



Central Australian Aboriginal Congress  
ABORIGINAL CORPORATION

# 2013/2014 ANNUAL REPORT



CENTRAL AUSTRALIAN  
ABORIGINAL CONGRESS

ABORIGINAL HEALTH  
IN ABORIGINAL HANDS



# ACKNOWLEDGEMENTS

Congress works in a model of partnership with the community to deliver coordinated and effective primary health care services to Aboriginal people living across Central Australia. Congress would like to thank those organisations for their support in this our shared mission to improve the health of our community, including:

- Aboriginal Medical Services Alliance Northern Territory (AMSANT)
- The Aboriginal and/or Torres Strait Islander Health Registered Training Organisation National Network (ATSIRHTONN)
- Alcohol and other Drug Services of Central Australia
- Amoonguna Health Service Aboriginal Corporation
- Australian Nurse-Family Partnership Program (ANFPP) National Support Agency
- Baker IDI Heart and Diabetes Institute
- Central Australian Hospital Network
- Central Australian Aboriginal Alcohol Programs Unit (CAAAPU)
- Central Australian Aboriginal Legal Aid Service (CAALAS)
- Central Australian Remote Health Development Services (CARHDS)
- Central Land Council
- Centrecorp
- Flinders University
- Fred Hollows Foundation
- *headspace* National Youth Mental Health Foundation
- Indigenous and Rural Health Division
- Lowitja Institute
- Menzies School of Health Research
- Mutitjulu Health Service
- Mpwelarre Health Aboriginal Corporation (Santa Teresa Health Centre)
- Mental Health Association of Central Australia
- National Aboriginal Community Controlled Health Organisation (NACCHO)
- Northern Territory Department of Health
- Northern Territory Medicare Local
- Tangentyere Council
- University of South Australia
- Utju Health Service Aboriginal Corporation (Areyonga)
- Western Aranda Health Corporation (WAHAC)



Children at Mutitjulu taking part in a fun run to promote healthy choices.



# CONTENTS

Acknowledgements.....	2
Organisational Background.....	5
Organisational Chart.....	6
Chairman's Report.....	7
CEO's Report.....	10
Key Performance Indicators.....	13
Alice Springs Health Services Division Report.....	19
The Congress Clinic.....	20
Ingkintja Male Health Clinic.....	21
Alukura Women's Health Clinic.....	22
Children Services.....	23
Social and Emotional Wellbeing Services (SEWB).....	25
Regional Health Services Division Report.....	27
Public Health Division Report.....	30
Register of Participation in Research Projects.....	35
Human Resources Division Report.....	36
Education and Training.....	38
Finance Report.....	39
Financial statements.....	40
Directors' Report.....	41
Statement of Comprehensive Income.....	44
Statement of Financial Position.....	45
Statement of Changes in Equity.....	46
Statement of Cash Flows.....	47
Notes to the Financial Statements.....	48
Director's Declaration.....	57

## Graphs and Tables

Graph 1	
Congress Clients by Locality and Reporting Period	14
Graph 2	
Congress Clients by Age and Gender 2013/14	15
Graph 3	
Average Episodes of Care Per Client by Locality and Reporting Period	16
Graph 4	
Breakdown of Episodes of Care by Program 2013/14	17
Graph 5	
General Clinic Percentage of Clients Waiting Over 1 Hour by Reporting Period	18
Graph 6	
Frequency of Standard Drinks Reported Per Week on the Alcohol Timeline Followback 2013 Versus 2014	33
Table 1	
Breakdown of Episodes of Care by Program 2013/14	17
Table 2	
General Clinic Waiting Times 2013/14	18





In the early days: community consultation taking place in 1984.

“Aboriginal health is not only a medical model, it is also a social model.”

William Tilmouth, Chairman



# ORGANISATIONAL BACKGROUND

Central Australian Aboriginal Congress Aboriginal Corporation (Congress) has a 40 year history providing comprehensive primary health care for Aboriginal people living in Central Australia.

Our services target the social, emotional and cultural, as well as the physical wellbeing of Aboriginal people.

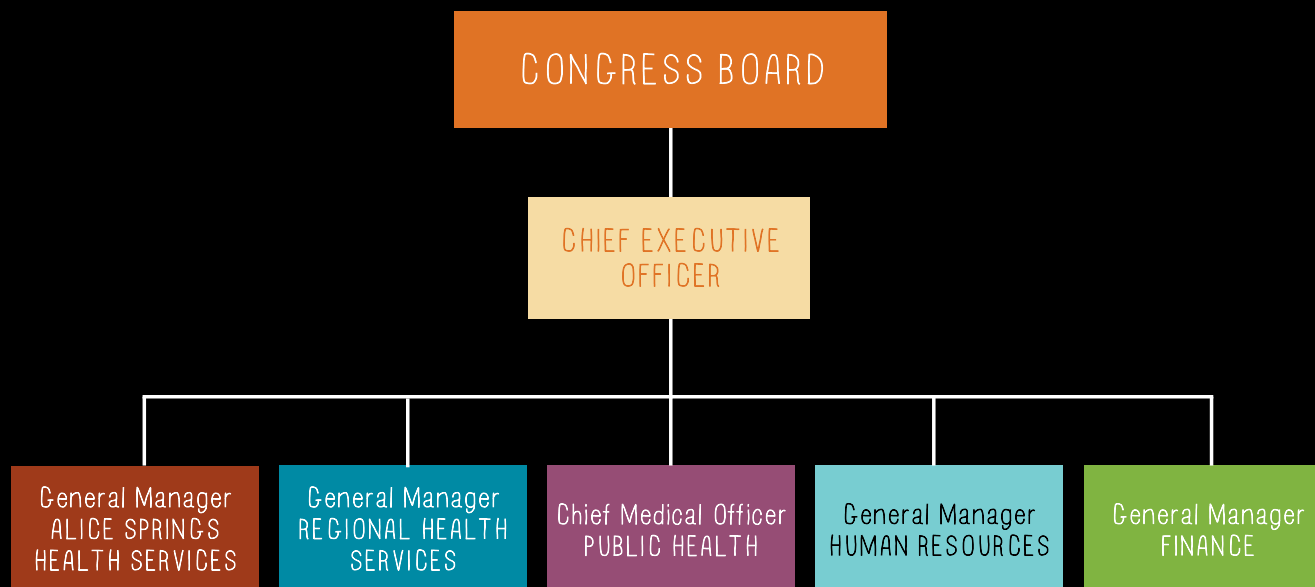
These services include:

- The main **Clinic** which provides Aboriginal people with multidisciplinary curative and preventive care. This includes medical care for acute and chronic illnesses, aged and disability care, as well as allied health care, dental and pharmacy.
- **Alukura Women's Clinic** which provides Aboriginal women's health and maternity care as well as the Family Partnership Program home visiting service.
- **Ingkintja Male Health Clinic** and a 'Men's Shed' providing care for Aboriginal male health and wellbeing, as well as violence intervention.
- **Children Services** providing Aboriginal children with special needs health care, a Pre-school Readiness Program, a Healthy Kids Clinic as well as *Ampe Kenhe Apmere* Childcare, offering culturally appropriate childcare.
- **Social and Emotional Wellbeing Services** who provide culturally appropriate counselling and support. This includes an alcohol rehabilitation program and youth (including *headspace*) and family specific services.
- An **Education and Training Program** that provides training and employment for people interested in becoming Aboriginal Health Practitioners.
- **Regional Health Services** providing the delivery of primary health care services in nearby Aboriginal communities; Amoonguna, Santa Teresa, Ntaria, Utju and Mutitjulu.

Congress is committed to ensuring these services are controlled by the local Aboriginal community by means of a strong Congress membership and through the employment of Aboriginal people, in order to achieve the following; **'Aboriginal Health in Aboriginal Hands'**.



# ORGANISATIONAL CHART



# CHAIRMAN'S REPORT

Over this past financial year, the Board has continued to develop Congress' governance structures and processes in response to the organisation's corporate regulations and the changing nature of the business environment, to ensure the highest level of accountability and transparency.

An important task completed by the Board was the development of a new Governance Charter. This ensures best practice governance principles are applied by the Board in the conduct of its duties, and discharge of its legislative and corporate responsibilities. This document establishes the guidelines within which directors and officers work as they perform their respective roles and tasks. The Governance Charter will establish longevity of governance, well beyond the term of each Board.

The Board also finalised a Risk Management Framework. This defines the way in which Congress will mitigate and manage all types of risk faced by the organisation. The framework considers governance and accountability arrangements, planning, reporting, business processes and organisational culture. Executive Management has finalised the supporting policies and procedures necessary to implement the Risk Management Framework and carry responsibility for ensuring staff receive the necessary



“ The Governance Charter will establish longevity of governance, well beyond the term of each Board. ”



information and training regarding the use of the new Risk Management system, known as RiskMan.

The Board continued to lead the development of a new Strategic Plan for the corporation. This process has been facilitated by Communio Pty Ltd, an external consultant, who have also been responsible for assisting with the development of the Governance Charter and Risk Management Framework. Consultation meetings with members, external stakeholders and staff are planned to occur in the months leading up to the Annual General Meeting (post June 30) and the Board is eager to receive feedback from its key stakeholders. We look forward to finalising the new plan and to give life to the work that has gone into this process over the past 12 months.

The Board's subcommittees continued to develop in their roles and to advise the Board in respect of the development of their specialised subject areas. This has contributed to the organisation's strategic objectives and increased operational quality.

The Research Subcommittee oversaw the development of an STI Screening and Treatment project for young people, which is to be carried out over the next two years in an attempt to get more on top of this important health issue for young people. In addition, Congress' participation in an Alukura study to assess the effectiveness of a vaccine to prevent cancer of the cervix, a Vaccine Trial for the prevention of Infective Ear disease in Children, an Aboriginal women's chronic disease study, and the Rheumatic Heart Disease in Pregnancy Qualitative Study, (see Public Health Division Report) occupied the Subcommittee. The Subcommittee is currently working with Professor Leonie Segal from the University of South Australia to develop a

methodology for the economic evaluation of Congress, which will lead to long term dividends for Congress' health care programs, ensuring the benefits outweigh the opportunity costs.

The Clinic Subcommittee continued to provide and receive feedback on the operations of the clinics; this feedback assists in the development of strategic directions and recommendations for clinic improvements and to inform enhancements of the divisional operational plans. A major focus for the Clinic Subcommittee was the refurbishment of the Congress and Ingkintja Clinics (see Congress Clinic and Ingkintja report) as well as a continued focus on updates to AGPAL Accreditation.

The Finance, Audit and Risk Subcommittee continued to drive improvements in financial reporting to create simplicity, greater transparency and increasingly more analytical data. The recovery of debts and management of debtors have improved markedly and the more effective use of upgraded finance systems will further extend the capacity of the Subcommittee to expand the scope and nature of advice provided to the Board (Finance Division report).

A major focus for the Human Resources Subcommittee has been the negotiation of the Enterprise Agreement. Congress has worked cooperatively and collegially with unions and representative bodies for the past six months in an endeavour to secure a mutually acceptable outcome for all parties. The Board notes that negotiations have been consistent with the good bargaining principles within the Fair Work Act. Negotiations continued as at 30 June 2014, and an outcome is anticipated in the first half of the new financial year. Anti-bullying and harassment training was also provided for all managers and staff as an outcome of recommendations made by the Subcommittee

as part of its obligations to ensure a harmonious and productive workplace.

In regards to the remote sites, Director Graham Dowling and I have attended the Board meetings for the auspiced Boards whenever possible, and as mentioned in the Regional Health Services Division report, we have placed great emphasis on promoting transparency of information regarding the financial operations of these sites. Substantial effort has gone into clarifying information relating to funding agreements and budgets, to facilitating broad understanding and demystification of financial and operating relationships. This responsiveness has been well recognised by the respective communities.

Other important developments made at a governance level have been outlined in regular Board Communiqués, which the Board continues to support. These communiques are a means through which the Board can openly and transparently communicate information about developments, projects, partnerships and research, and its overall position regarding affairs relevant to the context of Aboriginal health care in Australia.

Finally, thank you to my fellow Directors for your work and commitment to ensuring this organisation is governed in such a way that aims to enhance the quality of our services and programs, now and for many years to come.

**William Tilmouth**  
**Chairman | Central Australian Aboriginal Congress**



Board meetings are a fundamental component of the governance process. It is at these meetings that Directors are able to establish and review the strategic direction of the organisation and monitor its performance. They also obtain and exchange information with the CEO, external parties and each other.

“ Substantial effort has gone into clarifying information relating to funding agreements and budgets, to facilitating broad understanding and demystification of financial and operating relationships.

”



# CEO'S REPORT

This past year has been a particularly exciting period of transition for Congress. The Board, Executive and staff have worked hard to strengthen the organisation's administrative processes in order to support the provision of continually high quality services, with a particular focus on bringing the organisation's town and remote services together. This will ensure greater equality of access to, as well as a more comprehensive and consistent, essential primary health care service for Aboriginal people in Central Australia.

Executive Management continued to work closely with the Board, supporting the Directors in their respective efforts to place significant emphasis on transparency regarding the governance of the organisation. In working with the Board, a major project for the Executive has been the development of a Strategic Plan to meet the needs and vision of Congress and members of the organisation. This will be completed by the time of the 2014 AGM following successful consultation with members, the broader Aboriginal community, staff and stakeholders, who have provided invaluable feedback regarding what they would like Congress' services to look like in the future. I would like to thank all those who have helped to shape this plan.

An Organisational Review Implementation Plan was prepared by the Executive Management Team in response to the recommendations made by an Organisational Review undertaken by the Department of Health (OATSIH) in the previous financial year. Changes implemented as part of this plan have focussed mainly on refining and strengthening our internal systems and processes, including the implementation of a new organisational structure, specifically the separation of Human Resources from other corporate services with the creation of a Human Resources Division and a Finance Division. There have also been significant changes to administrative processes, with a particular focus on supporting our staff and improving our technology, especially in remote services.

In regard to the remote sites, the recruitment of a General Manager ensured the organisation had the capacity needed to implement the recommended changes. These recommendations focused on improved coordination of services to ensure greater equity of access to resources by each of the remote sites. IT improvements implemented across the remote clinics have resulted in improved quality and risk management systems as well as the timeliness of access to clinical and operational information, easing the administrative load on clinic staff. Congress is progressively resolving long term organisational and human resource issues in each location which has been well recognised by the respective communities. A major focus on recruitment has resulted in most vacant positions being filled, leading to an increase in the scope of services being delivered.

As part of revising the Terms of Reference (ToR) for key internal committees under the Executive Management the former Health Services Executive was restructured into the Alice Springs Health Services Division Meeting of senior managers. This revised grouping of the heads of the key service delivery sections and the new ToR has resulted in a better focus on the integration of services, improved continuity of care and more efficient patient flow across all services and programs. One particular highlight for town services was the successful tender to provide the Alice Springs After Hours General Practice service to the Alice Springs community. It is the first time an Aboriginal



“We are all working together to make the biggest difference that we possibly can to improve the health and wellbeing of Aboriginal people.”

community controlled health service has taken on the responsibility of providing such an after hours service, based out of the local hospital to all people living in the community; both Aboriginal and non-Aboriginal. Key data which demonstrates the work done by Congress' town services can be found in the Alice Springs Health Services Report and KPI section of this Report and the extraction, analysis and presentation of this data is another area that has improved within the Public Health Division (PHD).

The CQI (Continuous Quality Improvement) team within the PHD, has also worked on improving the Communicare Helpdesk and training, as this medical information system is becoming more and more important for the quality of our services. In addition, they worked intensively with Congress staff to ensure we were able to meet the Royal Australian College of General Practitioners (RACGP) Accreditation Standards as assessed by Australian General Practice Accreditation Limited (AGPAL) (see Public Health Report). The RACGP is responsible for maintaining standards for quality clinical practice, education and training, and research in Australian general practice. It was the first time that Congress received an unqualified assessment which is a great achievement.

