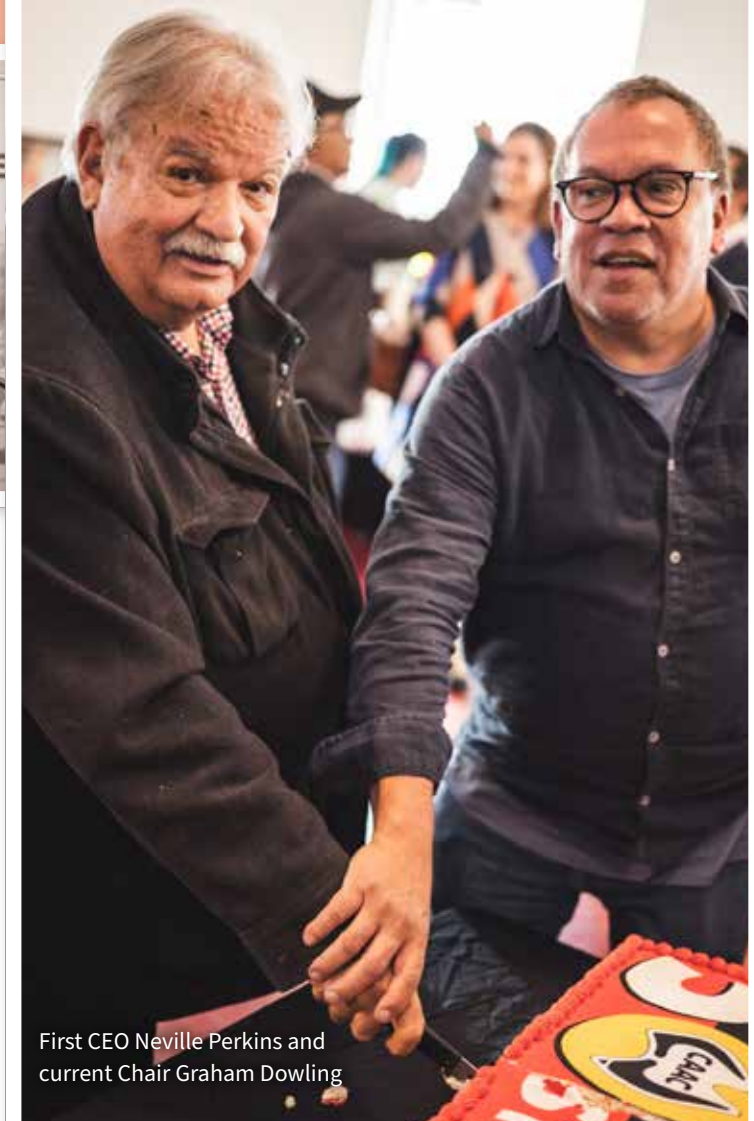
Even with these improvements, Central Australia has more than 100 admissions per 1000 people which is more than twice the level for Top End Aboriginal people and 20 times the national average. Also, low birth weight of Aboriginal babies improved in the late 1980s- coinciding with the establishment of Alukura, Congress' women's health service, but have been gradually rising since then.

These findings support previous findings that demonstrate that health system improvements are the major reason for the better outcomes. Funding matters. The total funding for primary health care has increased dramatically from the late nineties across the NT.

In addition, from 2001 with the election of the Northern Territory's first Labor Government there was a major increase in investment in public hospitals, increasing both their capacity and clinical safety.

However, analysis of Census data for the period 2001 to 2021 shows inconsistent improvements in only some social determinants of health (e.g. education) mainly in Alice Springs itself but from a very low base, alongside increasing poverty and inequality in remote areas. Given this, it is unlikely that the health improvements are due to any changes in the social determinants of health beyond those impacted by an improved health system.

In closing the event, Graham Dowling reflected on the improvements that have been seen and the growth of



First CEO Neville Perkins and current Chair Graham Dowling

Congress since 1973: "I think it confirms the wisdom, authority and knowledge of those who founded Congress fifty years ago, and all those who have contributed to the organisation since then. And we mustn't forget the contribution of the many other Aboriginal organisations here in town and out bush, who have also been part of the struggle for our rights, and for justice and health for our mob."



# HEALTH POLICY

A key part of Congress' role as an Aboriginal community controlled health service is to be a *voice for our people*. This includes speaking out on the social, cultural, economic and political determinants of health.

With the ending of the COVID-19 Public Health Emergency in the Northern Territory in June 2022, two other issues became the focus of advocacy and policy work during 2022-23: alcohol and workforce.

The unrestricted availability of alcohol is a major health issue for all Central Australian communities. Congress devoted considerable advocacy to this issue, especially regarding the expiry of the *Stronger Futures* dry areas provisions in July 2022. As predicted by Congress and other Aboriginal organisations, the expiry of the provisions unfortunately led to a dramatic increase in alcohol fuelled violence – much of it directed at Aboriginal women – in the second half of 2022. National and internal media attention was focused on the situation in Alice Springs.

In response, Congress called for a twofold strategy to address the situation. First, the reimposition of alcohol bans to break the cycle of violence and keep Aboriginal people and families safe. And second, sustained action on the drivers of destructive drinking such as intergenerational trauma, poverty and inequality, poor education, and discrimination.

Congress' advocacy had a significant influence on the national debate, with the Prime Minister and senior Federal Ministers visiting Congress in January 2023. Take away alcohol restrictions were immediately implemented by the Northern Territory Government, followed by new 'dry area' provisions for Aboriginal communities and

living areas while those places developed their own Alcohol Management Plans.

These restrictions led to an immediate and dramatic fall in the number of domestic violence incidents, assaults and property offences in Alice Springs.

In addition, the Australian Government allocated \$250 million to address the underlying causes of alcohol abuse in Central Australia.

The other major policy issue was the availability of a primary health care workforce. This became increasingly difficult in the second half of 2022. While the COVID-19 pandemic made the crisis worse, Congress argued that the shortages resulted from decades of under-investment in the education and training of Australian health professionals across many governments at national, state and territory levels.

Through numerous forums, Congress outlined to government a range of short, medium and long-term solutions, focusing on practical actions to recruit, train and retain Aboriginal Health Workers / Health Practitioners, nurses, doctors and allied health professionals in remote Australia.

Congress also continued to advocate on a wide range of other matters through making written submissions to inquiries and other government processes, including:

- Objection to the applications for additional poker machines in Alice Springs, August 2022
- Response to Draft *Anti-Discrimination Amendment Bill* 2022, August 2022
- Response to the draft Territory Water Plan, November 2022

- Submission to the Australian Government on the Role and Functions of an Australian Centre for Disease Control, December 2022
- Submission to the Review of the National Agreement on Closing the Gap: Review paper, December 2022
- Submission into the Inquiry into Community Safety, Support Services and Job Opportunities in the Northern Territory, December 2022
- Submission to the Senate Inquiry into missing and murdered First Nations women and children, December 2022
- Submission to the three-year review of the *NT Liquor Act 2019*, March 2023
- Submission in response to the draft NT Alcohol Action Plan, March 2023
- Submission regarding the *Constitution Alteration (Aboriginal and Torres Strait Islander Voice)*, April 2023
- Submission to the development of an Early Years Strategy, May 2023
- Priorities for *A Better, Safer Future for Central Australia*, May 2023
- Submission to the Select Committee into the Provision of and Access to Dental Services in Australia, June 2023
- Submission to the Northern Territory Department of Education's NT Preschool Review, June 2023

The policy team also supported the Congress Aboriginal leadership in making a number of public addresses and presentations including:

- CEO Donna Ah Chee keynote address to the NT Diabetes Summit (*"Too much sugar ... It's a White*

man's disease": *Diabetes Prevention and Primary Health Care in Central Australia*), Alice Springs, 3 November 2022

- CEO Donna Ah Chee presentation to NT Clinical senate (*An Aboriginal community-controlled primary health care response to the COVID-19 pandemic in Central Australia*), 25 July 2022
- CEO Donna Ah Chee Keynote Address to the Aboriginal and Torres Strait Islander Health Worker and Practitioner Excellence Awards, Alice Springs, 16 September 2022
- Central Australian Aboriginal Congress presentations at the Population Health Congress 2022, Adelaide, September 2022 including on
  1. *Arrwekele akaltye-irretyeke apmere*: Supporting Aboriginal children in Alice Springs growing up strong (CHaD)
  2. Shifting the developmental trajectory for Aboriginal children in Central Australia: CYATS model
  3. The impact of Minimum Unit Price on alcohol in the Northern Territory
  4. Establishing a Graduate Nursing Program in Remote Indigenous Primary Health Care
  5. The 50 year impact of an Aboriginal community controlled health service
  6. Three Streams of Care: Integrated AOD Services in Aboriginal Primary Health Care
  7. An Aboriginal community controlled COVID-19 vaccination outreach program in Central Australia
  8. Strengthening Aboriginal child and family safety through a bicultural family support model



Advocacy in the Congress Boardroom, including Prime Minister Anthony Albanese, Minister for Indigenous Australians the Hon. Linda Burney MP; Assist. Minister for Indigenous Health the Hon. Senator Malarndirri McCarthy; WA Senator the Hon. Pat Dodson; Member for Lingiari Ms Marion Scrymgour MP, NT Chief Min Natasha Fyles, NT Attorney-General/Minister for Justice Chansey Paech; and Minister for PFES, Prevention of Domestic, Family & Sexual Violence; and Territory Families, Kate Worden.

- CEO Donna Ah Chee Address to the Best Start to Life Conference (*Maternity care: the next level*), Alice Springs, 11 October 2022
- General Manager Health Services Josie Douglas Address to the Best Start to Life Conference (*The history and future of maternity care and birthing at Congress Alukura*), Alice Springs, 11 October 2022
- CEO Donna Ah Chee address to the Public Hearing of the Joint Standing Committee on Aboriginal and Torres Strait Islander Affairs Inquiry into Community Safety, Support Services and Job Opportunities in the Northern Territory (9 December 2022)

- *Support for Congress Arrulenyne - History Project Launch/50 years* (9 June) including analysis; preparation of presentations; drafting of speech for Congress Chairperson; drafting of media release; and drafting of media stories.