The PHD has also worked to ensure that Congress has the capacity to process and manage research. There have been a number of important formal agreements with major research institutions established, including Baker IDI and the Menzies School of Health Research who have seconded an experienced Aboriginal researcher to work in the PHD one day a week to assist in the assessment and management of

research proposals. As a result, Congress has been able to better utilise research to improve the quality and scope of our services and programs. The research has also helped to demonstrate the effectiveness of the community controlled comprehensive primary health care service model compared with other service models, as well as the overall cost effectiveness of the model (further details are contained in the Public Health Division report).

This year, a major upgrade of financial management systems occurred as planned, enabling improved integration of financial management, purchasing, inventory, and asset management records. In regard to significant investments, a major upgrade of information technology systems has also been underway during the latter part of the financial year. A number of major cost cutting initiatives took place during the year to consolidate the number and use of assets, in particular, the relocation of services to share office space and the more critical assessment of the utilisation of the motor vehicle fleet. This has resulted in significant savings for the organisation (see Finance Division Report).

In respect of service improvements, it was identified in the previous financial year that an operational priority should be the attainment of organisational accreditation for the corporation, to ensure quality outcomes for all internal and external stakeholders, and to facilitate continuous quality improvement activities in business services. This year, Congress selected the International Organisation for Standardisation (ISO) as the most suitable for its purposes. ISO has a strong management focus aligned with best practice and includes the basic requirements of quality policy and planning. The year has seen significant investment in the development of ISO accreditation processes.

In regards to human resources, Aboriginal employment reached 135 staff, a number that has doubled since 2005; however, there remains a gap between Aboriginal and non-Aboriginal staff. A priority strategic objective for the future is to increase the number and proportion of Aboriginal staff employed across all parts of the organisation. A draft Aboriginal Employment Strategy was developed to make

greater provision for Aboriginal people including local youth, current employees and students to pursue higher education opportunities in the area of primary health care. A Workforce Development Plan, to be completed in the new financial year, will concrete the organisation's commitment to improving employment outcomes for Aboriginal people at Congress.

Congress continues to be the only Aboriginal community controlled health service in the Northern Territory providing training for prospective Aboriginal Health Practitioners (AHPs). During the year, it has delivered the HLT43907 Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care (Practice) qualification, resulting in five more students achieving national registration with the Aboriginal and/or Torres Strait Islander Health Practice Board of Australia (see Human Resources Report).

Toward the end of the financial year, a proposal to establish an Aboriginal Staff Advisory Committee was endorsed by the Board. It will be made up of Aboriginal staff who have strong cultural connections, a long standing commitment to Congress and also have direct and regular contact with our clients. This group will have a focus on providing input for the continual improvement of Congress' services and programs with an emphasis on cultural safety. They will support and ensure that the Executive Management is better informed and mindful of operational cultural knowledge and 'on the ground' issues. The group will report directly to the CEO.

It continues to be a great privilege to be able to lead an organisation as vibrant, comprehensive and important as Congress. We are all working together to make the biggest difference that we possibly can to improve the health and wellbeing of Aboriginal people and I want to thank all the staff for their ongoing commitment to Congress and Aboriginal health. I would also like to thank the Board for the leadership and support provided to me and especially that of our Chairman, William Tilmouth.

**Donna Ah Chee**  
Chief Executive Officer | Central Australian Aboriginal Congress



“Congress in Alice Springs is probably one of the best health organisations in Australia, full stop. They have moved to a very good business model that has been picked up in other parts of Australia.

They're fundamentally welded to Medicare, they ensure all of their clients have a Medicare card. It's the same sort of [positive] index you get across Australia, particularly in demographics with larger areas of need.”

Minister for Indigenous Affairs, Senator Nigel Scullion, interview with Alice Springs News, September 2013



As part of the Congress Business Plan the organisation reports to the Board on Congress' performance against key performance indicators including National Key Performance Indicators (nKPIs) and the Northern Territory Aboriginal Health Key Performance Indicators (AHKPIs).

Presently there are 19 nKPIs and 15 NT KPIs relating to:

- Access to health care
- Child and maternal health
- Health assessments and early detection
- Immunisation
- Chronic disease management
- Alcohol, tobacco, nutrition

Congress has also developed additional KPIs which are included in the Congress Annual Business Plan. These indicators include:

- Timely access to services
- Sexual health testing and treatment
- Human resources: staffing

In summary, the key findings from this year's KPI reports compared to last financial year demonstrated an improvement in:

- Access to services
- Child immunisation rates and timeliness
- Adult health checks and chronic disease management plans
- Blood pressure control
- RHD prophylaxis coverage
- Child health checks for 0-4 year olds.

Strategies have been implemented to improve low performing indicators such as Rheumatic Heart Disease coverage rate for penicillin injections, sexual health outcomes and management of low birth weight and premature babies.

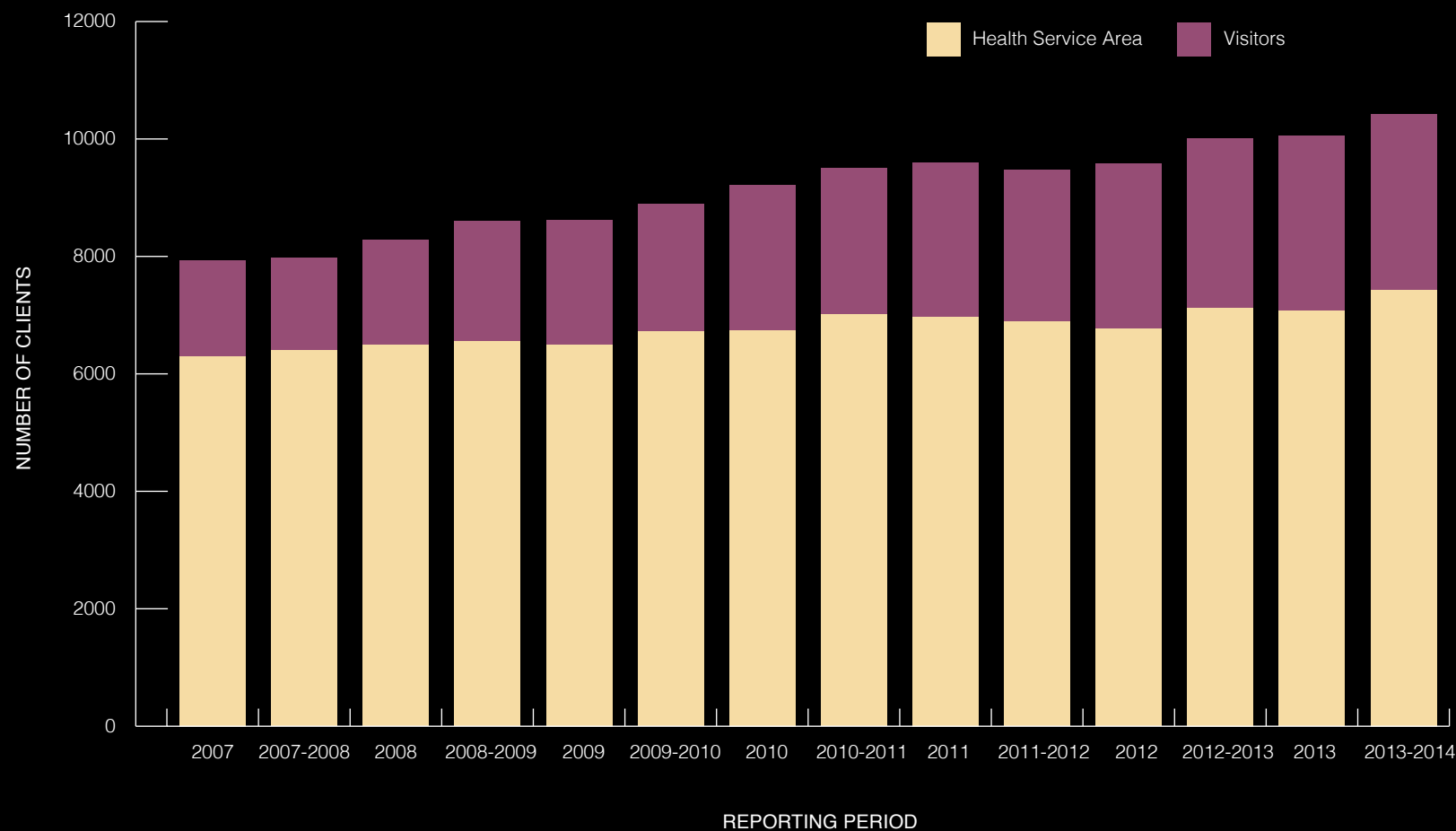


“ We care about whether our hard work is making a difference... and we can show that it is. ”

CEO, Donna Ah Chee.

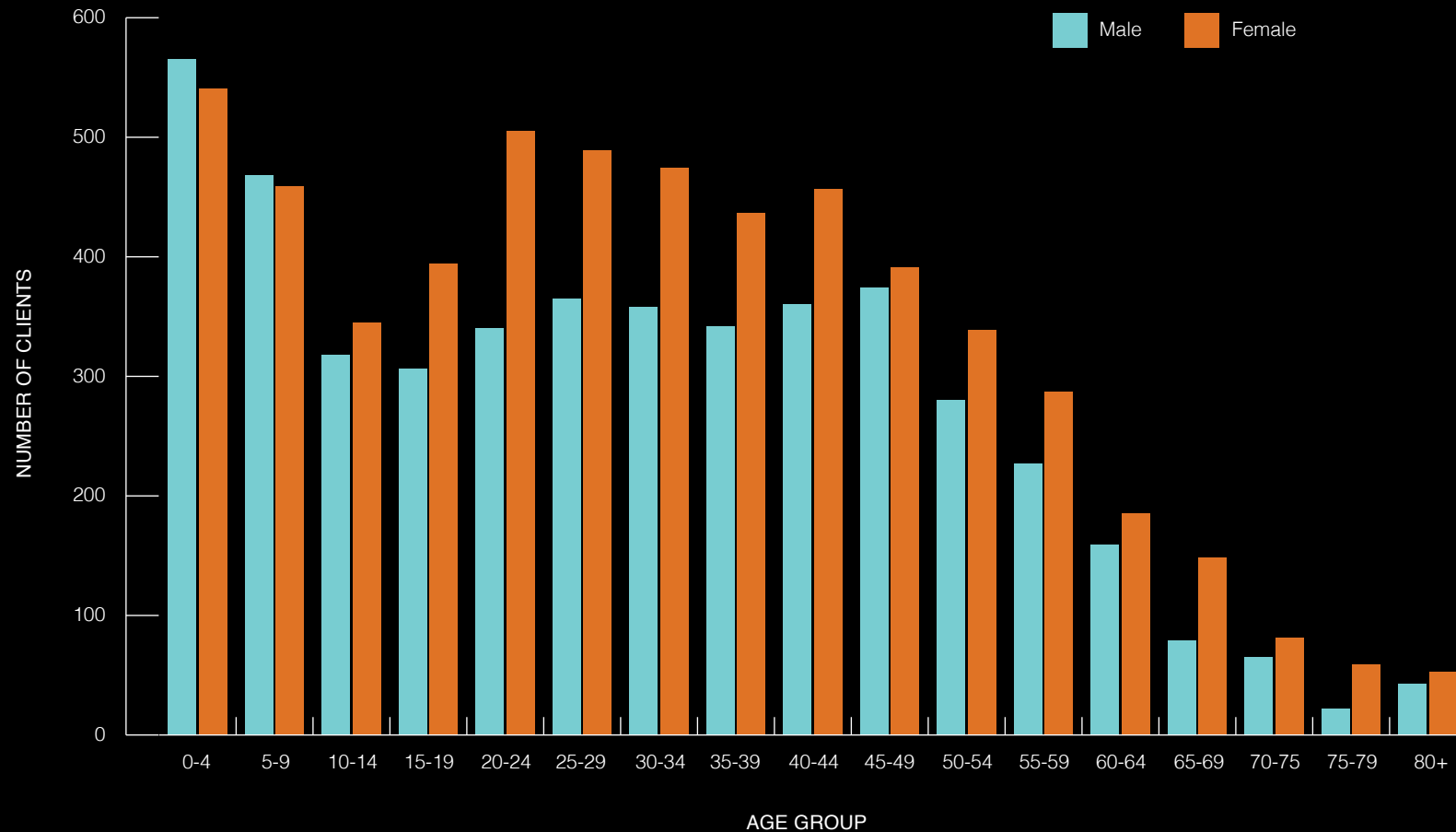


## Graph 1: Congress clients by locality and reporting period



Congress clients are represented in the above graph according to whether they live in the Health Service Area (HSA), or are visitors from remote or other communities. There has been a steady increase over time in the total number of unique clients that utilise Congress services each year from less than 8,000 in 2007 to more than 10,400 this last financial year. Of these, about 7,400 live in our HSA and 3,000 or 29% were visitors to Alice Springs. The increase in HSA clients is likely to be due to an increase in the number of Aboriginal people moving to Alice Springs.

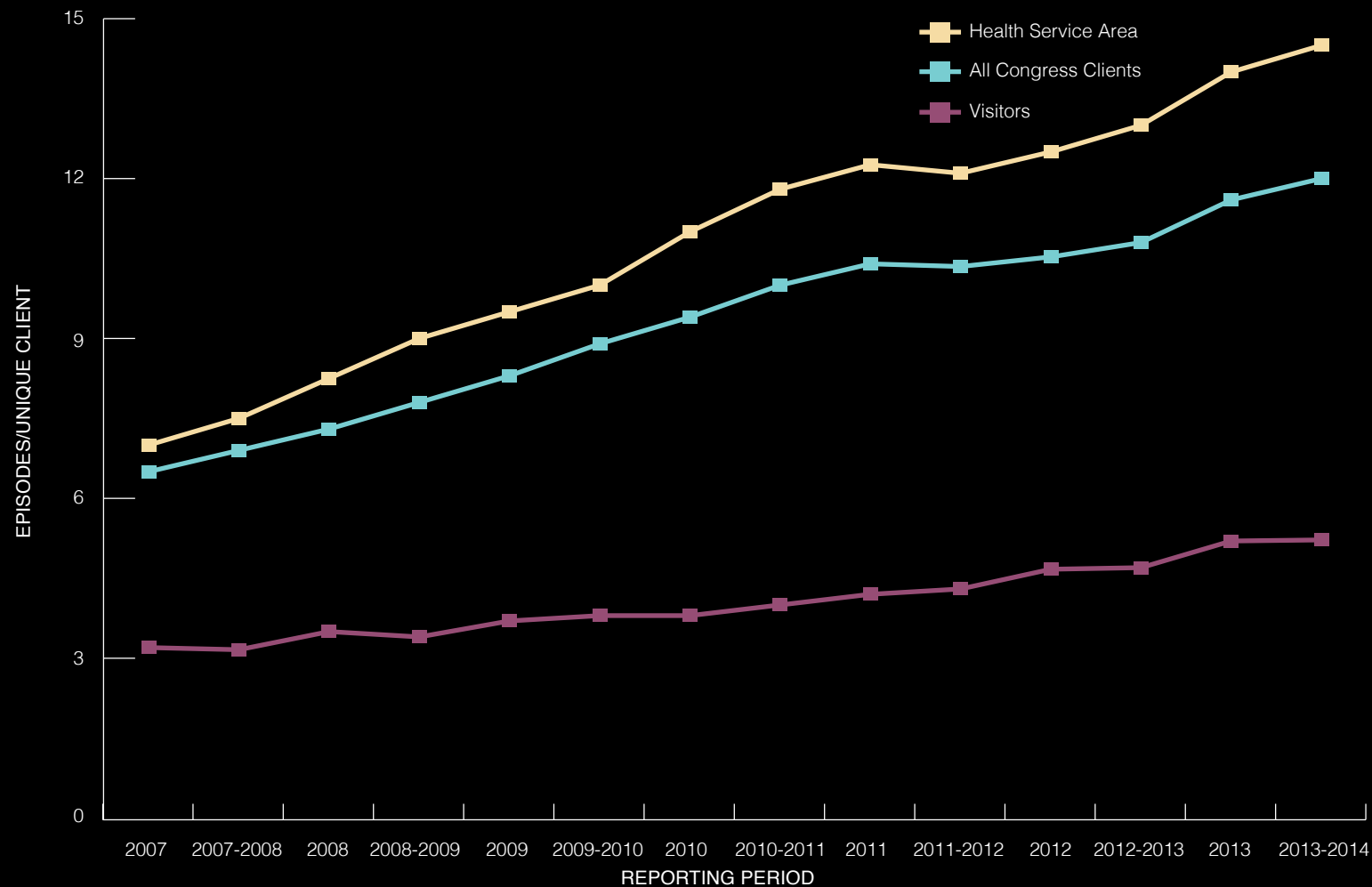
Graph 2: Congress clients by age and gender 2013/14



There was a significant difference in access to services by women and men, particularly in the age groups from 15 to 44 years. This can be explained to some extent by women accessing services for reproductive health and contraception, as well the number of young men in jail.