The Policy team, under the direction of the CEO and Executive, also led the development of the Congress Corporate Business Plan for 2023-24, 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

To ensure consistent and timely access to patient information the Health Information Team onboarded three new sites Yulara Clinic, Imanpa Clinic and Kaltukatjara Clinic onto Communicare, Congress' Health Information System. The team worked closely with the Clinical Systems Integration Project Officer to merge the remote Communicare databases into Congress Communicare to support comprehensive care with one database for all of Congress clinics. The team have been using SharePoint as a point of contact for staff to access merge information and to keep abreast of changes and alerts, as well as providing updates via zoom at monthly CQI meetings and during onsite visits. The merges to date have gone smoothly with minimal disruption to clinical services. With Mutitjulu and Areyonga clinics already merged into Congress Communicare, the team look forward to having the remaining two databases merge before the end of 2023.

The CQI Facilitators have been working with programs and teams to develop Monitoring and Evaluation Plans to support consistent and evidence based service provision, recently attending an evaluation training workshop hosted by AMSANT.

The Sexual Health team has been focusing on screening young people and providing additional staff support and follow up. Of note, they have rolled out an enhanced syphilis point of care testing program across the organisation, involving extra staff education sessions, including one on one updates for existing staff, and induction for new nurses and AHPs. The program also incorporates desk top testing kits to make opportunistic testing easier for staff and more accessible for our



Sexual Health bringing attention to the important issues in a fun and engaging way!

clients. Testing rates have increased up to four times the rate of the previous year in some clinics. This success will be highlighted in a poster presentation at the upcoming ASHM annual sexual and reproductive health conference in Manly in September. clients. Testing rates have increased up to four times the rate of the previous year in some clinics. This success will be highlighted in a poster presentation at the upcoming ASHM annual sexual and reproductive health conference in Manly in September.





## HEALTH PROMOTION

Congress' Health Promotion team had another successful period, delivering health promotion and prevention messages across Central Australia. In order to broaden the reach of program delivery, the team continued to form strong partnerships with services throughout the region. During the last year, the section attended 20 events, with an estimated 5,000 community members participating in programs such as Tackling Indigenous Smoking, Gambling Prevention, and Healthy Housing. All events attended were declared smoke-free zones in accordance.

Congress' **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. The team attended the National TIS Workshop in Darwin and presented on their work.

On 31 May Congress marked World No Tobacco Day in Alice Springs, Yulara, Mututjulu, Papunya, and Imanpa with a colour smash fun run, a popular event for adults and children alike. The team has also organised Pledge breakfasts in Alice Springs and rural communities, where we have educated people about the importance of having a smoke-free household as well as the harms of second and third-hand smoking.

Strong relationships have been developed with a number of schools, service providers, and regional shire councils, both in town and in remote regions, to help reduce smoking. The team has also established relationships with the Ngaanyatjarra Pitjantjatjara Yankunytjatjara Youth Program in Mutitjulu, where they attend after school hours and run various activities such as Smokes



Tackling Indigenous Smoking team at the National TIS Conference in Darwin.

and Ladders and other games in which some participants wear masks to simulate being out of breath.

Smoke-free pregnancy education commenced in town and remote locations, providing resources and a safe space for pregnant women to be supported to stop smoking for their own health as well as for their babies.

Health promotion stalls were conducted in public areas and at events in the community, including Stress Less in the Park (Kid and Adults), Mpartnwe's NAIDOC Community Day, and Alice Springs Show to promote

our Smoke-Free pledges. We do this by informing our community where we will be and encouraging them to come to see us and sign a pledge.

Social and mass media social marketing campaigns were run throughout the year, with a strong emphasis on delivering tobacco education through Congress' Facebook page. The team produced ads for CAAMA radio which shares content with the RIBS network and other Aboriginal radio stations across Australia.





Rusted Gems in action



The Redtails Pinktails Right Tracks Program operates as part of the TIS team, leveraging sport as a vehicle to engage young people and deliver quality health promotion programs that focus on tobacco prevention and include mental health and wellbeing, leadership, domestic violence, alcohol and other drugs. In addition to sport, the team continued their partnership with Red CentreNATS through the Rusted Gems initiative, 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 healthy behaviours. For example, participants agree not to smoke while enrolled in the

program. These programs work closely with participants from Yirara College, Papunya, Yipirinya School and Harts Range (Atitjere).

After a competitive selection process, we are pleased to announce that Congress is the recipient of a three-year, \$5 million grant that will continue Congress' delivery of Tackling Indigenous Smoking programs in Aboriginal communities – this time across the whole of Central Australia.

In line with the key activity and process measures, significant progress has been achieved in initiating the **Healthy Housing Program** within the NT communities, including:

- The successful hosting of BBQ events and distribution of informative materials in collaboration with Environmental Health and Congress clinics.
- Engagement with various community stakeholders, building awareness and rapport.
- Commencement of audits in Mutitjulu (n=4) and Amoonguna (n=53) communities alongside key partners.
- Collaborative efforts with the Department of Housing, Environmental Health, and Indigenous Eye Health (IEH) to ensure comprehensive assessments.
- Preparation and distribution of tailored hygiene packs, positively impacting community health and well-being.
- Thorough collection and recording of housing assessment data, positioning for impactful future advocacy.
- Collaborative approach with agencies and networks, reinforcing the case for sustainable housing improvements.



- Implementing a clinic referral process using the safe bathroom checklist in Communicare enhances disease prevention strategies.

Congress received **Tackling Indigenous Gambling** funding during the year to raise awareness about the harmful impacts of gambling in Mparntwe (Alice Springs).

A key part of this was the development of a gambling harm reduction campaign in collaboration with community members and services in Mparntwe (Alice Springs). This campaign was delivered using Congress' *True or Gammon* format, a fun and informal means of delivering messaging in a conversational way. Three episodes were produced and advertised through Congress social media and ICTV. To inform the campaign, nine focus groups were held with 28 community members, with sessions undertaken before and after the campaign was established. Through Facebook, the videos reached 9514 people in the campaign period, 583 on Instagram, and a further 802 on TikTok.

A series of local applications for increased poker machine licences were coincidentally made at the same time as the project began. Congress advocated strongly against these applications being approved, attending public rallies (No more pokies in Mparntwe), submitting objections to the applications, conducting engagement with community groups and individuals about the issue and risks, and delivering public messaging through social media and internal communications channels.

Congress created stakeholder partnerships to deliver integrated community education sessions, with Anglicare NT (Tom Neville Financial Counsellor- Problem Gambling), Lutheran Care (Alexander Dunnage Financial Capability Worker), and Congress Social and Emotional Wellbeing to inform community members of the harms of gambling and provide financial strategies to support them in managing money. These partnerships have integrated financial counselling into gambling education sessions at Hidden Valley, Abbott's Camp, and Amoonguna communities; Drug and Alcohol Services Australia (DASA).



Aunty Sabella showing off a smoke free home doormat





# HUMAN RESOURCES



Congress Health Worker training



Regular BBQs on site at Congress



Graduates of Congress Health Worker program



## 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.

Due to the growth of Congress, the Human Resources team was further expanded with the addition of a Chief Workforce Officer to assist with the oversight of day-to-day **employee relations** and recruitment functions.

The new enterprise agreement was finalised and implemented. Congress was pleased to provide some significant additional benefits to staff. More specifically, remote staff were provided a remote allowance which entitled all remote staff to an additional hourly payment. Further financial incentives were included for remote nurses and GPs.

As the demands of COVID-19 slowly died down, or were incorporated into "business as usual," Congress was, and continues to be, impacted by the industry wide workforce shortages in health. This resulted in significant challenges for the organisation across all areas, but most significantly for our clinics. HR were presented with the dual challenge of being responsible for all organisational recruitment while operating short staffed for significant periods of time. Fortunately, the recruitment team is now fully staffed. While recruitment across the board has steadily improved there are still particular roles that are an ongoing challenge to recruit to. Doctors, nurses and allied health staff present the greatest difficulty. Regrettably, this is currently a global concern which most experts believe will not be remedied in the short to medium term. Congress continues to campaign for significant policy change to facilitate the attraction of health professionals to remote areas.

Despite issues around recruitment, this year saw a significant stabilisation of the workforce, with a sharp decrease in turnover. The turnover rate for the end of June 2023, for all staff, reduced to 33% from 47% the year before. This has allowed Congress to continue to grow its workforce and provide continuity of care.

The transition of the Yulara, Imanpa and Kaltukatjara (Docker River) Clinic to Congress required a great deal of work from all areas of the Human Resources department. Risk and Accreditation and Safety were required to ensure that all of the clinics were operating safely and appropriately. Employee relations and training utilised their expertise to assist with the transition of existing NT Health staff to Congress, while recruitment worked tirelessly to attract new staff to work in our most remote clinics.

As mentioned previously, **Recruitment** continued to be a key area of focus for the organisation, due to the global workforce crisis in health. As such, the Recruitment Team and the Communications Team worked in partnership to develop and implement, creative and innovative campaigns to attract workers to Congress. This includes a GP Recruitment campaign titled "**Change lives, starting with your own**" which had over 2,700 link clicks. A targeted nursing campaign in New Zealand titled "**Nursing opportunities NOW in breathtaking central Australia**" attracted genuine interest with over a dozen registered nurses expressing interest and three nurses hired.



Throughout the financial year, Congress engaged 254 new employees, a substantial number especially when compared to the total workforce size. For all positions that were advertised, a total of 3816 applications were received, this is close to a thousand more applicants than the previous year. 786 Aboriginal applicants applied for Congress roles up from 705 of the year before.

**READY FOR A NEW CAREER?**

**WORK WITH US!**

To see current vacancies and get your resume seen by the right people, apply online and join our talent pool.

Visit [caac.org.au/hr](https://caac.org.au/hr) and follow the prompts.



Due to significant workforce challenges, **Training and Development** efforts were challenged due to the availability of staff being required for service delivery. Despite this, the team was still able to deliver 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. Weekly inductions of new staff were introduced which includes on online component. This has ensured that all new staff receive essential knowledge and training prior to commencing work. Of particular importance is the two-and-a-half-hour Cultural Orientation session delivered by one of our Lead Aboriginal Cultural Advisors. This session provides critical training and advice to new starters to promote an environment of cultural safety for our workers and community.

**Work, Health & Safety (WHS)** continued its work to maintain a safe workplace for Congress staff while continuously improving safety systems. The Congress Safety Manager worked diligently to successfully ensure that all Congress clinics were compliant and safe for the purposes of accreditation.

Overall, Congress continues to be a safe place to work with very few incidents of significance and very low worker injuries as shown by the amount of workers' compensation and insurance claims below.

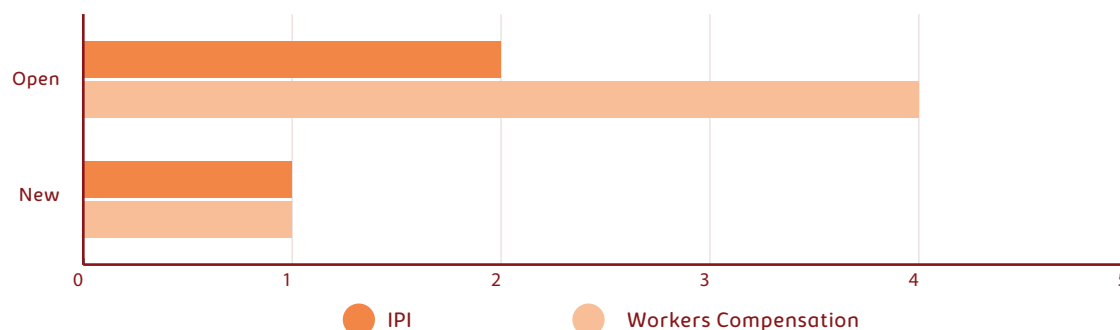
**Risk and Accreditation** had an extremely busy and successful year. For the first time, Congress was required to have all existing clinics (excluding newly integrated clinics) assessed for RACGP (AGPAL) accreditation at the same time. This mammoth task required eight clinics in Alice Springs and remote to be fully compliant in all areas. Through the efforts of clinical staff, led by the Risk and Accreditation team, Congress achieved full accreditation for all clinics for the next three years, confirming the quality-of-service Congress provides.

Further to this, Risk and Accreditation also successfully achieved compliance with ISO and NDIS accreditation requirements.

All internal audits were completed in line with 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.

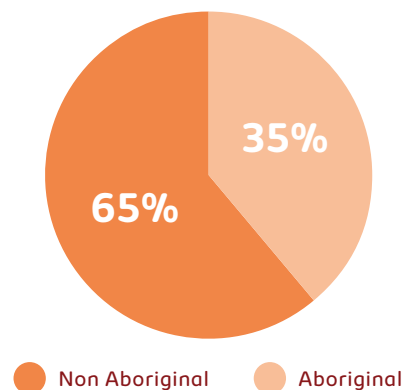
Progress has also been made on the replacement of Congress' current risk management, incident, and feedback reporting application, with suitable alternatives being considered.

## WORKERS COMPENSATION & IPI SUMMARY

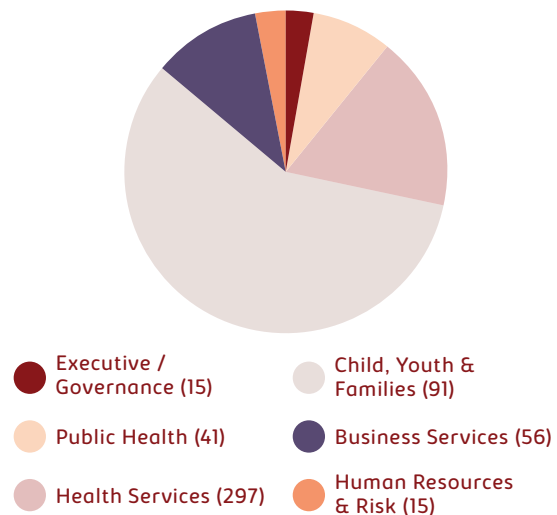




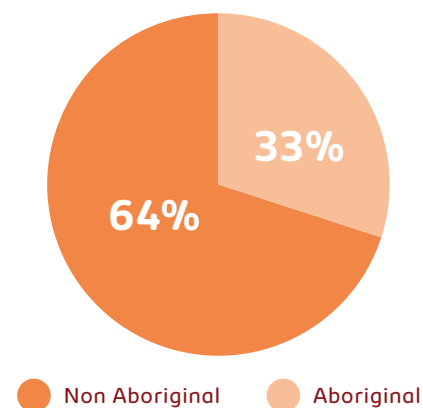
## ABORIGINAL AND NON-ABORIGINAL WORKFORCE



## HEADCOUNT BY DIVISION

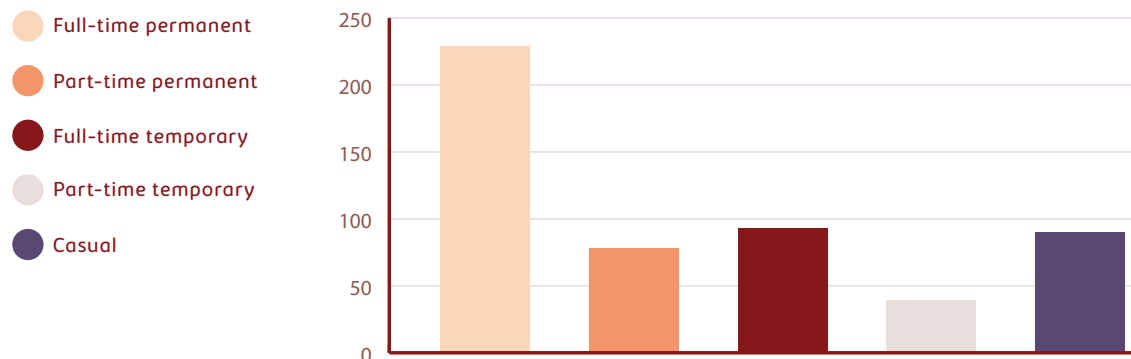


## LEADERSHIP ROLES



Total headcount as of  
30 June 2023 **515**

## HEADCOUNT OF STAFF BY EMPLOYMENT TYPE



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## Facilities being managed in the 80s





## BUSINESS SERVICES

Business Services provides finance, communication, information technology, assets, facilities and fleet services to Congress. For the financial year, Congress reported a modest surplus of \$162,617. At a time of high inflation, and with funding not being indexed at the same rate, this is a considerable achievement.

Difficulties attracting workforce have contributed to this surplus with high levels of staff vacancies. However, these vacancies have also resulted in less Medicare income, and less income from GP Registrars. Being able to pay higher salaries to attract staff within the confines of our largely fixed budgets is a challenge. A whole of government response is needed to address this, and Congress has made practical recommendations to governments.

Providing comprehensive primary health care in remote areas requires large investments. Congress' solid financial position has enabled investment into assets, support systems and staffing to ensure continued and expanded to provision of services to clients.

High quality facilities are essential for both providing health care, and to attract health professionals to remote regions. Congress commissioned a report to assess if buildings were adequately insured. This highlighted the large building base that Congress has, with the cost of replacement estimated at more than \$80m. Many of these buildings are aged and built at a time when health care and safety standards were different. They are also located in very remote areas where the cost of maintenance is high, climatic conditions are severe and electricity and water supply often poor quality.

The 2022/23 financial year saw some exciting developments to improve infrastructure. Congress

acknowledges the significant support provided by the Commonwealth Department of Health and Aged Care who have committed funds for three large capital works projects: the construction of the Mparntwe Health Hub in Alice Springs, a new clinic and renal dialysis facility at Mutitjulu, and major renovations to our Ltyentye Apurte clinic. Design work has been undertaken on all projects and construction will commence in 2023/24. Congress has also completed and progress renovations at Ingkintja, Alukura and Gap Clinic, and some security enhancements at remote sites. The new year's focus will be improving security and facilities of remote staff housing, essential for retaining a remote workforce.

Investment in Information Technology has been prioritised, with a focus on ensuring client and staff information is secure. There have been many recent high profile cyber security breaches, including in the ACCHSs sector. Pleasingly, Congress' IT resources have been well protected, only one minor breach has been identified and was contained by the security systems in place. Recognising the risk, Congress' Board had an increased focus on cyber security with the CIO now providing regular updates. Security enhancements introduced include two factor authentication, replacing our computers with more secure thin clients, moving remote access to Citrix, increasing cyber security training and audits and reviews of our cyber security systems.

Due to technology constraints, some Congress' remote clinics have been operating with separate patient clinical information systems. This has long been inefficient, which compromises health care, with patients having multiple health records across the organisation. The introduction of Starlink satellites has removed those constraints and allowed the databases to be moved to the cloud without compromising security. A project has been merging our separate systems into one that will be accessible across the whole organisation. The project has been a success and will be completed in late 2023.

Recognising the need to ensure communications about programs, services and health promotion are delivered to people in the right way, Congress released an updated, modern, client focussed website early in the year, enabling better messaging through digital channels. The team also worked with subject matter experts and cultural leads to ensure that in-language and visual communications through more traditional channels was balanced with technology, recognising the diverse ways clients access information. To assist with the workforce crisis, the Communications team has had a key role in recruitment campaigns, including a targeted social media campaign with a focus on overseas candidate markets, and improvements to the recruitment page on our website. Highlighting the impact that access to information has on retention and organisational culture, the team continues to improve the Congress intranet, Antherreme (Central Arrernte word for sharing).

To improve safety of staff who travel long distances on isolated and often poorly maintained roads, Congress employed a Fleet Coordinator to better manage the fleet, replaced many older vehicles, and have implemented a process to monitor vehicle speeds. Additionally, vehicles with greater safety features are invested in for travel to remote regions.