Graph 3: Average episodes of care per client by locality and reporting period



There has been a steady increase over time in the number of client episodes of care provided across Congress services each year. On average clients from the health service area receive more than 14 episodes of care each per year with town camp residents receiving on average 16 episodes of care and visitors averaging less than 6 episodes each over the year. Visitors made up approximately 13% of episodes of care. This increase in service activity is occurring with the same number of staff.

Graph 4: Breakdown of episodes of care by program 2013/14

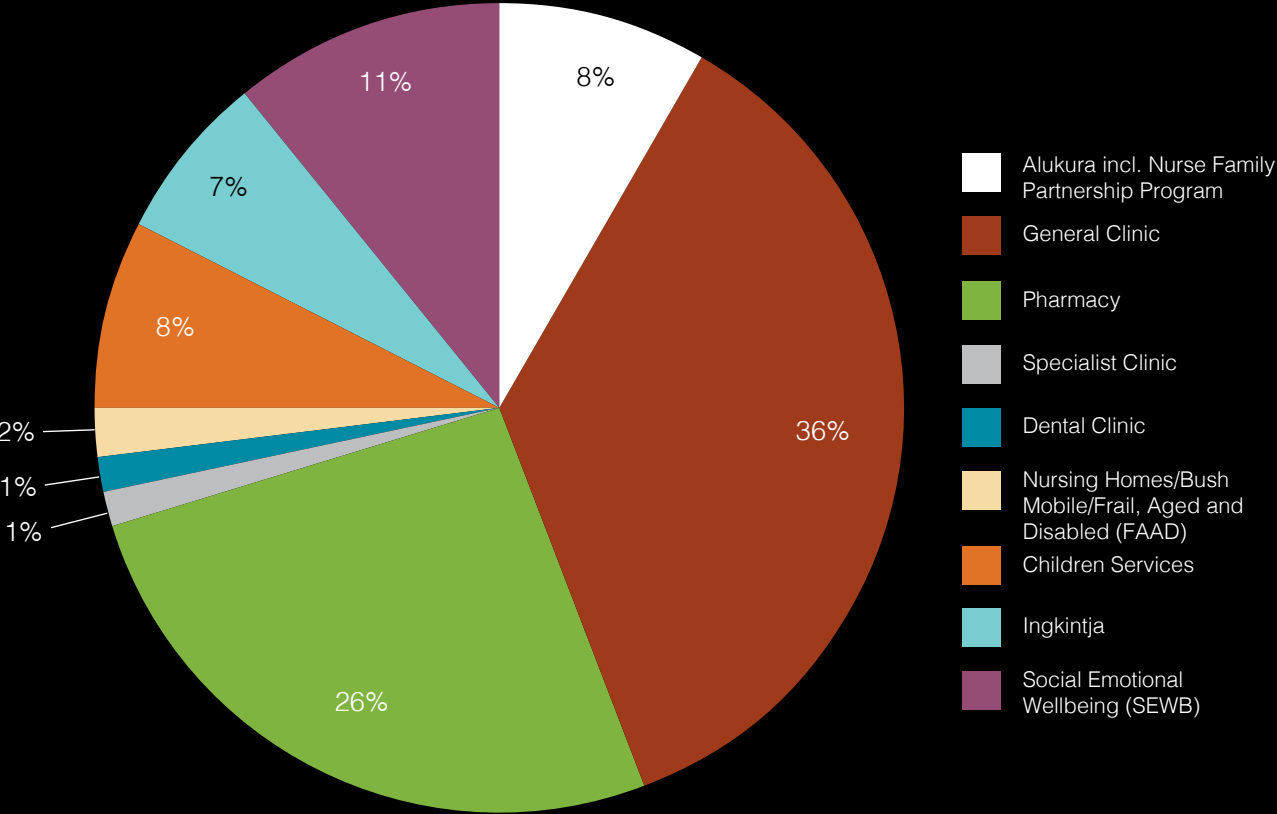


Table 1: Breakdown of Episodes of Care by Program 2013/14

Place	Total Episodes of Care 2013/14
Alukura incl. Nurse Family Partnership Program	10,467
General Clinic	45,129
Pharmacy	32,783
Specialist Clinic	1,416
Dental Clinic	1,882
Nursing Homes/Bush Mobile/Frail, Aged and Disabled (FAAD)	2,439
Children Services	9,576
Ingkintja	8,248
Social Emotional Wellbeing (SEWB)	13,335
Total	125,275

This graph and associated table shows the number and proportion of episodes of care of the different services provided by Congress (excluding *headspace* and Family Support).



Graph 5: General Clinic percentage of clients waiting over 1 hour by reporting period

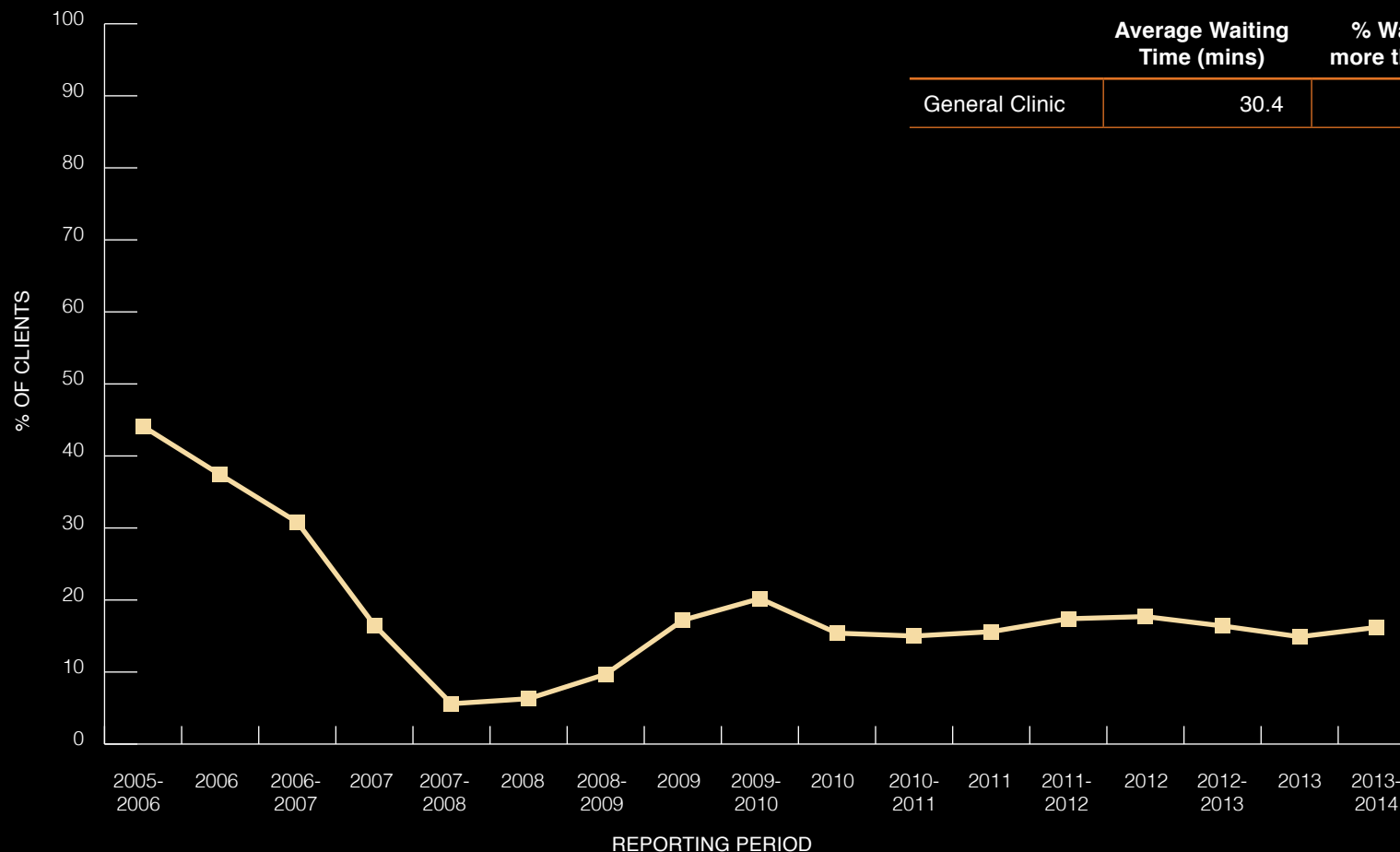


Table 2: General Clinic waiting times 2013/14

	Average Waiting Time (mins)	% Waiting more than 1hr
General Clinic	30.4	16.2%

This graph shows the percentage of clients waiting more than one hour to access a General Clinic service by reporting period. The table shows the average waiting time for each client was just over 30 minutes at the General Clinic for this reporting period.

# ALICE SPRINGS HEALTH SERVICES DIVISION REPORT

The Alice Springs Health Services Division encompasses the organisation's main areas of service delivery and includes the Congress Clinic, Ingkintja, Alukura, Children's Services and Social and Emotional Wellbeing Services (SEWB). The grouping of these main service areas reported on in the previous Annual Report aims to achieve better integration, coordination and continuity of care and efficient patient flow across all services and programs.





## The Congress Clinic

**Congress' Clinic or 'the Clinic' is a nationally accredited health clinic providing a range of medical services for Aboriginal people of all ages, in and nearby Alice Springs.**

This past year was characterised by a period of growth and increased capacity for the Congress Clinic, in regards to staffing and programs, and also in regards to improvements to its facilities.

A scope of refurbishment work was carried out for the benefit of Congress' clients and patients. This included painting and the resurfacing and polishing of all floors. New medical equipment was purchased while consult rooms were refurbished and new chairs were purchased for waiting area.

The Clinic was successful in its tender for the Medical Outreach Indigenous Chronic Disease Program (MOICD) which aims to increase access to multidisciplinary care in order to prevent, detect and manage chronic disease. This resulted in the securing of a visiting dietician and diabetes educator two days per month.

The service was also successful in its tender to provide an After Hours GP Service at the Alice Springs Hospital for Aboriginal and non-Aboriginal clients. This will provide urgent treatment for illnesses and injuries which would otherwise require a client to visit the Emergency Department.

The Clinic commenced participation in the 'Telehealth Eye and Associated Medical Services network' ('TEAMSnet') using internet and mobile technologies to provide accurate, low cost eye exams and coordinated diabetes and heart care to Aboriginal people in remote areas. Since commencement, Congress has been able to detect a number of eye conditions requiring urgent ophthalmology attention, through retinal screening processes.

The establishment of the new Renal Primary Health Care Service and the appointment of a Care Coordinator within this program was a major success for the busy Clinic,

providing over 200 clients on dialysis with improved coordinated care (e.g. access to Fluvax, Pap smear, mammograms, eye checks and dental checks). As a result, there are now patients who have completed the workup and are physically fit for listing on the Active Transplant List. While this is an increase there is still a need for significant improvement in this regard.

The Clinic continues to work collaboratively with other health care services including Flynn Drive Dialysis Unit, Nephrocare and Teamsnet (University of Sydney), NTML, Tangentyere and the Purple House for all of which it has established MoUs to define its working relationships to ensure coordinated care across service providers.

The Clinic was represented at a number of local and interstate events on the health care calendar including the Chronic Disease Network Conference in September 2013, Baker IDI workshops held throughout the year including at the Rheumatic Heart Disease (RHD) conference in Darwin, the Lowitja Institute 2<sup>nd</sup> National Conference on Continuous Quality Improvement (CQI) in Aboriginal and Torres Strait Islander Primary Health held in Melbourne in July 2013 and a ICDP working group meeting in Darwin.

The Clinic received accreditation with AGPAL (Australian General Practice Accreditation Limited) against RACGP (Royal Australian College of General Practitioners) in October 2013, representing the Clinic's ability to continually provide the highest quality care.

A collection point was also set up at Gap Road Clinic three days per week following successful negotiation with Westerns Pathology.

The increase in General Clinic numbers over recent years has plateaued since the last reporting period. Waiting times for clients at the General Clinic remain at approximately 16% of clients waiting more than one hour. The number of Pharmacy episodes of care shows an ever increasing trend over time, with a significant increase of 4,000 episodes noted since the last reporting period.



The Congress Clinic is located on Gap Rd., next to the Congress Childcare and Inngintja Male Health Clinic.



## Ingkintja Male Health Clinic

**Congress' Ingkintja Male Health Clinic is a nationally accredited health clinic providing general care for males' health including sexual health and care for men's social and emotional wellbeing.**

It is a male only place.

The financial year commenced with Ingkintja participating in the coordination of a male health summit held over three days in July 2013 at Ross River Resort. This was attended by nearly 100 Aboriginal males representing 29 Indigenous Remote Service Delivery Priority Communities. The summit discussed solutions to improve the health and wellbeing of males living in remote communities.

Ingkintja commenced an ongoing partnership with CAAMA radio, assisting to deliver a weekly male health segment known as 'Brothers'. The show is hosted by Ingkintja staff Patrick Ah Kit and Tony Linn, and features other Congress staff as special guests on a regular basis.

Ingkintja kicked off its new partnership with the Clontarf Foundation aiming to promote improved emotional, social and physical health in young Aboriginal males through providing more regular health checks, work experience opportunities and by accommodating regular visits to the Men's Shed.

Community engagement efforts resulted in the identification of work experience, employment, traineeship and apprenticeship opportunities for members of its Men's Shed with the Northern Territory Cattleman's Association, Group Training NT, St. Joseph's College. The Men's Shed also connected with Centralian Senior Secondary College's Gateways Program, providing young men with the opportunity to learn new skills at the Men's Shed workshops.

The Board approved a management submission to allocate funding to the refurbishment of the Ingkintja Clinic (as well as the Gap Road Clinic) with the aim to improve the facility for the benefit of Ingkintja clients. Plans were developed and the Clinic's Subcommittee has played an important

role in determining the shape and physical layout of a new reception area. Refurbishment works commenced toward the end of the financial year.

Ingkintja's Senior Psychologist, Mr Max Yffer co-facilitated the Love Bites Program to students at Centralian Senior College, OLSH, St. Philip's College and the Alice Springs Juvenile Detention Centre. The Love Bites Program is primarily a school-based educational program aimed at 15-16 year olds focussing on the issues of domestic violence and sexual assault. The program is initiated by NAPCAN (the National Association for the Prevention of Child Abuse and Neglect) and is successfully run in schools throughout Australia.

A behavioural change program was delivered once per week over several months at the Alice Springs Juvenile Detention Centre. The initiative was the outcome of discussions with the Juvenile Centre following concerns within the Centre regarding the behaviour of many of the youths – both in terms of their offences that led them to being incarcerated, as well as their conduct within the Centre. Staff also participated as guest facilitators in the Indigenous Family Violence Offender Program run by NT Community Corrections (Department of Justice) in Alice Springs and on communities.

Ingkintja psychologists continued to facilitate information sessions at the Alice Springs Correctional Centre as part of the pre-release reintegration program that aims to assist soon-to-be-released prisoners through service providers coming in and providing an overview of their programs.

A dramatic increase in client numbers since 2012/2013 reflects a change in the registration of clients accessing any Ingkintja service, and since this time, the service includes a Men's Shed and hygiene facilities. Access to the Men's Shed and hygiene facilities continues to increase over time.



## Alukura Women's Health Clinic

**Congress' Alukura Women's Health Clinic is a nationally accredited health clinic providing culturally appropriate care for women's health, including maternity and sexual health. Its services provide Aboriginal women with health education and information to improve health outcomes for Aboriginal women and children. It is a women's only place.**

Alukura's annual Breast Screen took place at Alukura during International Breast Cancer Awareness Month in October 2013, providing Aboriginal woman with access to breast screening. Ninety three appointments were booked and 75 women attended the screening with the support of Alukura staff.

The annual Alukura Cultural Awareness Camp was held onsite at Alukura in May 2014. The event was attended by grandmothers and aunties from Alukura's Advisory Council, community members from Alice Springs and Amoonguna community, and staff. Participants took part in a range of cultural activities including a smoking ceremony, preparing bush medicines, making beaded jewellery and clapping sticks.

Alukura GPs commenced the year taking part in the collection of Human Papillomavirus (HPV) prevalence data from Aboriginal female clients in order to determine the impact of the vaccine on HPV genotypes among Australian Aboriginal women as part of the 'Vaccine Impact in Population study (VIP)'.

Alukura participated in the Menzies School of Health Research, 'PREV\_IX Combo' trial, assisting to examine the effects of new pneumococcal vaccines, aiming to determine the most effective protection against pneumococcal infections with the main emphasis being to reduce rates of otitis media in children. Congress' Healthy Kids Clinic is also participating in the trial.

Alukura also commenced participation in a sexual health research project being conducted by the Kirby Institute, UNSW. The project aims to determine the most effective and appropriate way to screen/test and treat young people for STIs.

The Annual Infection Control Audit was conducted by an independent consultant resulting in very positive outcomes for Alukura relating to the Royal Australian College of General Practitioners (RACGP) Infection Control Standards.

Alukura employees Denella Hampton and Cherisse Buzzacott successfully completed their Midwifery studies to qualify as Registered Midwives. Cherisse has chosen to undertake a graduate program interstate and Denella is working at Alukura.

The women's clinic received a donation of three new 'Real Care Babies' (simulator babies) from the Cervical Cancer Council. The simulator babies are used for childcare career training, teen pregnancy prevention and child development education.

Alukura's Congress Community Health Education Program (CCHPEP) continued to deliver holistic sexual health education to young Aboriginal people living in and around Central Australia. A review and update of resources was commenced in order to ensure continued innovation and currency of information. CCHPEP staff participated in Mooditj Leadership training held in Perth in September 2013, as part of a commitment to ensure continued innovation in the delivery of CCHPEP services.

A qualitative evaluation of Alukura's Family Partnership Program, *Learning from Central Australian Aboriginal Women's Experiences: Reflections of participation in the CAAC Family Partnership Program in Alice Springs*, was completed in March 2014, documenting the stories of the mothers and families that have been through the program in order to determine the programs' effectiveness.



**Women preparing traditional bush medicines at the Alukura Cultural Camp.**





## Children Services

**Congress' Children Services provides care for Aboriginal children from 0 to 15 years of age. It is comprised of a Child Health Outreach Program (CHOP) caring for children with chronic disease, a Preschool Readiness Program (PRP) providing Aboriginal families with access and transition to preschool, and a Healthy Kids Clinic (HKC) which provides access for children who might otherwise miss out, to the crucial preventative measures of health screening and immunisation. Children Services also encompasses a culturally appropriate Childcare, conveniently located next to the Congress Clinic.**

This year, a major highlight for Children Services was the establishment of a Low Birth Weight (LBW)/Premature Infant Working Group to improve the identification and management of children born prematurely, and or of a low birth weight (see Public Health Division Report).

Children Services staff have also been involved in the Fetal Alcohol Spectrum Disorder (FASD) Working Group, a collaborative effort between the Alice Springs Hospital, Department of Education (DoE) and others to improve the identification, diagnosis and management of children with FASD.

The Child Health Outreach Program (CHOP) team took responsibility for the case management and antibiotic prophylaxis of all Rheumatic Heart Disease clients aged 15 years or less. This has resulted in a significant improvement in the penicillin prophylaxis rates, with all children exceeding the 80% compliance recommended by national guidelines. All but one child received 100% of the required needles.

A proposal was developed and approved to deliver a targeted evidence based weight management program for overweight and obese children and their families. The program will be delivered in collaboration with paediatricians and other agencies. Staff training will commence in the latter half of 2014, with the first families participating in the program in early 2015.



CHOP continues to work closely with the ASH Paediatric Department to coordinate the care of shared clients, many of who have complex medical needs.

The Preschool Readiness Program (PRP) has had another busy year helping Aboriginal families access and transition to preschool. Nine children identified as requiring extra support participated in an intensive program conducted in November 2013. Many of these children have now successfully transitioned into preschool, and have had a positive start to their schooling. Thanks to the PRPs efforts, many of the preschools in town have now reached capacity, with Aboriginal children representing a significant proportion of enrolment. The long term effects of the program are also being demonstrated with approximately 40% of preschool aged clients enrolling independently into school.

The Healthy Kids Clinic plays a fundamental role in the provision of Children Services, focusing largely on providing children with access to screening and immunisation. This year, there was an increase in the number of child health checks for children aged less than five years, despite being down a nurse for a number of months. The Healthy Kids Clinic continued to provide a School Nurse to Sadadeen, Braitling and Gillen Primary Schools.

The Healthy Kids Clinic also participated in the Menzies School of Health Research, 'PREV\_IX Combo' trial by assisting to compare the effects of new pneumococcal vaccines in the prevention of common ear infections and other health problems (See Alukura Report).

An MoU was signed with the NT DoE to formally recognise the role of the School Nurse provided by the Health Kids Clinic. The MoU agrees to jointly deliver the Targeting Health Improving Engagement (THIE) Program, facilitating timely health screening and referrals for primary school aged students with the goal of re-engaging them in the school program as soon as possible. The School Nurse now visits five primary schools; Braitling, Sadadeen, Gillen, Bradshaw and Larapinta.

A focus on strengthening Children Services resulted in the establishment of an Allied Health Team in early 2014. This led to the recruitment of a Child Occupational Therapist (OT) to work with Congress' Clinical Child Psychologist (CCP) to provide more comprehensive services, otherwise not available at many Aboriginal community controlled health services. Since then, the OT and CCP have seen over 50 clients together.

A review of the Congress Childcare conducted by the Department of Education (DoE) in March 2014 highlighted that the centre met or exceeded all but one of the standards in relation to the seven quality areas identified in the National Quality Standards (NQS). This is a big step towards the centre becoming accredited under the NQS and acknowledges the hard work of staff towards improving the safety and quality of the care provided at the centre. Several staff also completed their Certificate III in Children Services, further improving the quality of care delivered at the centre.

A review of funding for Congress' Childcare Service was carried out by consultants Price Waterhouse Cooper (PWC). This identified that the most advantageous model of funding is one which provides for full retention of grant funds currently received under the Multifunctional Aboriginal Children's Services (MACS). It also introduces full access to Child Care Benefit (CCB) funding. This funding model was approved by the Department of Education, Employment and Workplace Relations (DEEWR).



Congress' Childcare is a Multifunctional Aboriginal Childcare Service (MACS) providing culturally appropriate education and care for Aboriginal children in Alice Springs.





**Safe and Sober Support Service clients take part in regular bush trips as therapy. The bush is a healing environment - a place for sharing and reflection.**

## Social and Emotional Wellbeing Services (SEWB)

**Congress' Social and Emotional Wellbeing (SEWB) Services provide culturally appropriate counselling and support for Aboriginal people with worries. Its services include counselling, social support and structured psychological therapy for a range of social and emotional difficulties.**

An external review of SEWB took place in order to inform its 2014/15 Operational Plan. The review team has consulted with key stakeholders to develop a model that will support continuous improvement and integration of this service within Congress. The review continues and the findings of this will be presented to the Board for their consideration.

SEWB's Safe and Sober Support Service (SSSS) successfully recruited a GP and neuropsychologist to the program, enabling the delivery of a more integrated service, ensuring 'three streams of care'; social and cultural support, structured therapy and medical care.

The program celebrated the completion of in-house AOD Worker Training by two Aboriginal Trainees who are now enrolled in Cert 4 AOD courses which they hope to complete in the next year.

Another major highlight included the participation of staff in a documentary by Blackfella Films, to be aired nationally on SBS towards the end of 2014.

An Aboriginal AOD worker (SSSS) worked with SEWB's Aboriginal Mental Health Worker to organise a committee for the NT Suicide Prevention Conference held in Darwin in June. They presented on the development and delivery of *Suicide Story* - a suicide prevention program delivered across remote Aboriginal communities in the Northern Territory, in partnership with Mental Health Association of Central Australia (MHACA).

While current funding for the Safe and Sober Support Service is due to expire, management is optimistic that the program will be refunded due to the invaluable service it provides.

A major highlight for SEWB's Youth Outreach Team (YOT) was its commencement of the support group, 'Girls Group' for young town camp women engaged in high-risk anti-social behaviour and with a history of disengagement from support services. The support group aims to increase the participation of these young girls in education and support services to meet their ongoing needs. The support group was established in collaboration with St. Joseph's Flexible Learning Centre.

YOT also established ongoing involvement with Centralian Middle School's Families and Schools Together (FAST) Program. The program assists in the provision of structured activities that aim to enhance communication and family functioning, decreases stress, elevate self-efficacy and increase parental involvement in school. It also enhances youth and parent/mentor social support networks.

YOT worked in collaboration with Congress' Healthy Lifestyle Program using the project to promote appropriate health messages to young people 6 to 18 years (85% Aboriginal) regarding a range of issues including self-image, diet, the importance of physical activity and awareness around drug and alcohol use.



SEWB'S Targeted Family Support Service (TFSS) continued to represent the organisation and its mission on the Anglicare Communities for Children Reference Group and at the Family Safety Meeting; Integrated Response to Family Violence.

TFSS staff played a lead role in the orientation of new Congress staff, inducting those who were new to Alice Springs on the topic of child and family services in the context of Central Australia.

TFSS staff presented at the Poche Centre for Indigenous Health and Wellbeing in Adelaide, on the subject of *'Working with Aboriginal Children and their Families: a culturally sensitive approach'* providing essential context around engaging with Aboriginal families and offering practical suggestions for engagement with clients.

SEWB's *'headspace'* service continued to partner with other mental health care services such as Lifeline Central Australia, Mental Health Association of Central Australia (MHACA), Child and Adolescent Mental Health Service (CAMHS) and Alice Springs Youth Accommodation and Support Services (ASYASS), in an effort to promote sector reform and coordination of services. An MoU was established with Yirara College with *headspace* committing to deliver a drop-in counselling service to Aboriginal students. An MoU with Canteen Australia, established *headspace's* commitment to providing counselling and medical services to youth, aged 12 – 25, affected by cancer.

*headspace* hosted a two day Minecraft Camp for young people suffering from social isolation, disability and anxiety. Using the popular computer game to promote social interaction, participants were required to work together to reach common goals and win rewards. *headspace* also hosted the Girls Night In, in conjunction with National Youth Week for young at-risk women. It featured education sessions around mental health, sexual health and wellbeing followed by pampering and self-care activities. The program



also delivered Youth Mental Health First Aid training promoting mental health literacy to the wider community.

A major highlight for the service was the awarding of the 2014 Northern Territory Nursing Award for Excellence in Mental Health, to the *headspace* nurse manager.

The first ever NT Youth Forum on Alcohol and Binge Drinking was attended by two Youth Advisory Members and the *headspace* manager, which was sponsored by *headspace* Darwin and Anglicare.



# REGIONAL HEALTH SERVICES DIVISION REPORT

Congress' Regional Health Services Division (RHSD) provides primary health care services in five remote Aboriginal communities including Amoonguna, Mutitjulu, Ntaria, Santa Teresa and Utju. The Division also oversees the delivery of important health programs which provide specialist health care and health education to each of these communities.

The year commenced with the recruitment of a General Manager to oversee the implementation of significant change in accordance with the recommendations made by the Remediation Plan and Organisational Review, which had been carried out in the previous financial year. There was a need for improved coordination of services to ensure greater equity of access to resources by each of the remote sites. Congress recognised the benefit of greater coordination, cohesion and unity across the Regional and Alice Springs Health Services Divisions.

Information Technology improvements have been implemented across the remote clinics to improve service quality, effectiveness of service delivery, risk management systems and the timeliness of access to clinical and operational information; these changes also eased the administrative load carried by the clinic staff.

Much effort was made to resolve long term organisational and human resource issues in each location, which has been well recognised by the respective communities. A major focus on recruitment has resulted in most vacant positions being filled, leading to an increase in services being provided.

A RHSD advisory group meeting discussed the idea to develop a single board to replace the existing five independent boards. It was thought that this arrangement would create greater service efficiencies and equity

between clinics by, for example, pooling Medicare income and the development of shared regional programs such as the Mums, Bubs and Little Kids Program. This concept is still being considered along with other possible options to enhance the effectiveness of service delivery.

Substantial efforts were devoted to clarifying information relating to funding agreements and budgets to ensure transparency and understanding. Services were provided with copies of their budgets and funding agreements, while detailed budget presentations were made to each Board. The simplification of the budget facilitated the understanding of financial relationships.

As mentioned in the Chairman's Report, the Chairman, William Tilmouth and Director, Graham Dowling attended the Board Meetings for the remote services whenever possible. CEO Donna Ah Chee visited each remote site as part of a schedule of visits to each service. The RHSD General Manager provided high level executive support at each meeting including presenting the financial reports in person.

In regards to the Regional Health Services Programs, the recruitment of a Midwife to the Mums and Bubs Program in January 2014, following a long period of vacancy, provided the program with capacity to expand the service delivery area to include each of the five auspiced sites, with the relocation of the program from WAHAC to the RHSD office

in Alice Springs. The program works in partnership with Alukura and Children Services in a formal arrangement to ensure an integrated service which provides continuing care to clients.

The Allied Health Team continued to provide specialist podiatry, diabetes nurse education and dietetic/nutritional advice to remote communities. It assisted in running the Health Weeks at Mutitjulu and Utju Clinics. The Diabetes Educator presented at the “Diabetes in the Community” conference in Alice Springs.

The Eye Health Team continued to work with the Brien Holden Vision Institute in a model of partnership to deliver an optometry service designed to increase access to eye care for Aboriginal people living in remote communities across Central Australia. 1545 patients accessed the program in 2013 and 781 were diabetic patients in 27 remote communities throughout Central Australia, in Alice Springs and Congress’ Regional scope.

The launch of a new Remote Area Health Corps (RAHC) Eye Care Module took place at Congress’ RHSD office in Alice Springs and was attended by representatives from Melbourne University, Queen’s Jubilee Council and the Fred Hollows Foundation. An opening speech was given by Congress CEO Donna Ah Chee.