Climate change has major implications for populations in Central Australia. Recognising this, Congress is taking action to reduce impact on the environment, commissioning a study into the organisation's carbon footprint. and developing an action plan from this. A solar power system was installed, with further investments in solar to come. The vehicle fleet is transitioning to electric and hybrid vehicles and steps have been taken to reduce the amount of air travel. Lighting is being replaced with LED lighting where possible.

# FINANCIAL STATEMENTS

Your directors present this report on the Corporation for the financial year ended 30 June 2023.

## Changes in State Of Affairs

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

## Principal activities

The Corporation's principal activities during the year were the operation of an Aboriginal community controlled health service. This activity includes the provision of a primary health care service, but also incorporates mental health services, drug & alcohol services, pre and post-natal services, research, child care, NDIS and chronic disease care services.

There were no significant changes in the nature of those activities during the year.

## Short and Long Term Objectives

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

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

## Measurement of Performance

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

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



## Directors and directors' meetings

| Name of Director                               | Period of tenure<br>(during 2022-23 Financial Year)                   | Position  | Meetings attended |
|--|---|---|-------------------|
| <b>Graham Dowling</b>                          | 1st July 2022 to 30th June 2023                                       | Chairperson - Member Director                               | <b>8</b>          |
| <b>Ebony Abbott-McCormack</b>                  | 1st July 2022 to 30th June 2023                                       | Deputy Chairperson - Member Director                        | <b>7</b>          |
| <b>Joseph Hayes</b>                            | 1st July 2022 to 30th June 2023                                       | Member Director   | <b>7</b>          |
| <b>Janaya Kopp</b>                             | 23rd February 2022 to 30th June 2023                                  | Member Director - Youth Representative - casual appointment | <b>4</b>          |
| <b>Thomas Coelli-Donaghy</b>                   | 1st July 2022 to 24th November 2022                                   | Member Director - Youth Representative - casual appointment | <b>3</b>          |
| <b>Taren Williams</b>                          | 1st July 2022 to 30th June 2023                                       | Member Director - Remote                                    | <b>6</b>          |
| <b>Leanne Milligan</b>                         | 1st July 2022 to 19th January 2023<br>23rd February to 30th June 2023 | Independent Director - Finance                              | <b>5</b>          |
| <b>Peter O'Mara</b>                            | 1st July 2022 to 30th June 2023                                       | Independent Director - Primary Health Care                  | <b>7</b>          |
| <b>Dorethea Randall</b>                        | 1st July 2022 to 30th June 2023                                       | Member Director - Remote                                    | <b>6</b>          |
| <b>Greg Drew</b>                               | 1st July 2022 to 30th June 2023                                       | Member Director   | <b>8</b>          |
| <b>Leon Chapman</b>                            | 1st July 2022 to 30th June 2023                                       | Independent Director - General                              | <b>7</b>          |
| <b>Tristram Watkins</b>                        | 1st July 2022 to 30th June 2023                                       | Member Director   | <b>6</b>          |
| <b>Board Meetings held throughout the year</b> |   |   | <b>8</b>          |

## Chairperson

*Note that effective 22nd August 2023 that Graham Dowling stepped down as Chairperson and Ebony Abbott-McCormack became Chairperson*

*From the 23rd August 2023 Graham became the Deputy Chairperson.*

## 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 and HR Subcommittee |
|-------------------------------|------------------------------------|----------------------|-----------------------|--------------------------------|
| Graham Dowling                | 5                                  | -                    | 5                     | 3                              |
| Dorethea Randall              | 5                                  | -                    | -                     | 2                              |
| Joseph Hayes                  | -                                  | -                    | 5                     | -                              |
| Taren Williams                | 3                                  | 1                    | 1                     | -                              |
| Leanne Milligan               | 4                                  | -                    | -                     | 4                              |
| Peter O'Mara                  | -                                  | 4                    | 4                     | -                              |
| Ebony Abbott-McCormack        | -                                  | 4                    | -                     | -                              |
| Greg Drew                     | -                                  | 2                    | -                     | 2                              |
| Thomas Coelli                 | 3                                  | -                    | -                     | -                              |
| Leon Chapman                  | -                                  | -                    | 6                     | 5                              |
| Tristram Watkins              | -                                  | 4                    | -                     | -                              |
| Meetings held during the year | 5                                  | 4                    | 6                     | 5                              |

## Corporation Secretary

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

Ms. Isobel Milnes      1st July 2022 to 9th December 2022

Ms. Alexandra Craig      12th December 2022 to 30th June 2023

Ms Milnes has been a qualified lawyer for 11 years and holds a current NT Practising Certificate

Ms Craig has been a qualified lawyer for 5 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

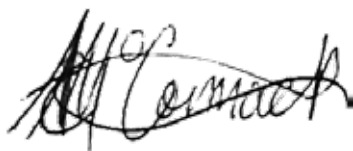
The corporation's operations are not subject to any particular and significant environmental regulation under a Commonwealth, State or Territory law.

### 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 | 28 September 2023

## Auditor's Independence Declaration



Tel: +61 8 7324 6000  
Fax: +61 8 7324 6111  
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BDO Centre  
Level 7, 420 King William Street  
Adelaide SA 5000  
GPO Box 2018 Adelaide SA 5001  
Australia

### DECLARATION OF INDEPENDENCE

BY ANDREW TICKLE

TO THE DIRECTORS OF CENTRAL AUSTRALIAN ABORIGINAL CONGRESS ABORIGINAL CORPORATION

As lead auditor of Central Australian Aboriginal Congress Aboriginal Corporation for the year ended 30 June 2023, 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 2001* 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 Pty Ltd

Adelaide, 29 September 2023

BDO Audit Pty Ltd ABN 33 134 022 870 is a member of a national association of independent entities which are all members of BDO Australia Ltd ABN 77 050 110 275, an Australian company limited by guarantee. BDO Audit Pty Ltd and BDO Australia Ltd are members of BDO International Ltd, a UK company limited by guarantee, and form part of the international BDO network of independent member firms. Liability limited by a scheme approved under Professional Standards Legislation.

## Statement of Profit or Loss and Other Comprehensive Income for the year ended 30 June 2023

|  | Notes | 2023<br>\$        | 2022<br>\$        |
|--|-------|-------------------|-------------------|
| <b>OPERATING INCOME</b>                      |       |                   |                   |
| Grants and Contributions provided            | 2     | 55,807,974        | 54,711,908        |
| Medicare & practice incentive payment income | 3     | 7,641,028         | 7,774,228         |
| Investment income                            | 4     | 1,123,670         | 145,154           |
| Other operating revenues                     | 5     | 2,275,621         | 2,120,020         |
| Net gain/(loss) on disposal of assets        |       | 72,895            | 48,228            |
| <b>Total income</b>                          |       | <b>66,921,188</b> | <b>64,799,538</b> |
| <b>OPERATING EXPENSES</b>                    |       |                   |                   |
| Employee benefits expenses                   | 6     | 48,737,285        | 47,783,965        |
| Interest charges                             | 7     | 346,669           | 235,096           |
| Depreciation & amortisation                  | 8     | 3,329,425         | 2,819,239         |
| Medical supplies & program expenses          | 9     | 5,453,857         | 4,066,049         |
| Motor vehicle & travel expenses              | 10    | 2,147,236         | 1,663,237         |
| Rent & occupancy expenses                    | 11    | 1,693,974         | 1,560,515         |
| Minor equipment expenditure                  | 12    | 995,421           | 485,084           |
| Other operating expenses                     | 13    | 4,054,704         | 5,757,691         |
| <b>Total operating expenses</b>              |       | <b>66,758,571</b> | <b>64,370,876</b> |
| <b>Surplus for the year</b>                  |       | <b>162,617</b>    | <b>428,662</b>    |
| Other comprehensive income                   |       | -                 | -                 |
| <b>Total comprehensive income</b>            |       | <b>162,617</b>    | <b>428,662</b>    |

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

## Statement of Financial Position for the year ended 30 June 2023

|   | Notes | 2023<br>\$        | 2022<br>\$        |
|---|-------|-------------------|-------------------|
| <b>CURRENT ASSETS</b>                       |       |                   |                   |
| Cash and cash equivalents                   | 14    | 46,308,691        | 29,088,434        |
| Financial Assets                            | 14    | 3,006,760         |                   |
| Other current assets                        | 15    | 1,248,408         | 754,030           |
| Trade and other receivables                 | 16    | 1,574,604         | 538,034           |
| <b>Total current assets</b>                 |       | <b>52,138,463</b> | <b>30,380,498</b> |
| <b>NON CURRENT ASSETS</b>                   |       |                   |                   |
| Investments                                 | 17    | 2                 | 2                 |
| Property, plant and equipment               | 18    | 13,524,861        | 12,207,840        |
| Intangible assets                           | 19    | -                 | -                 |
| Leases Right of Use Asset                   | 20    | 8,782,494         | 9,436,660         |
| <b>Total non current assets</b>             |       | <b>22,307,357</b> | <b>21,644,502</b> |
| <b>Total assets</b>                         |       | <b>74,445,820</b> | <b>52,025,000</b> |
| <b>CURRENT LIABILITIES</b>                  |       |                   |                   |
| Trade and other payables                    | 21    | 3,451,801         | 2,428,335         |
| Employee benefits                           | 22    | 5,751,650         | 6,566,408         |
| Funds Repayable to Provider under AASB 1058 | 23    | 12,706,983        | 2,182,822         |
| Contractual Liabilities under AASB 15       | 24    | 23,006,234        | 10,969,010        |
| Leases Liability                            | 25    | 2,076,271         | 2,041,986         |
| <b>Total current liabilities</b>            |       | <b>46,992,939</b> | <b>24,188,561</b> |
| <b>NON CURRENT LIABILITIES</b>              |       |                   |                   |
| Employee benefits                           | 22    | 820,262           | 790,057           |
| Leases Liability                            | 25    | 7,090,905         | 7,667,285         |
| <b>Total non current liabilities</b>        |       | <b>7,911,167</b>  | <b>8,457,342</b>  |



|                          |  | 2023 \$           | 2022 \$           |
|--------------------------|--|-------------------|-------------------|
| <b>Total liabilities</b> |  | <b>54,904,106</b> | <b>32,645,903</b> |
| <b>Net assets</b>        |  | <b>19,541,714</b> | <b>19,379,097</b> |