Eye Health Program Coordinator, Heather Wilson presented Congress’ Eye Health Program at the Tri State Eye Health Forum held in Alice Springs along with Congress’ Dr John Boffa and Dr Rosalie Schultz. The Eye Health Program Coordinator also attended a three day national Regional Eye Health Workshop in Melbourne hosted by Brien Holden Vision. The Regional Eye Health Program was nominated for a 2014 Administrator’s Award in Darwin.

The Amoonguna Health Clinic was able to increase its clinical capacity due to the appointment of an acting manager and the return of nursing staff from maternity leave. An Annual General Meeting and General Board Meeting are planned for July 2014 at which time a new board for the service will be elected.

A major highlight for staff at the Western Aranda Health Aboriginal Corporation (WAHAC) was the development and production of a breast feeding promotion resource. Young local adults participated in the production and filming of a rap song performance to promote a healthy breast feeding message. The song is to be released in the near future. The development of a ‘snack pack’ for kids, providing young people with a healthy takeaway option, was also a highlight. This is now available in both community shops.

WAHAC worked in a model of partnership with the local school and the Families as First Teachers Program (FAFT) to provide sex education and information regarding parenting skills, nutrition, and anaemia prevention in early childhood.

The Utju Clinic conducted 56 Well Women’s Health Checks during the past 12 months in partnership with the Royal Flying Doctor Service Women’s Health Program. All women who attended the clinic for their health checks were given a small gift bag of toiletries as an incentive to present. As a result, all outstanding recalls have been attended.

In May 2014, the Clinic held STI screening days for the community in conjunction with the Kirby Institute for Infection and Immunity in Society; this was part of the institute’s STRIVE project, a community trial project delivering a sexual health quality improvement program. Nearly 100 adult health checks with STI screening were carried out over three days. The Kirby Institute provided \$2000 to assist with the screening, which was used to provide incentive prizes and a BBQ, attended by the whole community. This week proved beneficial in the presentation of many community members who did not regularly attend the clinic, including both young and older men.

In regards to immunisations, the clinic provided a Fluvax immunisation day at the local basketball court, providing 78 Fluvax immunisations on that day. The Healthy School Aged Kids Program (HSAK) screening day held in October 2013 provided 48 school children with a health check while a VaxiGrip immunisation morning provided at the local school

achieved high attendance rates. The Centre for Disease Control assisted the Clinic staff with the commencement of the Boys’ Gardasil Program.

A highlight for the Utju Clinic was the commencement of women’s only aqua aerobics classes following consultation with the women of Utju and MacDonnell Shire Council. The classes were held three afternoons per week. This provided women with education regarding the physical and mental health benefits of exercise. The classes were well attended with approximately 15-20 women attending each session. This education proved beneficial with the shop reporting increased sales in fruit and wholemeal bread.

A morning tea was held at the clinic in conjunction with the Cancer Council’s ‘Australia’s Biggest Morning Tea Program’ with the aim to increase awareness regarding the importance of early detection of cancer within the community. Utju’s Aboriginal Health Practitioner, Sarah Gallagher shared the important health message in language on CAAMA radio.

At the Mutitjulu Health Service, the recruitment of a new permanent GP and a stable workforce as well as the acquisition of a new ambulance, assisted to enhance the capacity and quality of the service. Increased visits by the Healthy Lifestyle and Tobacco Cessation team and the Mums, Bubs and Little Kids Program, and regular access to an Alcohol and other Drug Worker (AOD) made a significant difference to service availability. The addition of visits by the Mums, Bubs and Little Kids Program was found to result in reduced rates of early childhood anaemia.

Minister Nash travelled to Mutitjulu in early 2014 to examine the need for major capital works at the clinic, following an assessment of the service by the Department of Health’s Indigenous and Rural Health Services Division. Following this visit, 900K has been earmarked for redevelopments of the clinic.

The Mutitjulu Clinic is presently on track for re-accreditation in January 2015.



The Santa Teresa Health Clinic appointed a permanent GP, midwife, family councillor and a trainee Aboriginal Health Practitioner, with receptionist staff undertaking a Diploma of Management and Leadership to enhance the capacity and quality of services provided by the clinic.

The clinic hosted a health screening and education week in October 2013 for all community members. This provided all school students in Santa Teresa with access to a health check including trachoma screening, as well as education regarding basic hygiene to promote self-esteem in young Aboriginal people. It offered as an incentive to adults in the community, a chance to go into the draw to win a fridge on presentation for a health check at the Clinic; this promoted opportunities for early detection of potential chronic disease related health issues. The result was increased screenings at the Clinic.

A highlight for the clinic was its hosting of a visit by the Melbourne Demons players, along with staff from the Healthy Lifestyle and Tobacco Cessation Program, Allied Health Program, Trachoma Promotion Nurse and the holding of a successful sports day and health education session at the Santa Teresa football oval.



**In addition to supporting the management and delivery of services at nearby remote clinics, Congress provides these communities with health education and access to health promotion resources.**



## PUBLIC HEALTH DIVISION REPORT

Congress' Public Health Division is responsible for assessing and reporting on the organisation's overall performance regarding the quality of its health care services and performance outcomes, with the aim to ensure continuous quality improvement. It enables Congress to play an important role in influencing health policy and research concerning the health care of Aboriginal people and the social determinants of Aboriginal health.

## CQI

The Division's Continuous Quality Improvement (CQI) team is responsible for monitoring, documenting and reporting on health service performance outcomes with the aim to identify and facilitate opportunities that improve the organisation's performance.

Throughout the year, CQI provided staff with training and mentoring as well as auditing and feedback, regarding the use of the organisation's electronic health and clinical information system 'Communicare'.

CQI established and coordinated project working groups to address specific issues and gaps identified in clinical service provision. A working group was established to identify and facilitate appropriate health care for low birth weight and premature infants. This aims to improve coordination of services internally and externally to Congress, thereby improving access to quality care as well as continued monitoring and ongoing support for high risk babies.

Another major focus for the CQI team was on improving risk management systems including the reporting of and responding to incidents and complaints, utilising root-cause analysis processes and improved documentation as well as follow-up of agreed actions. A new risk management system - RiskMan, was engaged with and key staff received initial training in preparation for this being rolled out across the organisation by the end of the year.

CQI worked intensively to ensure Congress was able to meet the Royal Australian College of General Practitioners (RACGP) Accreditation Standards as assessed by Australian General Practice Accreditation Limited (AGPAL). An AGPAL accreditation survey was conducted in early October 2013 and no unmet standards were identified. Feedback provided by the surveyors regarding the facilities, staff, systems and processes in place to promote quality health care services, was found to be very positive.



**A congress client playing inside a life-size inner ear model.**



# Health Policy

Congress continues to play an important role in the development of health policy due its experience in the provision of Aboriginal primary health care.

Congress will continue to promote the need to protect Medicare as a universal social insurance scheme, along with AMSANT, NACCHO, other Aboriginal and mainstream peak bodies, following this year's Budget announcement which proposes changes to the Medicare scheme including the point of care "tax" known as the co-payment.

Some key highlights regarding Congress' participation in policy development throughout the year include the following:

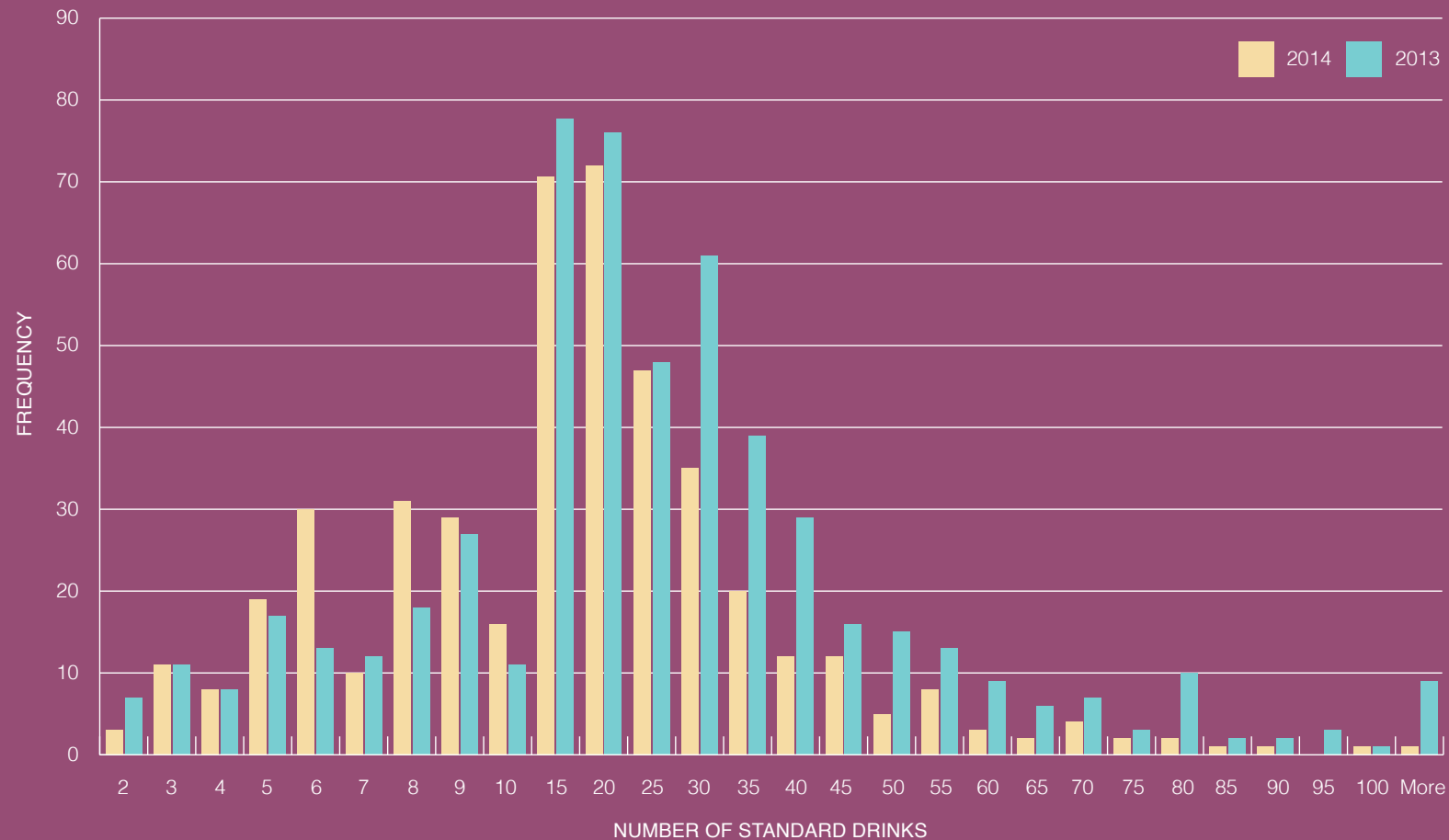
- Congress and AMSANT were successful in their efforts to lobby to retain funding for the OCHREStreams system for web based reporting of national Key Performance Indicators (nKPIs) and On-line Service Report (OSR).
- Congress played a key role advocating for increased funding for the Australian Nurse Family Partnership Program as well as other funding for early childhood programs and services. This was successful with increased funds announced in the budget for both the ANFPP and the New Directions Program.
- Congress provided a submission to a review into the delivery of mental health services being conducted by the National Mental Health Commission (NMHC). Congress recommended that mental health services become fully integrated with other primary health care services, that the Government invest in early childhood programs as a primary preventive approach, and that a core set of performance indicators is developed to better assess mental health care services.
- Congress advocated for the refunding of an After Hours Youth Service on behalf of the community, following the NT Government's decision to defund the last remaining service of this kind, which was providing an essential service to young people.

- Congress' supported the Lowitja Institute in its funding application, which was successful with Lowitja receiving funding for a further five years. Congress has assisted in all previous successful funding applications.
- Congress played a key role in the development of the People Alcohol Action Coalition's (PAAC) submission to the House of Representatives' (HoR) Inquiry into the harmful use of alcohol in Aboriginal and Torres Strait Islander communities, as well as producing a submission in its own right to provide recommendations consistent with Congress policy on alcohol.
- Congress provided public comment regarding the implementation of the Temporary Beat Location (TBL) policy in Alice Springs. Based on its own data collected from its Safe and Sober Clients in alcohol treatment, Congress found a dramatic reduction in alcohol consumption since the introduction of the policy at the end of February 2014 with a major reduction in standard drinks per week compared with the preceding year. See graph on opposite page.
- Congress submitted recommendations to the Foetal Alcohol Spectrum Disorder (FASD) Inquiry arguing that FAS and FASD are primarily caused by alcohol consumption in the pre-conception period and especially in the very early weeks of pregnancy before women know they are pregnant. Much of the harm caused by alcohol is also caused in early childhood when alcohol dependant parents are unable to provide the responsive care and stimulation their children need. Congress calls for a population approach to reduce alcohol consumption to prevent FAS and FASD as interventions in pregnancy alone are not adequate. There is also a need for population-level early childhood programs to address these issues, not only a targeted approach for those with an individual diagnosis of FAS or FASD. It also

argued that there is no evidence to support criminalising women who drink during pregnancy.

- The CEO, Donna Ah Chee was invited to take part in an expert advisory committee established to oversee the development of a National Diabetes Strategy developed by Minister for Health, Peter Dutton to address the epidemic of this preventable chronic disease.
- Congress' Chief Medical Officer Public Health, Dr John Boffa was invited to represent Congress and the Aboriginal Medical Services Alliance on the NT Government's Alice Springs Alcohol Reference Group, which is developing a new Alcohol Management plan. Congress is advocating for significant alcohol policy reforms, including the resumption of some type of photo licensing at the point of sale and a Banned Drinkers Register at a local level. An alcohol accord that includes a minimum price at the price of beer is also being promoted.

Graph 6: Frequency of Standard Drinks Reported Per Week on the Alcohol Timeline Followback 2013 Versus 2014



This graph compares a 5 month period in 2013 when the use of the Alcohol Timeline Followback in the Safe and Sober Program first started to a 5 month period in 2014 after the implementation of the Police Temporary Beat Locations in Bottleshops in Alice Springs.

This graph shows a significant, shift towards the left for the 2014 period compared to the 2013 period indicating that people were drinking less (standard drinks/week) in the 2014 period compared to 2013 following the implementation of a major supply reduction measure at the point of sale.

## Health Research (Including Evaluation)

Congress established the Board Research Subcommittee in the second half of the financial year to provide Congress with more effective governance of research and evaluation. The Subcommittee assesses and recommends research proposals to the Board, based on the organisation's revised research policy as well as priorities determined by performance outcomes and quality improvement priorities.

Congress is engaged in more than 20 research projects and other initiatives relating to the further development of research as a key pathway to improved service provision. Some of these developments include:

- As part of improving the capacity of the organisation to engage in research, Congress entered into a partnership with the Menzies School of Health Research where they have provided an experienced "in kind" Aboriginal researcher to work within the PHD 1 day per week.
- Congress also entered into a major new MoU with Baker IDI and is working with Baker IDI, Menzies and other research institutions developing a major new, formalised research partnership in Central Australia.
- Congress is participating in a collaborative research project with the University of Melbourne and Alice Springs Hospital (ASH), comparing two standard operations for treating otitis media/ear disease with standard medical treatment to see which treatment leads to the best ear health and hearing in Aboriginal children. As at the end of June, 11 children received surgery at the Alice Springs Hospital.
- A qualitative evaluation of the Alukura Family Partnership Program was completed this year. A report '*Learning from Central Australian Aboriginal Women's Experiences: Reflections of participation in the CAAC Family Partnership Program in Alice Springs*' was finalised in March 2014, documenting the stories of the mothers accessing the program. CEO, Donna Ah Chee and Chief

Medical Officer for Public Health, Dr John Boffa presented the findings from the evaluation at the Australian Nurse-Family Partnership Program National Data Workshop in May.