#### EQUITY

|                     |  |                   |                   |
|---------------------|--|-------------------|-------------------|
| Accumulated funds   |  | 8,453,321         | 8,453,321         |
| Reserve funds       |  | 11,088,393        | 10,925,776        |
| <b>Total equity</b> |  | <b>19,541,714</b> | <b>19,379,097</b> |

### Statement of Changes in Equity for the year ended 30 June 2023

|  | Accumulated<br>surpluses<br>\$ | Medicare &<br>PIP reserves<br>\$ | Other<br>reserves<br>\$ | Total<br>\$       |
|--|--------------------------------|----------------------------------|-------------------------|-------------------|
| <b>Balance at 30th June 2021</b>               | <b>8,453,321</b>               | <b>5,145,003</b>                 | <b>5,352,111</b>        | <b>18,950,435</b> |
| Surplus for the Year                           | 428,662                        | -                                | -                       | 428,662           |
| Other Comprehensive Income                     | (428,662)                      | (383,019)                        | 811,681                 | -                 |
| <b>Total Comprehensive Income for the Year</b> | <b>-</b>                       | <b>(383,019)</b>                 | <b>811,681</b>          | <b>428,662</b>    |
| <b>Balance at 30th June 2022</b>               | <b>8,453,321</b>               | <b>4,761,984</b>                 | <b>6,163,792</b>        | <b>19,379,097</b> |
| Surplus for the Year                           | 162,617                        | -                                | -                       | 162,617           |
| Other Comprehensive Income                     | (162,617)                      | (66,255)                         | 228,872                 | -                 |
| <b>Total Comprehensive Income for the Year</b> | <b>-</b>                       | <b>(66,255)</b>                  | <b>228,872</b>          | <b>162,617</b>    |
| <b>Balance at 30th June 2023</b>               | <b>8,453,321</b>               | <b>4,695,729</b>                 | <b>6,392,664</b>        | <b>19,541,714</b> |

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

### Statement of Cash Flows for the year ended 30 June 2023

|   | Notes     | 2023 \$            | 2022 \$            |
|---|-----------|--------------------|--------------------|
| <b>CASH FLOWS FROM OPERATING ACTIVITIES</b>       |           |                    |                    |
| <b>Payments</b>                                   |           |                    |                    |
| Employee costs                                    |           | (49,521,838)       | (47,290,708)       |
| Materials, contracts and other costs              |           | (13,660,906)       | (13,503,213)       |
| Interest paid                                     |           | (9,572)            | (9,043)            |
| Interest paid - leases                            |           | (337,097)          | (226,053)          |
| <b>Receipts</b>                                   |           |                    |                    |
| Receipts from activities                          |           | 8,786,385          | 10,188,039         |
| Interest received                                 |           | 1,152,951          | 115,873            |
| Receipts from funding bodies                      |           | 67,233,772         | 50,845,091         |
| Receipts from funding bodies for capital projects |           | 11,200,000         | -                  |
| <b>Net cash provided by operating activities</b>  |           | <b>24,843,695</b>  | <b>119,986</b>     |
| <b>CASH FLOWS FROM INVESTING ACTIVITIES</b>       |           |                    |                    |
| Payments for property, plant & equipment          |           | (2,417,922)        | (845,495)          |
| Proceeds on sale of assets                        |           | 72,895             | 48,228             |
| <b>Net cash used in investing activities</b>      |           | <b>(2,345,027)</b> | <b>(797,267)</b>   |
| <b>CASH FLOWS FROM FINANCING ACTIVITIES</b>       |           |                    |                    |
| Repayment of Lease Liabilities                    |           | (2,271,651)        | (1,868,768)        |
| <b>Net cash provided by financing activities</b>  |           | <b>(2,271,651)</b> | <b>(1,868,768)</b> |
| <b>Net increase (decrease) in cash held</b>       |           | <b>20,227,017</b>  | <b>(2,546,049)</b> |
| <b>Cash at beginning of the year</b>              |           | <b>29,088,434</b>  | <b>31,634,483</b>  |
| <b>Cash at end of the year</b>                    | <b>14</b> | <b>49,315,451</b>  | <b>29,088,434</b>  |

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

## Notes to the Financial Statements for the year ended 30 June 2023

### 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.

##### *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 28th September 2023, 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.

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.

##### Prescribed Properties

Certain properties held by the Corporation are subject to the prescribed property provision of the Associations Act 2003 which requires permission from the Northern Territory Government before they are sold and sale proceeds may have to be returned to the Northern Territory Government. This provision still applies to the Corporation even though it is now registered under the Corporations (Aboriginal and Torres Strait Islander) Act 2006.

##### 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:

|                        | 2023<br>(YEARS) | 2022<br>(YEARS) |
|------------------------|-----------------|-----------------|
| Buildings              | 10 – 20         | 10 – 20         |
| Leasehold Improvements | 2 – 10          | 2 – 10          |
| Plant and Equipment    | 5 – 10          | 5 – 10          |

|                   | 2023<br>(YEARS) | 2022<br>(YEARS) |
|-------------------|-----------------|-----------------|
| 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            | 2023 | 2022 |
|--------------------------------|------|------|
| Full time equivalent employees | 380  | 380  |
| Number of employees            | 515  | 479  |

#### **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 10.5% of an employee's salary as per the compulsory superannuation guarantee levy.

#### **n. Income Tax**

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

#### **o. Goods and Services Tax**

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

- 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

### AUSTRALIAN GOVERNMENT FINANCIAL ASSISTANCE

|   | 2023<br>\$        | 2022<br>\$        |
|---|-------------------|-------------------|
| Department of Health                                    | 33,489,561        | 33,140,136        |
| Department of Social Services                           | 2,205,093         | 1,756,535         |
| National Indigenous Australians Agency                  | 5,423,873         | 4,779,266         |
| Department of Education and Training                    | 590,233           | 553,802           |
| National Disability Insurance Agency                    | 946,580           | 636,013           |
| <b>Total Australian Government Financial Assistance</b> | <b>42,655,340</b> | <b>40,865,752</b> |

### NORTHERN TERRITORY GOVERNMENT FINANCIAL ASSISTANCE

|   |                  |                  |
|---|------------------|------------------|
| NT Department of Health   | 4,581,614        | 3,024,205        |
| Department of Children and Families                             | 1,112,011        | 1,238,689        |
| Department of Education   | 67,316           | 172,047          |
| <b>Total Northern Territory Government Financial Assistance</b> | <b>5,760,941</b> | <b>4,434,941</b> |

### OTHER FINANCIAL ASSISTANCE

|   |                  |                  |
|---|------------------|------------------|
| Northern Territory General Practice Education Ltd | 784,169          | 1,958,956        |
| Northern Territory PHN                            | 3,912,996        | 3,517,772        |
| Other grants                                      | 2,694,528        | 3,934,487        |
| <b>Total Other Financial Assistance</b>           | <b>7,391,693</b> | <b>9,411,215</b> |

|                                       |                   |                   |
|---------------------------------------|-------------------|-------------------|
| <b>TOTAL GRANTS and CONTRIBUTIONS</b> | <b>55,807,974</b> | <b>54,711,908</b> |
|---------------------------------------|-------------------|-------------------|

## 3 - Medicare Income and Practice Incentive Payments

|  | 2023<br>\$       | 2022<br>\$       |
|--|------------------|------------------|
| Medicare income  | 5,601,725        | 6,038,109        |
| Practice incentive payments                                  | 2,039,303        | 1,736,119        |
| <b>Total Medicare Income and Practice Incentive Payments</b> | <b>7,641,028</b> | <b>7,774,228</b> |

## 4 - Investment Income

|                                |                  |                |
|--------------------------------|------------------|----------------|
| Interest income                | 1,123,670        | 145,154        |
| <b>Total investment income</b> | <b>1,123,670</b> | <b>145,154</b> |

## 5 - Other Operating Revenues

|                                       |                  |                  |
|---------------------------------------|------------------|------------------|
| Fees received                         | 1,837,948        | 1,755,711        |
| Rent received                         | 44,388           | 16,411           |
| Other receipts                        | 393,285          | 347,898          |
| <b>Total other operating revenues</b> | <b>2,275,621</b> | <b>2,120,020</b> |

## 6 - Employee Benefits Expense

|  |                   |                   |
|--|-------------------|-------------------|
| Fringe benefits tax                    | 141,982           | 123,236           |
| Salaries                               | 43,322,665        | 42,625,202        |
| Superannuation                         | 4,316,461         | 4,005,163         |
| Workcover insurance                    | 395,166           | 285,399           |
| Income protection insurance            | 200,782           | 209,483           |
| Employee recruitment and relocation    | 66,681            | 38,691            |
| Employee training and development      | 293,548           | 496,791           |
| <b>Total Employee Benefits Expense</b> | <b>48,737,285</b> | <b>47,783,965</b> |

|                                | 2023<br>\$     | 2022<br>\$     |
|--------------------------------|----------------|----------------|
| <b>7 - Interest Expense</b>    |                |                |
| Bank Charges & Interest        | 9,572          | 9,043          |
| Interest - Leases              | 337,097        | 226,053        |
| <b>Total Investment Income</b> | <b>346,669</b> | <b>235,096</b> |

#### **8 - Depreciation & Amortisation**

|  |                  |                  |
|--|------------------|------------------|
| Depreciation Expense                         | 945,703          | 964,268          |
| Depreciation - property leases               | 1,608,670        | 1,145,276        |
| Depreciation - vehicle leases                | 775,052          | 709,695          |
| <b>Total Depreciation &amp; Amortisation</b> | <b>3,329,425</b> | <b>2,819,239</b> |