- Congress worked in partnership with UniSA to assist in a review of Congress' Intensive Family Support Service (IFSS) by the University's Professor Leonie Segal which found that the program appears to be making progress regarding improvements to child protection substantiations rates, improvements in school attendance and improved access to health care services, concluding that there is a need for an Intensive family support service in Alice Springs. Congress also developed an MoU with UniSA for ongoing evaluations of key services and programs over the next 4 years including an overall economic evaluation of Congress and an outcome evaluation of the Nurse Family Partnership Program using a control group.
- A new STI Screening and Treatment project for young people has been approved, which will incorporate financial incentives and anonymous self-testing as a means of addressing high rates of STIs.
- Congress worked on the implementation of the Telehealth Eye and Associated Medical Services Network (TEAMSnet) project with Sydney and Melbourne Universities. The project enhances access to eye screening for patients with diabetes and also introduces a sophisticated Electronic Decision Support System linked to Communicare that is likely to enhance clinical decision making to ensure patients more often receive best-practice evidence-based care.

Other important developments made have been outlined in previous Board Communiqués available on the Congress website.



## Register of participation in research projects for 2013/14

- Evaluation of the Intensive Family Support Service (with the University of South Australia)
- Economic evaluation of the Nurse Family Partnership Program (with the University of South Australia and AMSANT)
- Economic evaluation of Congress Comprehensive Primary Health Care Model (with University of South Australia)
- TEAMSnet - plan to establish the Telehealth Eye and Associated Medical Services Network (TEAMSnet) Study in the NT (with University of Melbourne, University of Sydney, SA Health Medical Research Institute and AMSANT (collectively TEAMSnet)
- Flinders Comprehensive Primary health Care Study (with Flinders University)
- Qualitative Evaluation of Nurse Family Partnership Program (with the University of Melbourne and the Lowitja Institute)
- Pharmacy Study (with Flinders University)
- Visitor Research Project (with Australian National University)
- Key performance indicators for the clinical control of STI's in high prevalence areas in Australia (with the University of NSW and Menzies School of Health Research)
- NHMRC A Healthy Start in Life (Footprints in the Sand)
- Qualitative Study into Adolescent Risk Behaviours (with Northern Territory Government and Charles Darwin University)
- Pelvic Inflammatory Disease in the Primary Health Care Setting: An investigation of Clinical Management (with the University of NSW and Menzies School of Health Research)
- Alukura HPV Study (HPV Vaccine Impact in the Australian Indigenous Population(VIP-I)) (with Kirby Institute for Infection and Immunity in Society and the University of NSW)
- Surgical Treatment of Otitis Media in Indigenous children (with the University of Melbourne)
- PREV\_IX COMBO: Vaccine Trial for the Prevention of Otitis Media in Children (with the Menzies School of Health Research)
- Exploring the impact of chronic disease in Aboriginal women (with the George Institute for Global Health and the University of Sydney)
- The Rheumatic Heart Disease in Pregnancy Study (with the Menzies School of Health Research)
- NT Diabetes in Pregnancy Partnership Project and the Pregnancy & Neonatal Diabetes Outcomes in Remote Australia research study (PANDORA) (with the NT DoH, Menzies School of Health Research and Baker IDL)
- Congress Hepatitis B Audit (with the NT DoH)
- STRIVEplus: Refinement and translation of a quality improvement program for sexual health service in remote communities (with Baker IDL, Kirby Institute, Menzies School of Health Research, NT DoH and AMSANT)
- eGFR Study (with the Menzies School of Health Research)



“Not all of us are at the coalface,  
but the role each person at  
Congress plays is vital to us  
achieving our mission.”

**William Tilmouth**

## HUMAN RESOURCES DIVISION REPORT

This year represented a major milestone for Congress' human resources, which became separated from other corporate services with the establishment of a Human Resources (HR) Division. The new Division is responsible for providing its services to more than 300 employees, with the aim to build workforce capacity and strengthening internal relationships, as well as contribute to the organisation's attainment of ISO accreditation.

The move has required significant investment into the review and improvement of existing HR systems and processes. Major initiatives resulting from the review have included the following:

- Purchase of new HR information system; a portal for staff information supporting self-management of an employee's history of employment with the organisation
- Development and implementation of a Work Health and Safety Management System
- The reconfiguration of the Work Health and Safety Committee
- Review and implementation of a new Work Health and Safety Policy
- Recruitment of a Health Safety and Wellbeing Officer (new position)
- Further development and implementation of the Congress specific induction and orientation program
- Tailoring of recruitment and selection processes to meet the organisation's requirements, and are attractive to outstanding prospective employees
- Development and implementation of an Aboriginal Workforce Development Plan to close the gap between the number of Aboriginal and non-Aboriginal people employed at Congress
- Provision of in-house training opportunities e.g. AOD worker traineeships
- Partnering with the Alice Spring's Youth Diversion Program to take on candidates (youth offenders); this has been a successful initiative, with our first candidate successfully completing the necessary community service hours alongside Congress' Assets Coordinator.

Congress continues to provide a varied range of employment opportunities for current and prospective employees, while the diversity of its workforce continues to strengthen. The percentage of Aboriginal employees has increased from 42% to 44.4%. The number of Aboriginal staff employed has doubled since 2005 with 135 Aboriginal staff now employed, however there remains a gap between Aboriginal and non-Aboriginal staff. A priority strategic objective for future plans will be to increase the proportion of Aboriginal staff employed across all parts of the organisation. Short to long term strategies to increase the proportion of Aboriginal staff at Congress, include:

- Continue to promote training opportunities to retain existing Aboriginal staff at Congress
- Increase engagement with local and other Aboriginal people
- Work with Aboriginal staff to develop recruitment strategies.

A draft 'Aboriginal Workforce Development Subsidy Policy' has also been developed to make provision for Aboriginal people including local youth, current employees and students to pursue higher education opportunities in the area of primary health care.

A primary objective of Congress' Human Resources Division is to provide access to higher education opportunities for Aboriginal school leavers, current staff and potential employees.

An Aboriginal Workforce Development Plan will concrete the organisation's commitment to improve employment outcomes for Aboriginal people at Congress.

The number of employees as at 30 June 2014 was 304. Approximately 44.4% of staff have identified as Aboriginal, with 65% of staff female, and 51.4 % of staff under the age of 45 years.

Remote staffing has increased to 27% (82 employees in June 2014) compared with 22% in the last financial year (72 employees in June 2013).

More staff are engaged on a fixed term contract than on an ongoing basis due to funding restrictions/dates. Casual employment remains roughly the same at 16.4% as at June 2014 compared with 17% as at June 2013, while 39.8% of staff are employed on a full-time ongoing continuous basis compared to 8.3% in the previous financial year.

The organisation continues to enjoy a low turnover rate amongst professional staff with very good retention rates. Once the recruitment hurdle has been overcome the staff that come to work for Congress tend to stay for considerable periods.





## Education and Training

**Congress' Education and Training program offers nationally accredited training to Aboriginal people interested in making a genuine contribution to improving the health of Aboriginal people. It is one of the ways in which Congress is working to ensure that *Aboriginal health is in Aboriginal hands*.**

Congress is currently the only Aboriginal health service in the Northern Territory providing training for prospective Aboriginal Health Practitioners (AHPs). It delivers the program as an auspiced Registered Training Organisation (RTO) for the Aboriginal Health Council of South Australia (AHCSA).

This year, five students completed the HLT43907 Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care (Practice) qualification, achieving national registration with the Aboriginal and/or Torres Strait Islander Health Practice Board of Australia.

Two students continued on in substantive employment and the remaining three were immediately employed in new positions, two at the Congress Clinic and one with the Department of Health.

A Congress Graduation was held in November 2013 and eleven Graduates celebrated the achievement of the HLT43907 qualification. This was the total number of Graduate AHPs generated by Congress Education and Training since May 2011.

The program was successful in its recruitment of a male AHP employed to undertake a 12 month contract in the AHP Clinical Educator role. Mentoring was provided and a TAE40110 Certificate IV in Training and Assessment qualification was achieved.

Four students were successful in their applications for a Puggy Hunter Scholarship through the Australian College of Nursing.

The program continued to work in collaboration with other RTOs via the Aboriginal and/or Torres Strait Islander Health Registered Training Organisation National Network (ATSIHRTONN) to ensure the education and training is culturally relevant, based on best practice, and serves the needs of both industry and Aboriginal and Torres Strait Islander communities.

Congress' Education and Training Manager represented Congress as the Subject Matter Expert at a national workshop to implement the recently updated HLT qualifications, which included the Aboriginal and/or Torres Strait Islander Primary



**Congress' Education and Training program offers nationally accredited training to Aboriginal people interested in making a genuine contribution to improving the health of Aboriginal people.**

Health Care training packages, Certificate II to Advanced Diploma. The manager also participated on the Industry Reference Groups for the HLT40213 Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice qualification, which will supersede the HLT43907 qualification.

The documentation of all training and assessment resources ensures compliance with the national standards set by the Australian Skills Qualification Authority (ASQA) with the aim to attain Registration for Scope to deliver the HLT40213 qualification planned for implementation at Congress in July 2014.

“Congress graduates more Aboriginal Health Practitioners than any other Registered Training Organisation in Central Australia, in spite of the fact its major competitor has ten times more funding for this purpose.”

**CEO, Donna Ah Chee at Aboriginal Health Practitioner (AHP) Graduation, 2013.**

# FINANCE REPORT

This year, a major upgrade of financial management systems occurred as planned. The first phase of the Sun System upgrade was completed, enabling the integration of financial management, purchasing, inventory, and sales management records.

A new finance software program known as PowerBudget was also installed along with a new payroll system. Both of these new systems underwent testing, data population and development to reflect Congress' needs. They will make a significant difference to the efficiency and quality of information from these important support services. Accurate, monthly financial reports commenced in March and a lot of work has been invested in achieving this milestone.

In regards to savings, the vehicle fleet was reduced by 17 vehicles and better systems for sharing underutilised vehicles have been developed; further rationalisation of underutilised vehicles will continue to occur as leases expire. Cleaning services were also rationalised with tenders taking place with the aim to reduce spend.

There have been savings from lease costs with the cessation of the Colcag Plaza lease and the transfer of Education and Training to the WestPoint building. The Community Wellbeing Team relocated to the front part of the WestPoint building and the Finance team will move over to the ground floor of the head office building. Leases on a number of other premises have not or will not be renewed as Congress makes more efficient use of existing facilities.

In regards to significant investments, a major upgrade of information technology systems has been underway for the latter part of the financial year. This will eventually result in all Congress staff operating on new IT platforms and new

software. For the first time, staff at remote sites now have access to the same information technology systems and services as staff based in Alice Springs. Collectively, all staff now enjoy improved reliability, uniformity of information and IT services, speed and efficiency from this technology.

These initiatives finalise the implementation of the remediation plan and organisational reviews and are already making a big difference to the quality of our administrative systems.

The 2014/15 budget was presented to and endorsed by the Board at the May Board meeting.

## ISO

In 2012, Congress identified the importance of organisational accreditation to ensure quality outcomes for all internal and external clients, and to facilitate continuous quality improvement activities.

Of the two main accreditation frameworks, Congress selected the ISO framework as this was determined to be most suitable to the needs of the organisation. The ISO accreditation shifts the focus from the provision of clinical services and concentrates on the organisation's broader administrative and structural processes and systems.

It provides greater flexibility in the way Congress chooses to document its Quality Management System (QMS).

ISO also has a strong management focus aligned with best practice and includes the basic requirements of quality policy and planning.

Congress worked with Barbara Schmidt, an ISO consultant, to develop a submission to the DoHA to assist with the ISO accreditation process. The submission requested additional funding for a project officer position as well as funding for the consultant to assist with the review of the Strategic Plan and some capital items needed to assist with accreditation.

An ISO Accreditation Action Plan was developed and will continue to be rolled out over the next two years

Overall, the Finance Report finds the operations of the organisation to be satisfactory including an improved solvency ratio.

The report placed increased emphasis on the analysis and reporting of surplus and deficit funds according to individual programs with developmental work underway to match actual costs with services delivered.

This will provide the Board and managers with reports of a more detailed nature and more comprehensively define what outcomes are being achieved in contrast to the funds spent on service delivery.

# 2013/2014 FINANCIAL STATEMENTS





# DIRECTORS' REPORT

## FOR THE YEAR ENDING 30 JUNE 2014

Your Directors present this report on the corporation for the financial year ended 30 June 2014.

### Changes In State Of Affairs

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

### Principal Activities

The corporation's principal activities during the year were the operation of an Aboriginal community 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 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 and Torres Strait Islander 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 the overall health of Central Australian Aboriginal and Torres Strait Islander 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 by Central Australian Aboriginal and Torres Strait Islander 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	Qualifications, Experience and Special Responsibilities	Meetings Attended
William Tilmouth	1st July 2013 to 30th June 2014	President	4
Donna McMasters	1st July 2013 to 30th June 2014	Board Member	4
Joe Hayes	1st July 2013 to 30th June 2014	Board Member	6
Louis Miller	1st July 2013 to 30th June 2014	Board Member	4
Chansey Paech	1st July 2013 to 30th June 2014	Board Member	5
Dawn Ross	1st July 2013 to 30th June 2014	Treasurer	4
Mark Wenitong	1st July 2013 to 30th June 2014	External Governance	3
Steven Rossingh	1st July 2013 to 30th June 2014	External Governance	5
Graham Dowling	1st July 2013 to 30th June 2014	External Governance	5

There were 6 meetings of the Board of Directors held during the year.

### Board Committees

The following Board members attended Board Sub-Committees during the year as follows:

NAME OF DIRECTOR	Finance, Risk & Audit Committee	Clinic Committee	Research Committee
William Tilmouth		1	2
Donna McMasters		1	
Joe Hayes			
Louis Miller			
Chansey Paech	1		
Dawn Ross	3		
Mark Wenitong			2
Steven Rossingh	4		
Graham Dowling		1	1

During the year, there were 5 meetings of the Finance, Risk & Audit Sub-committee, 1 meeting of the Clinic Sub-Committee and 3 meetings of the Research Sub-Committee.

There has also been a Governance Sub-Committee and a Human Resources Sub-Committee established during the year but neither of these sub-committees held any meetings prior to the end of the financial year.

### Secretary

The corporation secretary is Mr. Gavin Robins.

### 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:

- (i) the corporation's operations in future financial years; or
- (ii) the results of those operations in future financial years; or
- (iii) 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.

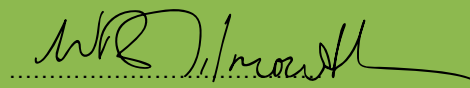
### Auditor independence

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 on the following page.

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

On behalf of the Directors



**Director**

**25 September 2014**

RSM Bird Cameron  
Level 1, 103-105 Northbourne Avenue Canberra ACT 2601  
GPO Box 200 Canberra ACT 2601  
T +61 2 6247 5988 F +61 2 6247 3703  
[www.rsmll.com.au](http://www.rsmll.com.au)

### AUDITOR'S INDEPENDENCE DECLARATION

As lead auditor for the audit of the financial report of Central Australian Aboriginal Congress Aboriginal Corporation for the year ended 30 June 2014, I declare that, to the best of my knowledge and belief, there have been no contraventions of:

- (i) the auditor independence requirements of the *Corporations (Aboriginal and Torres Strait Islanders) Act 2006* in relation to the audit; and
- (ii) any applicable code of professional conduct in relation to the audit.

**RSM BIRD CAMERON**  
Chartered Accountants



**G M STENHOUSE**  
Director

Canberra, Australian Capital Territory  
Dated: 26<sup>th</sup> September 2014

Liability limited by a  
scheme approved under  
Professional Standards  
Legislation

Birdanco Nominees Pty Ltd  
ABN 33 009 321 317  
Practising as  
RSM Bird Cameron  
ABN 65 319 382 479

Major Offices in:  
Perth, Sydney,  
Melbourne, Adelaide,  
Canberra and Brisbane

RSM Bird Cameron is a member of the RSM network. Each member of  
the RSM network is an independent accounting and advisory firm which  
practises in its own right. The RSM network is not itself a separate legal  
entity in any jurisdiction.



# STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDING 30 JUNE 2014

		2014	2013
	NOTES	\$	\$
<b>OPERATING INCOME</b>			
Grants and contributions provided		31,934,490	33,655,725
Interest		463,121	396,840
Medicare income		3,313,766	2,825,590
Other operating revenues		4,144,267	3,601,419
Net gain on disposal of financial assets		1,442,967	-
Net gain on disposal of assets		102,453	-
		<b>41,401,064</b>	<b>40,479,574</b>
<b>OPERATING EXPENSES</b>			
Employee costs		26,289,890	25,629,608
Interest charges		3,500	18,769
Depreciation & amortisation	5	460,405	581,644
Medical supplies & program expenses		2,837,616	2,929,136
Motor vehicle & travel expenses		2,076,512	2,195,510
Rent & occupancy expenses		2,722,983	2,433,904
Other operating expenses		3,640,374	3,842,176
Net loss on disposal of assets		-	48,219
		<b>38,031,280</b>	<b>37,678,966</b>
<b>SURPLUS (DEFICIT) FOR THE YEAR</b>		<b>3,369,784</b>	<b>2,800,608</b>
Other Comprehensive Income		-	-
<b>TOTAL COMPREHENSIVE INCOME</b>		<b>3,369,784</b>	<b>2,800,608</b>

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

# STATEMENT OF FINANCIAL POSITION FOR THE YEAR ENDING 30 JUNE 2014

		2014	2013
	NOTES	\$	\$
<b>CURRENT ASSETS</b>			
Cash and cash equivalents	2	17,644,475	14,942,306
Trade and other receivables	3	860,599	1,229,315
Other assets		41,592	114,156
Financial assets	4	-	1,002
<b>TOTAL CURRENT ASSETS</b>		<b>18,546,666</b>	<b>16,286,779</b>
<b>NON CURRENT ASSETS</b>			
Property, plant and equipment	5	5,119,994	5,402,638
Intangible assets	6	251,382	-
<b>TOTAL NON CURRENT ASSETS</b>		<b>5,371,376</b>	<b>5,402,638</b>
<b>TOTAL ASSETS</b>		<b>23,918,042</b>	<b>21,689,417</b>
<b>CURRENT LIABILITIES</b>			
Trade and other payables	7	1,379,741	1,620,815
Employee benefits	8	3,493,299	2,870,557
Unexpended grants	15	4,659,763	6,182,591
<b>TOTAL CURRENT LIABILITIES</b>		<b>9,532,803</b>	<b>10,673,963</b>
<b>NET ASSETS</b>		<b>14,385,239</b>	<b>11,015,454</b>
<b>EQUITY</b>			
Accumulated funds		1,518,414	2,515,282
Reserve funds		12,866,824	8,500,172
		<b>14,385,238</b>	<b>11,015,454</b>

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

## STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDING 30 JUNE 2014

	ACCUMULATED SURPLUSES	MEDICARE RESERVES	ASSET RESERVES	TOTAL
	\$			\$
Balances at the beginning of the previous year	3,447,072	671,480	4,096,294	8,214,846
Transfers to/from reserves from accumulated surpluses	(3,732,398)	508,409	3,223,989	-
Total comprehensive income for the year	2,800,608	-	-	2,800,608
Balances at the beginning of the current year	2,515,282	1,179,889	7,320,283	11,015,454
Transfers to/from reserves from accumulated surpluses	(4,366,652)	2,826,207	1,540,445	-
Total comprehensive income for the year	3,369,784	-	-	3,369,784
<b>Balances at the end of the current year</b>	<b>1,518,414</b>	<b>4,006,096</b>	<b>8,860,728</b>	<b>14,385,239</b>

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



# STATEMENT OF CASH FLOWS FOR THE YEAR ENDING 30 JUNE 2014

	NOTES	2014 \$	2013 \$
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
<b>Payments</b>			
Employee costs		(26,289,890)	(26,940,085)
Materials, contracts and other costs		(11,737,890)	(13,669,993)
Interest paid		(3,500)	(18,769)
<b>Receipts</b>			
Receipts from activities		3,744,454	7,520,122
Interest received		463,121	396,840
Receipts from funding bodies		36,828,575	36,160,540
<b>Net cash provided (used) by operating activities</b>		<b>3,004,870</b>	<b>3,448,655</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
Payments for property, plant & equipment		(177,760)	(915,271)
Payments for intangible assets		(251,382)	-
Proceeds on sale of assets		126,442	8947
<b>Net cash used in investing activities</b>		<b>(302,701)</b>	<b>(906,324)</b>
Capital grants received		-	-
<b>Net cash provided (used) by financing activities</b>		<b>-</b>	<b>-</b>
Net increase (decrease) in cash held		2,702,169	2,542,330
Cash at beginning of the year		14,942,306	12,399,975
<b>Cash at end of the year</b>	<b>2</b>	<b>17,644,475</b>	<b>14,942,306</b>
Cash at end of the year as per Balance Sheet			

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

# NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDING 30 JUNE 2014

## General Information

The corporation is a not-for-profit Aboriginal Corporation, incorporated under the Corporations (Aboriginal and Torres Strait Islander) Act 2006 and operated in Australia.

The corporation's registered office and principle place of business is:

25 Gap Road, Alice Springs NT 0870

The date the financial statements were authorised for issue is as shown on the Directors' declaration.

## 1. SUMMARY OF ACCOUNTING POLICIES

### Financial Reporting Framework

These "general purpose financial statements" have been prepared to satisfy the Director's reporting requirements under the Corporations (Aboriginal and Torres Strait Islander) Act.

Accounting Standards include Australian equivalents to International Financial Reporting Standards ('A-IFRS') as they apply to "not for profit" entities. AIFRS include certain specific provisions relating to not for profit entities that are not included in the International Financial Reporting Standards.

The financial report has been prepared on the basis of historical cost and except where stated, does not take into account changing money values or current valuations of non-current assets. Cost is based on the fair values of the consideration given in exchange for assets.

### Adoption of new and revised Accounting Standards

The following new and revised Standards and Interpretations have been adopted. None of them affect the reported results or financial position.

AASB 1053 Application of Tiers of Australian Accounting Standards and AASB 2011-2 Amendment to Australian Accounting Standards arising from Reduced Disclosure Requirements.

### Standards and Interpretations in issue not yet adopted

At the date of authorisation of the financial statements, the Standards and Interpretations listed below were in issue but not yet effective. These standard are not expected to result in any changes in recognition or measurement.

**Standard/Interpretation:** AASB 9 Financial Instruments  
**Effective for annual reporting periods beginning on or after:** 30-Jun-15

### Significant accounting policies

In the application of A-IFRS management is required to make judgments, estimates and assumptions about carrying values of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and various other factors that are believed to be reasonable under the circumstance, the results of which form the basis of making the judgments. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period, or in the period of the revision and future periods if the revision affects both current and future periods.

Judgments made by management in the application of A-IFRS that have significant effects on the financial statements and estimates with a significant risk of material adjustments in the next year are disclosed, where applicable, in the relevant notes to the financial statements.

Accounting policies are selected and applied in a manner which ensures that the resulting financial information satisfies the concepts of relevance and reliability, thereby

ensuring that the substance of the underlying transactions or other events is reported.

It is anticipated that the adoption, in future periods, of standards and interpretations issued but not yet effective, will have no material financial impact on the financial statements.

The following significant accounting policies have been adopted in the preparation and presentation of the financial report.

### Accounts Payable

Trade payables and other accounts payable are recognised when the organisation becomes obliged to make future payments resulting from the purchase of goods and services.

### Depreciation

Items of property, plant and equipment are depreciated over their estimated useful lives using the straight line method.

The main rates used are:

Buildings	20 years
Plant	5 - 10 years
Motor vehicles	3 - 5 years
Furniture and equipment	5 - 10 years

### Economic dependency

The corporation is dependant 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.

### Employee benefits

A liability is recognised for benefits accruing to employees in respect of wages and salaries, annual leave and long service leave when it is probable that settlement will be required and they are capable of being measured reliably.

Liabilities recognised in respect of short-term employee benefits, are measured at their nominal values using the remuneration rate expected to apply at the time of settlement.

Liabilities recognised in respect of long term employee benefits are measured as the present value of the estimated future cash outflows to be made by the corporation in respect of services provided by employees up to reporting date.

### **Financial Instruments**

Financial assets and financial liabilities are recognised when the corporation becomes a party to the contractual provisions of the instrument.

Financial assets and financial liabilities are initially measured at fair value.

### **Goods and Services Tax (GST)**

Revenues, expenses and assets are recognised net of the amount of GST. Receivables and payables are recognised exclusive of GST. The net amount of GST recoverable from, or payable to, the taxation authority is included as part of receivables or payables. Operating receipts and payments in the cash flow statement are stated exclusive of GST.

### **Government Grants**

Grants, contributions and donations are recognised as revenues when the corporation obtains control over the assets comprising the contribution.

Where contributions recognised as revenues during the reporting period were obtained on the condition that they be expended in a particular manner or used over a particular period, and those conditions were undischarged as at the reporting date, the amounts pertaining to those undischarged conditions are disclosed in these notes.

Unexpended grants at year end which are refundable to the funding body are transferred to current liabilities.

### **Impairment of assets**

At each reporting date, management reviews the carrying amounts of its assets to determine whether there is any indication that those assets have suffered an impairment loss. If any such indication exists, the recoverable amount of the asset is estimated in order to determine the extent of the impairment loss (if any). Where the asset does not generate cash flows that are independent from other assets, management estimates the recoverable amount of the cash-generating unit to which the asset belongs.

Recoverable amount is the higher of fair value less costs to sell and value in use. In assessing value in use, the estimated future cash flows are discounted to their present value using a pre-tax discount rate that reflects current market assessments of the time value of money and the risks specific to the asset for which the estimates of future cash flows have not been adjusted.

Where the future economic benefits of an asset are not primarily dependent on the asset's ability to generate net cash inflows and where the corporation would, if deprived of the asset, replace it; value in use is the depreciated replacement cost of the asset.

If the recoverable amount of an asset (or cash-generating unit) is estimated to be less than its carrying amount, the carrying amount of the asset (cash-generating unit) is reduced to its recoverable amount. An impairment loss is recognised in profit or loss immediately, unless the relevant asset is carried at fair value, in which case the impairment loss is treated as a revaluation decrease.

Where an impairment loss subsequently reverses, the carrying amount of the asset (cash-generating unit) is increased to the revised estimate of its recoverable amount, but only to the extent that the increased carrying amount does not exceed the carrying amount that would have been determined had no impairment loss been recognised for the asset (cash-generating unit) in prior years. A reversal of an impairment loss is recognised in profit or loss immediately, unless the relevant asset is carried at fair value, in which

case the reversal of the impairment loss is treated as a revaluation increase.

### **Income tax**

The corporation is not subject to income tax.

### **Leases**

Operating lease payments are recognised as an expense on a straight-line basis over the lease term.

### **Provisions**

Provisions are recognised when the corporation has a present obligation (legal or constructive) as a result of a past event, it is probable that the corporation will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation.

### **Revenue recognition**

Revenue from the sale of goods and disposal of other assets is recognised when the organisation has passed the risks and rewards of ownership of the goods or other assets to the buyer.

Revenue from the provision of services is recognised when the services have been provided.

Revenue from investments is recognised when received.

### **Correction in accounting for reserves**

During the year, the corporation's historic treatment of unexpended medicare income was found to be inconsistent with AASB 101. Previously, as there is a requirement to expend these funds on primary health care activities only, unexpended amounts were transferred from the income statement directly to a reserve set aside to segregate these medicare amounts.

However, the requirements of AASB 101 require these unexpended amounts to be left in the income statement and transfer of these unexpended amounts are performed from the accumulated funds.



This change has impacted both the 2014 financial year and the 2013 comparative results. The 2013 comparatives have been restated by increasing the surplus from \$346,555 to \$2,800,608 and transferring an amount of \$2,454,053 to reserves. There is no impact in the balance sheet.

#### Change in name of Entity

On 19 December 2012 the entity changed from an Incorporated Association to an Aboriginal Corporation incorporated under the Corporations (Aboriginal and Torres Strait Islander) Act.

Section 42-3 of the Corporations (Aboriginal and Torres Strait Islander) Act states that this change in registration does not:

- create a new legal entity; or
- affect the body's existing property, rights or obligations (Except as against the members of the body in their capacity as members) or
- render defective any legal proceedings by or against the body or its members.

	2014	2013
	\$	\$
<b>2. CASH AND CASH EQUIVALENTS</b>		
Cash on hand accounts	4,150	3,950
Bank - working account	595,186	1,167,485
Bank - urban medicare account	3,599,337	-
Bank - remote medicare account	519,204	-
Bank - cash deposit account	600,000	1,343,205
Bank - business online saver	10,301,079	12,308,886
Bank - fighting fund	125,519	118,780
Bank - term deposit account	1,900,000	-
	<b>17,644,475</b>	<b>14,942,306</b>
<b>3. TRADE AND OTHER RECEIVABLES</b>		
Trade debtors	935,589	932,049
Sundry receivables	83,185	479,946
Allowance for doubtful debts	(158,175)	(182,680)
	<b>860,599</b>	<b>1,229,315</b>
<b>Movement in the allowance for doubtful debts</b>		
Balance at the beginning of the year	182,680	152,680
Impairment losses recognised	(24,505)	30,000
Amounts written off as uncollectible	-	-
<b>Balance at the end of the year</b>	<b>158,175</b>	<b>182,680</b>
<b>4. FINANCIAL ASSETS</b>		
The equity investments are all in companies which act as trustees of discretionary charitable trusts. The corporation cannot control the underlying trusts for the direct benefit of the corporation and accordingly it is not appropriate to consolidate them.		
<b>Available for Sale</b>	<b>-</b>	<b>1,002</b>

## 5. PROPERTY, PLANT AND EQUIPMENT

	LAND & BUILDINGS	MOTOR VEHICLES	OFFICE EQUIPMENT	OFFICE FURNITURE	PLANT & EQUIPMENT	TOTAL
	\$	\$	\$	\$	\$	\$
<b>Gross Carrying Amount</b>						
Balance at start of prior year	8,407,355	1,512,867	1,109,663	382,266	1,463,247	12,875,398
Additions	762,159	-	117,707	-	35,405	915,271
Disposals	(8,965)	(209,927)	-	-	-	(218,892)
Balance at end of prior year	9,160,549	1,302,940	1,227,370	382,266	1,498,652	13,571,777
Additions	149,338	-	-	-	28,422	177,760
Disposals		126,442	-	-	-	126,442
<b>Balance at end of current year</b>	<b>9,309,887</b>	<b>1,176,498</b>	<b>1,227,370</b>	<b>382,266</b>	<b>1,527,074</b>	<b>13,623,096</b>
<b>Accumulated Depreciation</b>						
Balance at start of prior year	4,023,153	1,298,713	887,553	291,133	1,296,870	7,797,422
Charge for the year	268,345	147,451	75,145	26,208	64,494	581,643
Accumulated on disposals	-	209,927	-	-	-	(209,927)
Balance at end of prior year	4,291,498	1,236,237	962,698	317,341	1,361,364	8,169,138
Charge for the year	243,395	50,589	77,860	25,742	62,819	460,405
Accumulated on disposals	-	(126,441)	-	-	-	(126,441)
<b>Balance at end of current year</b>	<b>4,534,893</b>	<b>1,160,385</b>	<b>1,040,558</b>	<b>343,083</b>	<b>1,424,183</b>	<b>8,503,102</b>
<b>Net Book Value</b>						
<b>Balance at start of current year</b>	<b>4,869,051</b>	<b>66,703</b>	<b>264,672</b>	<b>64,925</b>	<b>137,288</b>	<b>5,402,639</b>
<b>Balance at end of current year</b>	<b>4,774,994</b>	<b>16,113</b>	<b>186,812</b>	<b>39,183</b>	<b>102,891</b>	<b>5,119,994</b>

## 6. INTANGIBLE ASSETS

	COMPUTER SOFTWARE
<b>Gross Carrying Amount</b>	
Balance at start of prior year	-
Additions	
Disposals	
Balance at end of prior year	-
Additions	251,382
Disposals	
<b>Balance at end of current year</b>	<b>251,382</b>
<b>Accumulated Depreciation</b>	
Balance at start of prior year	-
Charge for the year	
Accumulated on disposals	-
Balance at end of prior year	-
Charge for the year	-
Accumulated on disposals	
<b>Balance at end of current year</b>	<b>-</b>
<b>Net Book Value</b>	
<b>Balance at start of current year</b>	<b>-</b>
<b>Balance at end of current year</b>	<b>251,382</b>

## 7. TRADE AND OTHER PAYABLES

	2014 \$	2013 \$
Trade and other creditors	1,362,610	843,338
GST / FBT	17,131	777,477
	<b>1,379,741</b>	<b>1,620,815</b>

## 8. EMPLOYEE BENEFITS

Annual leave	1,463,409	1,605,722
Long service leave	818,651	759,165
Accrued salary & wages	1,211,239	505,670
	<b>3,493,299</b>	<b>2,870,557</b>

## 9. DIRECTORS REMUNERATION

Sitting members receive no payment other than a sitting fee by way of compensation for out-of-pocket expenses and reimbursement for travel (where applicable).