#### **9 - Medical Supplies and Program Expenses**

|  |                  |                  |
|--|------------------|------------------|
| Contract staff                                     | 1,923,605        | 676,851          |
| Equipment maintenance                              | 417,579          | 346,031          |
| Medical supplies                                   | 925,304          | 1,191,511        |
| Program consumables                                | 373,006          | 398,083          |
| Meeting expenses                                   | 45,043           | 82,670           |
| Communicare licence and other subscriptions        | 1,769,320        | 1,370,903        |
| <b>Total Medical Supplies and Program Expenses</b> | <b>5,453,857</b> | <b>4,066,049</b> |

|  | 2023<br>\$       | 2022<br>\$       |
|--|------------------|------------------|
| <b>10 - Motor Vehicle and Travel Expenses</b>  |                  |                  |
| Motor vehicle - fuel and oil                   | 412,766          | 358,460          |
| Motor vehicle - repairs and maintenance        | 320,883          | 208,562          |
| Motor vehicle - variable lease payments        | 156,733          | 148,277          |
| Motor vehicle - insurance and registration     | 219,809          | 176,649          |
| Motor vehicle - GPS charges                    | 121,899          | 85,349           |
| Motor vehicle - short term lease payments      | 2,994            | 5,886            |
| Travel - fares and accommodation               | 635,693          | 384,731          |
| Travel allowance                               | 276,459          | 295,323          |
| <b>Total Motor Vehicle and Travel Expenses</b> | <b>2,147,236</b> | <b>1,663,237</b> |

#### **11 - Rent and Occupancy Expenses**

|  |                  |                  |
|--|------------------|------------------|
| Rent and rates - variable lease payments | 42,660           | 78,260           |
| Electricity, water and gas               | 550,356          | 543,106          |
| Cleaning                                 | 213,690          | 139,458          |
| Maintenance to buildings                 | 473,487          | 374,728          |
| Security                                 | 266,549          | 280,497          |
| Waste management                         | 147,232          | 144,466          |
| <b>Total Rent and Occupancy Expenses</b> | <b>1,693,974</b> | <b>1,560,515</b> |

#### **12 - Minor Equipment Expenditure**

|  |                |                |
|--|----------------|----------------|
| Buildings                                | 2,669          | 18,964         |
| Office furniture & equipment             | 149,167        | 28,333         |
| Computers                                | 684,726        | 278,508        |
| Motor vehicles                           | 2,430          | 10,035         |
| Plant & equipment                        | 164,028        | 74,245         |
| Legal & Architect Fees                   | (7,599)        | 74,999         |
| <b>Total Minor Equipment Expenditure</b> | <b>995,421</b> | <b>485,084</b> |

|  | 2023<br>\$       | 2022<br>\$       |
|--|------------------|------------------|
| <b>13 - Other Operating Expenses</b>     |                  |                  |
| Computers, communications and technology | 655,233          | 556,457          |
| Equipment leasing - low value assets     | 30,785           | 19,989           |
| Insurances                               | 513,238          | 507,191          |
| Telecommunications costs                 | 355,367          | 420,307          |
| Consulting                               | 1,241,238        | 1,026,166        |
| Advertising and promotion                | 504,148          | 487,034          |
| Administrative costs                     | 232,623          | 212,089          |
| Commissioned Research                    | 81               | 2,065,724        |
| Sundry expenses                          | 521,991          | 462,734          |
| <b>Total Other Operating Expenses</b>    | <b>4,054,704</b> | <b>5,757,691</b> |

#### **14 - Cash and Cash Equivalents**

|  |                   |                   |
|--|-------------------|-------------------|
| Cash on hand                           | 4,355             | 4,355             |
| Cash at bank                           | 478,409           | 2,934,718         |
| Cash on investment                     | 45,825,927        | 26,149,361        |
| <b>Total Cash and Cash Equivalents</b> | <b>46,308,691</b> | <b>29,088,434</b> |
| Cash on 6 month Investment             | 3,006,760         | -                 |
| <b>Total Financial Assets</b>          | <b>3,006,760</b>  | <b>-</b>          |

#### **15 - Other Current Assets**

|                                   |                  |                |
|-----------------------------------|------------------|----------------|
| Bonds paid                        | 146,350          | 146,350        |
| Prepayments                       | 1,102,058        | 607,680        |
| <b>Total Other Current Assets</b> | <b>1,248,408</b> | <b>754,030</b> |

|  | 2023<br>\$       | 2022<br>\$     |
|--|------------------|----------------|
| <b>16 - Trade and Other Receivables</b>  |                  |                |
| Trade debtors                            | 1,598,013        | 547,271        |
| Provision for impairment                 | (23,409)         | (9,237)        |
| <b>Total Trade and Other Receivables</b> | <b>1,574,604</b> | <b>538,034</b> |

#### **17 - Investments**

|  |          |          |
|--|----------|----------|
| Shares in Centrecorp Aboriginal Investment Corporation Pty Ltd | 2        | 2        |
| <b>Total Investments</b>                                       | <b>2</b> | <b>2</b> |



**18 - Property, Plant and Equipment**

|                                  | Land & Buildings<br>\$ | Work in Process<br>\$ | Motor Vehicles<br>\$ | Office Equipment<br>\$ | Office Furniture<br>\$ | Plant & Equipment<br>\$ | Total PP&E<br>\$  |
|----------------------------------|------------------------|-----------------------|----------------------|------------------------|------------------------|-------------------------|-------------------|
| <b>GROSS CARRYING AMOUNT</b>     |                        |                       |                      |                        |                        |                         |                   |
| <b>Balance at 30th June 2021</b> | <b>14,826,328</b>      | <b>860,467</b>        | <b>1,323,378</b>     | <b>585,789</b>         | <b>265,662</b>         | <b>1,423,124</b>        | <b>19,284,748</b> |
| Additions                        | 48,548                 | 939,390               | -                    | -                      | -                      | 122,689                 | <b>1,110,627</b>  |
| Transfers between Asset Classes  | 151,857                | (151,857)             | -                    | -                      | -                      | -                       | -                 |
| Disposals                        | -                      | -                     | (41,372)             | -                      | -                      | -                       | <b>(41,372)</b>   |
| <b>Balance at 30th June 2022</b> | <b>15,026,733</b>      | <b>1,648,000</b>      | <b>1,282,006</b>     | <b>585,789</b>         | <b>265,662</b>         | <b>1,545,813</b>        | <b>20,354,003</b> |
| Additions                        | -                      | 1,712,321             | 420,764              | 39,727                 | -                      | 8,056                   | <b>2,180,868</b>  |
| Transfers between Asset Classes  | 173,876                | (173,728)             | -                    | 5,665                  | -                      | 76,043                  | <b>81,856</b>     |
| Disposals                        | -                      | -                     | (16,000)             | -                      | -                      | (93,750)                | <b>(109,750)</b>  |
| <b>Balance at 30th June 2023</b> | <b>15,200,609</b>      | <b>3,186,593</b>      | <b>1,686,770</b>     | <b>631,181</b>         | <b>265,662</b>         | <b>1,536,162</b>        | <b>22,506,977</b> |
| <b>ACCUMULATED DEPRECIATION</b>  |                        |                       |                      |                        |                        |                         |                   |
| <b>Balance at 30th June 2021</b> | <b>4,626,892</b>       | -                     | <b>792,989</b>       | <b>469,233</b>         | <b>215,637</b>         | <b>1,118,516</b>        | <b>7,223,267</b>  |
| Charge for the year              | 688,038                | -                     | 57,990               | 64,167                 | 23,503                 | 130,570                 | <b>964,268</b>    |
| Accumulated on disposals         | -                      | -                     | (41,372)             | -                      | -                      | -                       | <b>(41,372)</b>   |
| <b>Balance at 30th June 2022</b> | <b>5,314,930</b>       | -                     | <b>809,607</b>       | <b>533,400</b>         | <b>239,140</b>         | <b>1,249,086</b>        | <b>8,146,163</b>  |
| Charge for the year              | 687,961                | -                     | 83,787               | 49,732                 | 17,050                 | 107,173                 | <b>945,703</b>    |
| Accumulated on disposals         | -                      | -                     | (16,000)             | -                      | -                      | (93,750)                | <b>(109,750)</b>  |
| <b>Balance at 30th June 2023</b> | <b>6,002,891</b>       | -                     | <b>877,394</b>       | <b>583,132</b>         | <b>256,190</b>         | <b>1,262,509</b>        | <b>8,982,116</b>  |
| <b>NET BOOK VALUE</b>            |                        |                       |                      |                        |                        |                         |                   |
| <b>Balance at 30th June 2022</b> | <b>9,711,803</b>       | <b>1,648,000</b>      | <b>472,399</b>       | <b>52,389</b>          | <b>26,522</b>          | <b>296,727</b>          | <b>12,207,840</b> |
| <b>Balance at 30th June 2023</b> | <b>9,197,718</b>       | <b>3,186,593</b>      | <b>809,376</b>       | <b>48,049</b>          | <b>9,472</b>           | <b>273,653</b>          | <b>13,524,861</b> |

## 19 - Intangible Assets

### Computer Software

\$

#### GROSS CARRYING AMOUNT

|                           |         |
|---------------------------|---------|
| Balance at 30th June 2021 | 425,836 |
| Additions                 | -       |
| Disposals                 | -       |
| Balance at 30th June 2022 | 425,836 |
| Additions                 | -       |
| Disposals                 | 425,836 |
| Balance at 30th June 2023 | 425,836 |

#### ACCUMULATED DEPRECIATION

|                           |         |
|---------------------------|---------|
| Balance at 30th June 2021 | 425,836 |
| Charge for the year       | -       |
| Accumulated on disposals  | -       |
| Balance at 30th June 2022 | 425,836 |
| Charge for the year       | -       |
| Accumulated on disposals  | 425,836 |
| Balance at 30th June 2023 | 425,836 |

#### NET BOOK VALUE

|                           |   |
|---------------------------|---|
| Balance at 30th June 2022 | - |
| Balance at 30th June 2023 | - |

## 20 - Leases - Right of Use Assets (ROUA)

2023

\$

2022

\$

#### LEASED PROPERTIES

##### CARRYING AMOUNT

|                 |            |            |
|-----------------|------------|------------|
| Opening Balance | 17,898,797 | 13,453,584 |
| Additions       | 799,217    | 3,445,833  |
| Modifications   | 191,085    | 999,380    |
| Closing Balance | 18,889,099 | 17,898,797 |

##### ACCUMULATED DEPRECIATION

|   |            |           |
|---|------------|-----------|
| Opening Balance                         | 9,635,211  | 8,489,935 |
| Charge For The Year                     | 1,608,330  | 1,145,276 |
| Closing Balance                         | 11,243,541 | 9,635,211 |
| Total Closing Balance Leased Properties | 7,645,558  | 8,263,586 |

#### LEASED VEHICLES

##### CARRYING AMOUNT

|                 |           |           |
|-----------------|-----------|-----------|
| Opening Balance | 4,206,751 | 3,188,633 |
| Additions       | 446,203   | 422,764   |
| Modifications   | 292,711   | 595,354   |
| Closing Balance | 4,945,665 | 4,206,751 |

##### ACCUMULATED DEPRECIATION

|                                       |           |           |
|---------------------------------------|-----------|-----------|
| Opening Balance                       | 3,033,677 | 2,323,983 |
| Charge For The Year                   | 775,052   | 709,694   |
| Closing Balance                       | 3,808,729 | 3,033,677 |
| Total Closing Balance Leased Vehicles | 1,136,936 | 1,173,074 |
| TOTAL LEASES CLOSING BALANCE          | 8,782,494 | 9,436,660 |

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.

|                                      | 2023<br>\$       | 2022<br>\$       |
|--------------------------------------|------------------|------------------|
| <b>21 - Trade and Other Payables</b> |                  |                  |
| Trade and other payables             | 2,674,322        | 2,396,933        |
| Provision                            | 315              | 5,218            |
| GST/FBT                              | 777,164          | 26,184           |
| <b>TOTAL</b>                         | <b>3,451,801</b> | <b>2,428,335</b> |

## 22 - Employee Benefits

### CURRENT LIABILITIES

|                                  |                  |                  |
|----------------------------------|------------------|------------------|
| Annual leave                     | 2,901,015        | 3,260,337        |
| Long service leave               | 1,835,039        | 1,863,125        |
| Accrued salary & wages           | 1,015,596        | 1,442,946        |
| <b>Total current liabilities</b> | <b>5,751,650</b> | <b>6,566,408</b> |

### NON-CURRENT LIABILITIES

|                                      |                  |                  |
|--------------------------------------|------------------|------------------|
| Long service leave                   | 820,262          | 790,057          |
| <b>Total non-current liabilities</b> | <b>820,262</b>   | <b>790,057</b>   |
| <b>Total employee liabilities</b>    | <b>6,571,912</b> | <b>7,356,465</b> |

## 23 - Funds Repayable to Provider under AASB 1058

| COMMONWEALTH DEPARTMENT OF HEALTH                  | 2023<br>\$ | 2022<br>\$ |
|--|------------|------------|
| Relocation of Gap Road Dispensary & New Clinics    | 193,748    | 193,740    |
| Replacement of Security System - 14 Congress Sites | -          | 40,835     |
| Repairs to Santa Teresa Clinic Doors               | 33,378     | 37,416     |
| Repairs & Upgrade - Ntaria Clinic & Premises       | 22,450     | 34,789     |
| Alukura Sewage Connection                          | -          | 20,590     |
| Staff Housing Security Areyonga (Lot 55 & 56)      | 24,741     | 24,741     |
| Duress Alarm Santa Teresa Staff Accommodation      | 69,605     | 38,346     |
| Blinds On Veranda - Gap Road & Larapinta Clinic    | -          | 21,125     |
| Duress Alarm System Ntaria Staff Accommodation     | 47,872     | 47,872     |
| Alukura Baby Smoking Shelter                       | 82,526     | -          |
| Inkingja Renovations 2022-2023                     | 183,255    | 183,255    |
| GRC shade shelter & solar panels 2022-2023         | 443,213    | 443,213    |
| Jock Nelson Kitchen Refurb                         | 15,320     | -          |
| Mutitjulu Clinic Construction                      | 1,700,000  | -          |
| Santa Teresa Clinic Construction                   | 1,000,000  | -          |
| Health Hub - Alice Springs                         | 8,000,000  | -          |

### DEPARTMENT OF HEALTH NT

|                      |         |         |
|----------------------|---------|---------|
| Mutitjulu Renal Room | 691,524 | 691,524 |
|----------------------|---------|---------|

### NATIONAL INDIGENOUS AUSTRALIANS AGENCY

|  |         |         |
|--|---------|---------|
| Podiatry Truck                                     | 190,675 | 68,298  |
| Mutitjulu Clinic & Staff Housing Security          | -       | 46,435  |
| Upgrade Accounting and Human Resource (HR) Systems | -       | 129,743 |
| Sadadeen Clinic Consult Room Security              | 8,676   | 13,500  |
| Renovate Clinic Room at Alukura Clinic             | -       | 112,800 |



|  | 2023<br>\$        | 2022<br>\$       |
|--|-------------------|------------------|
| <b>NORTHERN TERRITORY PHN</b>                      |                   |                  |
| NT PHN Integrated Team Care Supplementary Services | -                 | 34,600           |
| <b>TOTAL</b>                                       | <b>12,706,983</b> | <b>2,182,822</b> |

#### 24 - Contractual Liabilities under AASB 15

##### COMMONWEALTH DEPARTMENT OF HEALTH

|   |           |         |
|---|-----------|---------|
| Comprehensive Primary Health Care (Core Grant)            | 6,630,995 | -       |
| Transition To Community Control                           | 243,361   | 226,704 |
| CHSP - Allied Health And Therapy Services                 | -         | 12,444  |
| IAHP PHC Service Expansion Diabetes Education             | 83,585    | 83,555  |
| Australian Nurse Family Partnership Program(ANFPP)        | 26,582    | 350,888 |
| Early Childhood Development Centre                        | 252,549   | 191,993 |
| Early Years Systems Development                           | 83,046    |         |
| Child and Youth Assessment and Treatment Services Program | 2,263,528 | -       |
| Remote TIS  | 219,077   | 333,235 |
| Continuity of Care Evaluation                             | -         | 55,248  |
| Aboriginal History in Aboriginal Hands                    | 13,000    | 13,000  |
| PHC & Avoidable Hospitalisations                          | -         | 20,952  |
| Aboriginal Mortality: transformation 1967-2019            | -         | 60,481  |
| CHaD Evaluation   | 89,630    | 8,829   |
| CAAHSN RART 2.1 QR, Praxis & Cert II                      | 5,462     | 5,462   |
| CAAHSN NLSI Grant   | 20,000    | 20,000  |
| CAAHSN Fundraising  | 9,745     | 9,745   |
| CAAHSN - Partner Contribution (non-RART)                  | -         | 8,729   |
| CAAHSN - PART 2.2 Operations                              | 64,832    | -       |
| CAAHSN RART 2.2 Projects                                  | 130,190   | 130,190 |
| CAAHSN RART 2.2 Quick Response                            | 202,061   | 202,061 |

|   | 2023<br>\$ | 2022<br>\$ |
|---|------------|------------|
| CAAHSN RART 2.2 Praxis                            | 17,000     | 17,000     |
| CAAHSN RART 2.2 Aboriginal Initiatives            | 143,051    | 143,051    |
| CAAHSN RART 2.3 Projects                          | 163,263    | 451,786    |
| RART 3 Projects                                   | 6,728,315  | 3,464,157  |
| B & T cell response to COVID 19                   | -          | 10,513     |
| Tackling Smoking And Healthy Lifestyle Workforce  | 94,702     | 214,204    |
| Prevention & Testing Of Blood Borne Viruses & STI | 156,975    | 271,338    |
| Aspen Covid-19                                    | -          | 87,768     |
| Connected Beginnings                              | -          | 61,593     |

##### NATIONAL INDIGENOUS AUSTRALIANS AGENCY

|  |         |         |
|--|---------|---------|
| NAIDOC Week Grant                              | 6,560   | 45,198  |
| NAIDOC Week Grant                              | -       | 10,319  |
| AOD (Safe & Sober) Program                     | -       | 60,910  |
| Congress History Project (ABA)                 | 93,185  | 3,706   |
| PRP Transport & Engagement                     | -       | 54,720  |
| Pre - School Readiness Program                 | 165,071 | 164,929 |
| Stolen Generation Link - Up Service            | 201,627 | 91,611  |
| Stolen Generation Redress Scheme               | 345,333 | -       |
| Targeted Family Support Service (Dept of PM&C) | -       | 90,875  |

##### DEPARTMENT OF SOCIAL SERVICES

|   |         |         |
|---|---------|---------|
| Individual Capacity Building (NDIS)       | 329,692 | 982,973 |
| Individual Placement Support Program      | 115,528 | 69,995  |
| Intensive Family Support Service          | 143,087 | 141,856 |
| IFFS - Service Enhancement - One Off Cost | 17,071  | -       |

|   | 2023<br>\$ | 2022<br>\$ |
|---|------------|------------|
| <b>COMMONWEALTH DEPARTMENT OF EDUCATION</b> |            |            |
| Connected Beginnings                        | 408,189    | -          |

#### NATIONAL DISABILITY INSURANCE AGENCY

|   |         |         |
|---|---------|---------|
| NDIS Remote Community Connectors                  | -       | 231,914 |
| NDIS - Evidence, Access, Coordination of Planning | -       | 119,214 |
| NDIA CYATS Support                                | 204,986 | -       |

#### DEPARTMENT OF HEALTH NT

|   |         |        |
|---|---------|--------|
| Yulara & Imanpa Clinics                           | 59,147  | -      |
| Coordination Support & Capacity Building For NDIS | 1,895   | 10,391 |
| Youth Detention Centre                            | 107,136 | -      |
| Under 5s Program                                  | -       | 49,387 |
| Alternatives To Custody                           | 123,458 | 84,250 |
| Alcohol and Other Drugs Aftercare                 | 21,846  | 68,872 |
| AOD Repairs & Maintenance Grant (One Off)         | -       | 4,559  |
| Remote AOD Workers                                | -       | 21,361 |
| Mental Health Support Worker SEWB                 | -       | 52,479 |