The directors during the financial year were:

### Current Board

William Tilmouth (President)  
 Chancy Paech  
 Donna McMasters  
 Dawn Ross (Treasurer)  
 Joey Hayes  
 Lewis Miller  
 Mark Wenitong  
 Steven Rossingh  
 Graham Dowling

## 10. KEY MANAGEMENT PERSONNEL COMPENSATION

The aggregate compensation made to members of key management personnel of the organisation is set out below:

Aggregate Compensation	<b>631,212</b>	<b>612,696</b>
------------------------	----------------	----------------



	2014	2013
	\$	\$
<b>11. LEASES</b>		
<b>Non cancellable operating lease commitments.</b>		
Not later than one year	722,671	784,134
Later than one year but not later than 5 years	437,292	448,984
Later than 5 years	-	-
	<b>1,159,964</b>	<b>1,233,118</b>

## 12. FINANCIAL INSTRUMENTS

### Financial assets

Cash and bank balances	17,644,475	14,942,306
Held-to-maturity investments	-	-
Trade & other receivables	939,016	927,974
Available-for-sale financial assets	-	1,002

### Financial liabilities

Cash and bank balances	-	-
Trade & other payables	1,361,638	785,765
Amortised cost next 12 months	-	-
Amortised cost total	-	-

Trade debtors and creditors do not bear interest and are expected to be settled within 12 months. Bank and cash balances bear interest at rates between 0 and 4%. There is no material difference between the carrying amount of financial assets and financial liabilities and their respective net fair values.

The entity does not have any significant credit risk exposure to any single counterparty.

## 13. CONTINGENT LIABILITIES

In note 15 of the 2013 financial statements a contingent liability with respect to a dispute between Central Australian Aboriginal Congress Aboriginal Association and the Commonwealth Department of Office of Aboriginal and Torres Strait Islander Health was disclosed. We wish to advise that this dispute was settled for an amount of \$1,238,708 during the year and this amount is reflected within other operating expenses within the statement of comprehensive income.

## 14. CONTINGENT ASSETS

Legal title to land previously owned by the Central Australian Aboriginal Congress Inc. ("Congress") at Ragonesi Road Alice Springs was transferred to the occupiers of the land, Central Australian Aboriginal Alcohol Programmes Unit ("CAAAPU") on 2 December 1993 for no consideration. The land has been valued at \$195,000 based on an independent valuation performed by Terry Weeks Licensed Valuer on 22 June 1992. The land was previously carried in the accounts of Congress at an amount of \$16,000. This was recorded as a loss on disposal in the operating statement for the year ended 30 June 1994.

The land is subject to a Memorandum of Mortgage to Congress dated 2 December 1993. The terms of the mortgage are that if CAAAPU ceases to carry on alcohol rehabilitation services from its premises situated on this land an amount of \$195,000 plus accumulated interest becomes due and payable by CAAAPU to Congress.

15. **UNEXPENDED GRANTS**

<i>CONDITIONS OVER GRANTS</i>		2014	
Grants and contributions received in the current period which were obtained on the condition that they be expended on specified purposes, but which are not yet expended in accordance with those conditions, are as follows:		\$	
<b>SED09369</b>	CASSE Summit Project	3,778	CASSE
<b>ALK58777</b>	Women's experience with FPP	13,565	CDU LOWITJA
<b>SSD39100</b>	Youth Activity Fund 2012/13	3,329	Create Foundation one off
<b>SED09213</b>	INDIGENOUS MALE HEALTH SUMMIT 12/13 13/14	15,162	CW - Aboriginals Benefit Account
<b>SED09299</b>	Violence Prevention Workshop	3,970	CW - Aboriginals Benefit Account
<b>SED09250</b>	AMSA project	601	CW - Aboriginals Benefit Account
<b>ALD56565</b>	Australian Nurse Partnership Program	266,268	Dept of Health Commonwealth
<b>SED01107</b>	TACKLING SMOKING AND HEALTHY LIFESTYLE WORKFORCE	212,393	Dept of Health Commonwealth
<b>ADD55506</b>	EHSDI - Increase Services WAHAC (214)	96,123	Dept of Health Commonwealth
<b>ADD55511</b>	ECONOMIC DEVELOPMENT AND PARTICIPATION GOVERNANCE	83,333	Dept of Health Commonwealth
<b>ADU75566</b>	Amsant Consultancy MEHR	70,420	Dept of Health Commonwealth
<b>ALD66824</b>	New Directions Mothers & Babies Services	66,481	Dept of Health Commonwealth
<b>ADU75758</b>	REMOTE TRAINING PROGRAM (OATSIH)	60,700	Dept of Health Commonwealth
<b>ADD23311</b>	EHSDI - RIA 2011	37,522	Dept of Health Commonwealth
<b>ADD55555</b>	CHRONIC DISEASE & CHILD & MATERNAL HEALTH SERVICE	22,883	Dept of Health Commonwealth
<b>SED09210</b>	MALE HEALTH CONSULTING	19,296	Dept of Health Commonwealth
<b>ADD23315</b>	MPWELARA - Q & A	9,500	Dept of Health Commonwealth
<b>CHC26263</b>	BRINGING UP GREAT KIDS PROGRAM	6,258	Dept of Health Commonwealth
<b>ADD55556</b>	STRIVE WAHAC	2,000	Dept of Health Commonwealth
<b>ADU55557</b>	INDIGENOUS CHRONIC DISEASE PACKAGE	816	Dept of Health Commonwealth
<b>ADD43434</b>	Substance Use (COAG 07)	160,829	Dept of Prime minister & Cabinet
<b>ADD66622</b>	SANTA TERESA PROFESSIONAL COUNSELLORS	107,866	Dept of Prime minister & Cabinet
<b>ADD33399</b>	WAHAC ALCOHOL AND OTHER DRUGS PROGRAM	72,810	Dept of Prime minister & Cabinet
<b>ADD23346</b>	MUTITJULU DRUG ACTION WEEK ACTIVITIES	7,550	Dept of Prime minister & Cabinet

2014

		\$	
<b>ADD23347</b>	WAHAC DRUG ACTION WEEK ACTIVITIES	3,992	Dept of Prime minister & Cabinet
<b>SED11117</b>	Smart Start for Kids - I-CAN Program	2,000	Dept of Prime minister & Cabinet
<b>SWB02015</b>	Royal Commission Support Service	152,737	Dept of Social Services Commonwealth
<b>SWB04213</b>	SURPLUS 12-13 ESTABLISHMENT AND IFSS	135,474	Dept of Social Services Commonwealth
<b>SWB04222</b>	Intensive Family Support Service (FaHCSIA)	39,350	Dept of Social Services Commonwealth
<b>ADD33376</b>	Trachoma - Ntaria Based Workers - (Fred H.)	14,176	FRED HOLLOWS FOUNDATION
<b>SSD55566</b>	<i>headspace</i>	315,681	<i>headspace</i>
<b>SSD55567</b>	Family Planning NT - <i>headspace</i>	13,367	<i>headspace</i>
<b>SSD55599</b>	Young Carers at Risk project	385	<i>headspace</i>
<b>SSD55577</b>	National Youth Week 2013	36	<i>headspace</i>
<b>RES01105</b>	HPV Research Alukura Kirby Institute	7,500	HPV Research Alukura Kirby Institute
<b>SED01114</b>	RETINAL RESEARCH SYDNEY UNIVERSITY	105,388	NTG/Dept of Children & Fam
<b>SSD70706</b>	TFSS PART C FAHCSIA	4,353	NTG/Dept of Children & Fam
<b>SSD38500</b>	SAFE AND SOBER PROGRAM	375,658	NTG/DOH
<b>ADD33380</b>	ALICE IN LATEX 24 HOUR CONDOM ACCESS	4,894	NTG/DOH
<b>ADD51135</b>	TRACHOMA PROGRAM FOR ALICE SPRINGS REMOTE REGION	55,821	NTG/DOH
<b>SSD38999</b>	NDRI Research Project	12,430	NTG/DOH
<b>ADD66627</b>	Ltyentye Apurte - SEWB	10,275	NTG/DOH
<b>ADD66628</b>	HEALTH PROMOTION SPORTS WEEKEND - SANTA TERESA 251	4,000	NTG/DOH
<b>ALD45777</b>	Community Health Education DHF Program	16,004	NTG/DOH PHU
<b>SED67678</b>	CHRONIC DISEASE NTML SUPPLEMENTARY SERVICES	123,127	NTML
<b>SRV02013</b>	RENAL NTML SUPPLEMENTARY SERVICES	96,193	NTML
<b>SED67677</b>	CHRONIC DISEASE CARE COORDINATOR (GPNNT)	85,755	NTML
<b>ADD50378</b>	CARE CO-ORDINATOR NTML	84,002	NTML
<b>SRV02012</b>	Renal Unit Service Agreement	62,013	NTML
<b>SED00001</b>	After Hours Services - Alice Springs Hospital	50,000	NTML
<b>SSD29506</b>	ALLIED PSYCHOLOGICAL SERVICES (ATAPPS)	8,729	NTML
<b>ADD88833</b>	Utju Nutrition Program 2015	100,000	OTHER



		2014	
		\$	
<b>SED09422</b>	DCIS CORRECTIONAL SERV CONTRACTS	51,561	OTHER
<b>ADD55504</b>	MOTHERS AND BABIES SERVICES (Little Bubs)	527,132	OTHER
		<b>3,805,486</b>	
<b>Prior Year Unexpended Funds Still Held</b>			
<b>SSD38500</b>	SAFE AND SOBER PROGRAM	326,562	NTG/DOH
<b>ADD51135</b>	TRACHOMA PROGRAM FOR ALICE SPRINGS REMOTE REGION	90,076	NTG/DOH
<b>ADD20205</b>	AREYONGA CLINIC (DoHNT)	27,453	NTG/DOH
<b>SED01112</b>	PRE-SCHOOL READINESS PROGRAM - SURPLUS 2010-2011	21,375	NTG/DOH
<b>ALD45777</b>	Community Health Education DHF Program	2,730	NTG/DOH
<b>ADD66627</b>	Ltyentye Apurte - SEWB	3,327	NTG/DOH
<b>SST02502</b>	Mental Health Support Worker SEWB	1,128	NTG/DOH
<b>ADD23316</b>	YOUTH SEXUAL HEALTH DEMONSTRATIONS PROJECT	192,403	Dept of Health CommonWealth
<b>ADD55506</b>	EHSDI - Increase Services WAHAC (214)	154,256	Dept of Health CommonWealth
<b>ADD66632</b>	SANTA TERESA HEALTH SERVICES (DoHNT)	34,967	NTG/DOH
		<b>854,277</b>	
<b>TOTAL UNEXPENDED GRANTS</b>		<b>4,659,763</b>	

## Director's Declaration for 12 months ending June 30 2014

### **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 2014 and of its performance for the financial year ended on that date; and
- (b) comply with Australian Accounting Standards (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;
- (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 **25th day of September 2014**.



President of Board

## INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF

### CENTRAL AUSTRALIAN ABORIGINAL CONGRESS ABORIGINAL CORPORATION

We have audited the accompanying financial report, being a general purpose financial report, of Central Australian Aboriginal Congress Aboriginal Corporation, which comprises the statement of financial position as at 30 June 2014, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory notes and the directors' declaration.

#### *Directors' Responsibility for the Financial Report*

The directors are responsible for the preparation of the financial report and have determined that the basis of preparation described in Note 1 to the financial report is appropriate to meet the requirements of the *Corporations (Aboriginal and Torres Strait Islanders) Act 2006*.

The directors' responsibility also includes such internal control as the directors determine is necessary to enable the preparation of a financial report that is free from material misstatement, whether due to fraud or error.

#### *Auditor's Responsibility*

Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. Those standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation of the financial report that gives a true and fair view in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial report.

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

#### *Independence*

In conducting our audit, we have complied with the independence requirements of the *Corporations (Aboriginal and Torres Strait Islanders) Act 2006*. We confirm that the independence declaration required by the *Corporations (Aboriginal and Torres Strait Islanders) Act 2006*, which has been given to the directors of Central Australian Aboriginal Congress Aboriginal Corporation would be in the same terms if given to the directors as at the time of this auditor's report.

Liability limited by a scheme approved under Professional Standards Legislation	Bidartco Nominees Pty Ltd ABN 33 009 321 377 Practising as RSM Bird Cameron ABN 65 319 382 479	Major Offices in: Perth, Sydney, Melbourne, Adelaide, Canberra and Brisbane	RSM Bird Cameron is a member of the RSM network. Each member of the RSM network is an independent accounting and advisory firm which practices in its own right. The RSM network is not itself a separate legal entity in any jurisdiction.
--	--	--	--



#### *Opinion*

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

- (a) giving a true and fair view of the corporation's financial position as at 30 June 2014 and of its performance for the year ended on that date; and
- (b) complying with Australian Accounting Standards to the extent described in Note 1.

#### *Basis of Accounting*

Without modifying our opinion, we draw attention to Note 1 to the financial report, which describes the basis of accounting. The financial report has been prepared for the purpose of fulfilling the directors' financial reporting responsibilities under the *Corporations (Aboriginal and Torres Strait Islanders) Act 2006*. As a result, the financial report may not be suitable for another purpose.

**RSM BIRD CAMERON**  
Chartered Accountants

A handwritten signature in black ink, appearing to read "G M Stenhouse".

**G M Stenhouse**  
Director

Canberra, Australian Capital Territory  
Dated: 26<sup>th</sup> September 2014





“Doing the same thing, the same old way and expecting a different outcome is insanity. We need to ask ourselves how we can continue to deliver a better service, taking into consideration the needs and voices of the people accessing our services as well as those of all the other players in the field.”

**William Tilmouth**



Central Australian  
**ABORIGINAL CONGRESS**  
ABORIGINAL CORPORATION | ICN 7823

14 Leichhardt Terrace, Alice Springs, NT 0870  
PO Box 1604, Alice Springs NT 0871

p. (08) 8951 4401 f. (08) 8959 4717 e. [info@caac.org.au](mailto:info@caac.org.au)

[www.caac.org.au](http://www.caac.org.au)