#### NORTHERN TERRITORY PHN

|  |         |         |
|--|---------|---------|
| Small grants                                   | 5,000   | -       |
| MOICD - Outreach Health Services Program       | 550,965 | 331,643 |
| Student Support Grant (NT PHN)                 | -       | 6,000   |
| NT PHN Intergrated Team Care Care Coordination | -       | 26,196  |
| Youth Mental Health Capacity Building Program  | -       | 2,427   |
| Mental Health Nurse Program (NTPHN)            | 78,196  | 14,570  |
| headspace relocation                           | -       | 148,302 |
| headspace remote                               | 135,427 | -       |

|   | 2023<br>\$ | 2022<br>\$ |
|---|------------|------------|
| <b>NT TERRITORY FAMILIES</b>                            |            |            |
| Child & Youth Comprehensive Assessment Team             | 24,465     | 24,465     |
| Supporting the Risk Assessment and Management Framework | 52,000     | -          |
| After Hours Youth Service                               | -          | 52,132     |
| Mental Health Worker Youth Detention Centre             | -          | 11,733     |
| Back On Track   | 125,010    | -          |

#### NT GOVERNMENT - OTHER

|   |        |         |
|---|--------|---------|
| Aboriginal Workforce Grant Abor Super Mentoring | -      | 64,000  |
| Gambling Amelioration                           | -      | 238,221 |
| Connected Beginnings - Braitling                | 81,399 | 81,399  |

#### NACCHO

|  |         |         |
|--|---------|---------|
| Enhanced Syphilis Response                               | 258,931 | 336,998 |
| Blood Borne Viruses & Sexually Transmissible Infections  | 65,263  | 48,047  |
| Strengthening Medicare – General Practice Grants Program | 50,000  | -       |
| COVID-19 Transitional Planning                           | 294,840 | -       |
| Culture Care Connect Program                             | 643,904 | -       |

#### OTHER

|   |         |         |
|---|---------|---------|
| SAHMRI - Diabetes Foot Complications              | -       | 152,040 |
| IAP Workforce Project                             | 60,853  | 92,469  |
| SAHMRI Diabetes Foot Complications (new contract) | 139,890 | -       |
| B Part of It NT (Uni Adelaide)                    | 23,583  | 23,583  |
| Remote Food Security (UNIQ)                       | 4,609   | 95,037  |
| Murdoch Children's Research Institute             | 9,334   | 9,334   |
| Intergenerational Trauma (La Trobe Uni)           | -       | 30,900  |
| ASQ TRAK STEPS - Uni Melb                         | -       | 3,889   |

|  | 2023<br>\$        | 2022<br>\$        |
|--|-------------------|-------------------|
| IAHP YARNES                                    | 8,588             | 4,014             |
| Clinical Trial Research Agreement - HTLV study | 360,510           | 88,644            |
| The Hearing for Learning Initiative            | 10,250            | -                 |
| Fred Hollows - Environmental Health & Housing  | 38,457            | 130,876           |
| Aboriginal Cultural Advisor - Headspace        | -                 | 120,359           |
| IFSS - Implementation Support Services         | -                 | 17,287            |
| <b>TOTAL</b>                                   | <b>23,006,234</b> | <b>10,969,010</b> |

## 25 - Leases

### LEASES - CURRENT LIABILITY

|                                       | 2023<br>\$       | 2022<br>\$       |
|---------------------------------------|------------------|------------------|
| Leased Properties - Current Liability | 1,477,196        | 1,382,059        |
| Lease Vehicles - Current Liability    | 599,075          | 659,927          |
| <b>TOTAL</b>                          | <b>2,076,271</b> | <b>2,041,986</b> |

### LEASES - NON CURRENT LIABILITY

|   |                  |                  |
|---|------------------|------------------|
| Leased Properties - Non Current Liability | 6,530,067        | 7,135,383        |
| Lease Vehicles - Non Current Liability    | 560,838          | 531,902          |
| <b>TOTAL</b>                              | <b>7,090,905</b> | <b>7,667,285</b> |

### FUTURE LEASE PAYMENTS

Future Lease Payments are due as follows;

|                      |                  |                  |
|----------------------|------------------|------------------|
| Within One Year      | 2,076,271        | 2,059,419        |
| One to Five Years    | 3,728,206        | 3,773,146        |
| More Than Five Years | 3,362,699        | 3,876,706        |
| <b>TOTAL</b>         | <b>9,167,176</b> | <b>9,709,271</b> |

## 26 - Directors' Remuneration

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

|   | 2023<br>\$ | 2022<br>\$ |
|---|------------|------------|
| Directors' fee payments during the year | 497,067    | 371,463    |

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

|                           | 2023 | 2022 |
|---------------------------|------|------|
| From \$0 to \$5,000       | -    | -    |
| From \$5,001 to \$10,000  | -    | 1    |
| From \$10,001 to \$20,000 | 2    | 1    |
| From \$20,001 to \$40,000 | 2    | 9    |
| From \$40,001 to \$60,000 | 7    | 1    |

## 27 - Key Management Personnel Compensation

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

|  | 2023<br>\$ | 2022<br>\$ |
|--|------------|------------|
| The aggregate compensation paid to key management personnel: | 1,248,310  | 1,505,190  |



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

| 2023  | 2022  |
|---|---|
| <b>Ms Donna Ah Chee</b><br>(period 1 July 2022 to 5 Mar 2023)<br><i>Donna was seconded to AMSANT from 6th March 2023 to 4th August 2023</i> | <b>Ms Donna Ah Chee</b><br>(period 1 July 2021 to 30 June 2022)   |
| <b>Dr John Boffa</b><br>(period 1 July 2022 to 30 June 2023)  | <b>Dr John Boffa</b><br>(period 1 July 2021 to 30 June 2022)      |
| <b>Mr David Busuttil</b><br>(period 1 July 2022 to 30 June 2023)<br><i>David was Acting CEO while Donna was on secondment to AMSANT</i>     | <b>Mr Stephen Marshall</b><br>(period 1 Jul 2021 to 10 Nov 2021)  |
| <b>Ms Josie Douglas</b><br>(period 1 July 2022 to 10 March 2023)  | <b>Mr David Busuttil</b><br>(period 25 Oct 2021 to 30 June 2022)  |
| <b>Mr Brett Capes</b><br>(period 1 July 2022 to 30 June 2023)   | <b>Ms Josie Douglas</b><br>(period 6 Oct 2021 to 30 June 2022)    |
| <b>Ms Sheralee Taylor</b><br>(period 1 July 2022 to 23 September 2022)  | <b>Dr Colin Marchant</b><br>(period 1 July 2021 to 6 Oct 2021)    |
| <b>Ms Dawn Ross</b><br>(period 26th Sep 2022 to 30 June 2023)   | <b>Mr Brett Capes</b><br>(period 1 July 2021 to 30 June 2022)     |
|   | <b>Ms Sheralee Taylor</b><br>(period 1 July 2021 to 30 June 2022) |

## 28 - Related Party Transactions

During the financial year ended 30 June 2023, 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 Pty Ltd, the auditors of Central Australian Aboriginal Congress Aboriginal Corporation:

|                          | 2023 \$ | 2022 \$ |
|--------------------------|---------|---------|
| Audit or review services | 27,700  | 24,600  |
| Other services           | -       | -       |
|                          | 27,700  | 24,600  |

## 31 - Contingent Liabilities

The corporation had no contingent liabilities as at 30 June 2023 and 30 June 2022

## 32 - Commitments

The corporation had no commitments for expenditure as at 30 June 2023 and 30 June 2022

## Directors' Declaration

### CENTRAL AUSTRALIAN ABORIGINAL CONGRESS ABORIGINAL CORPORATION

#### DIRECTORS' DECLARATION FOR THE YEAR ENDED 30 JUNE 2023

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

1. The financial statements and notes of Central Australian Aboriginal Congress Aboriginal Corporation are in accordance with the requirements of the Corporations (Aboriginal and Torres Strait Islander) Act 2006 and:
  - (a) provide a true and fair view of the financial position of the corporation as at 30 June 2023 and of its performance for the financial year ended on that date; and
  - (b) comply with Australian Accounting Standards - Simplified Disclosure Requirements (including the Australian Accounting Interpretations).
2. In the Directors' opinion there are reasonable grounds to believe that the corporation will be able to pay its debts when they become due and payable.
3. The Directors are satisfied that:
  - (a) the grant funds provided have been used for the agreed purpose and that all terms and conditions of the grants have been complied with;
  - (b) the attached financial statements are compiled accurately from the financial records and data of the corporation;
  - (c) adequate provision has been made for legitimate future statutory and other liabilities of the corporation including, but not limited to taxation liabilities, accumulated staff leave entitlements and replacement of assets, except for land & buildings;
  - (d) appropriate and adequate insurance has been maintained throughout the year;
  - (e) the corporation has discharged its statutory obligations in relation to taxation, insurance, employee entitlements and the lodgement of statutory returns;
  - (f) the financial controls in place within the corporation are adequate; and
  - (g) the administration expenses and overhead costs of the corporation were reasonably apportioned across all sources and funds.

Signed in accordance with a resolution of the directors

Signed at Alice Springs this 28th day of September 2023



Ebony Abbott-McCormack  
Chairperson

## Independent Auditor's Report



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

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

##### Opinion

We have audited the financial report of Central Australian Aboriginal Congress Aboriginal Corporation (the Corporation), which comprises the statement of financial position as at 30 June 2023, 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 2023 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 as at the time of this auditor's report.

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

##### Other information

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

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

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## Independent Auditor's Report



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

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

### Responsibilities of the directors for the Financial Report

The directors of the Corporation are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards - 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.auasb.gov.au/Home.aspx>) at: [http://www.auasb.gov.au/auditors\\_responsibilities/ar4.pdf](http://www.auasb.gov.au/auditors_responsibilities/ar4.pdf)

This description forms part of our auditor's report.

### Report on Other Legal and Regulatory Requirements

#### Opinion

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



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

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

BDO Audit Pty Ltd

Andrew Tickle  
Director

Adelaide, 29 September 2023