



#### Acknowledgements



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

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

Congress is very thankful for its partnership with remote communities and their remote health boards which enable us to assist in providing care to nearby remote communities.

The local health boards are:

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

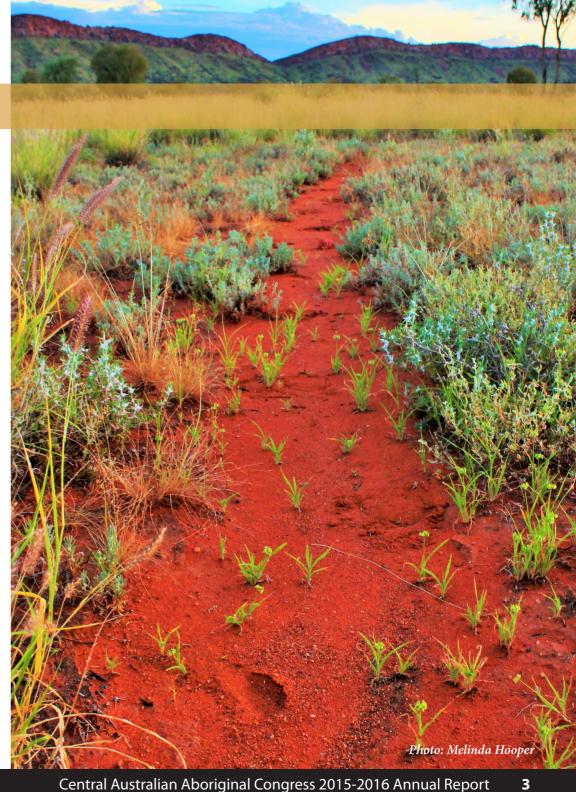
We would also like to thank many organisations for their ongoing support and assistance in this our shared vision to improve the health of our community, including:

- 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
- Alice Springs Town Council
- Australian Nurse Family Partnership Program (ANFPP) National
- Child Support Agency
- Australian Government
   Department of Health, Indigenous
   & Rural Health Division (our principal funding agency)
- Australian Government Department of Prime Minister & Cabinet
- Australian Government
   Department of Social Services
- Baker IDI Heart and Diabetes Institute
- Central Australian Health Services
- Central Australian Aboriginal Alcohol Programs Unit (CAAAPU)
- Central Australian Aboriginal Legal Aid Service (CAALAS)

- Central Australian Aboriginal Media Association (CAAMA)
- Central Australian Remote Health Development Services (CARHDS)
- Central Land Council
- Centrecorp
- Flinders University
- Fred Hollows Foundation
- headspace National Youth Mental Health Foundation
- Institute for Aboriginal Development (IAD)
- Lowitja Institute
- Melbourne University
- Menzies School of Health Research
- Mental Health Association of Central Australia
- National Aboriginal Community Controlled Health Organisation (NACCHO)
- Northern Territory GP Education and Training (NTGPE)
- Northern Territory Government
   Department of Children & Families
- Northern Territory Government
  Department of Health
- Public Health Network Northern Territory (formerly Northern Territory Medicare Local)
- Tangentyere Council
- University of South Australia

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#### Organisational Background

For over 40 years, Central Australian Aboriginal Congress (Congress) has provided support and advocacy for Aboriginal people in the struggle for justice and equity to address the underlying social determinants of health as well as essential clinical services.

Since that time, Congress has expanded to become the largest Aboriginal community-controlled health service in the Northern Territory, providing a comprehensive, culturally-appropriate primary health care service to Aboriginal people living in and nearby Alice Springs, including five remote communities; Amoonguna, Ntaria (and Wallace Rockhole), Mpwelarre (Santa Teresa), Utju (Areyonga) and Mutitjulu.

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

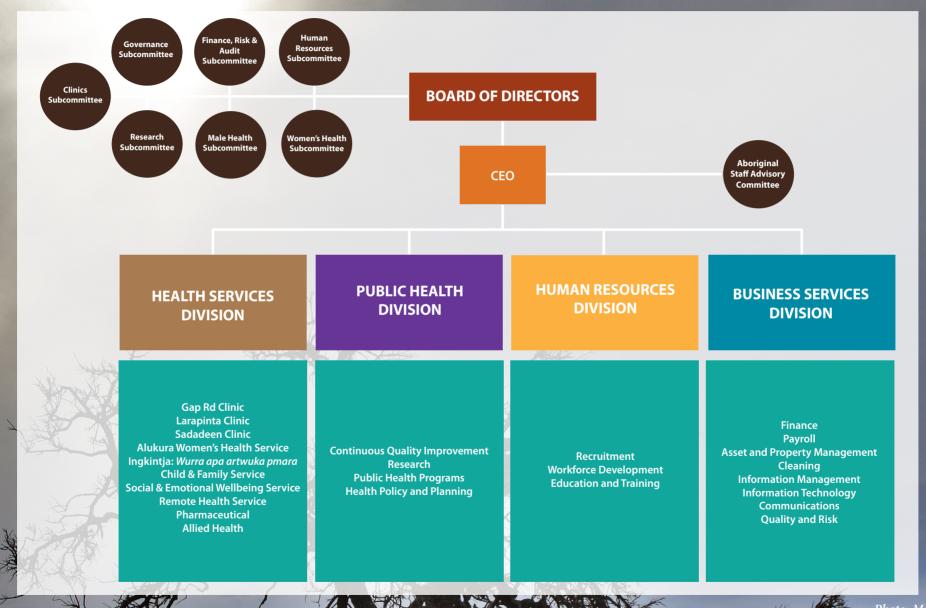
Congress' Health Services Division is responsible for delivering all client services; a comprehensive range of culturally appropriate services targeting the social, emotional, cultural and physical health and wellbeing of Aboriginal people in Central Australia.

Congress Public Health Division engages in health policy, research, health promotion and continuous quality improvement.

Our Human Resources Division provides support to more than 300 employees across all Congress locations. The HR Division is responsible for recruiting and developing a skilled and expert workforce. Our HR Division also oversees education and training opportunities providing traineeship, cadetship and Aboriginal Health Practitioner training opportunities to Aboriginal people in the community.

Congress Business Services Division supports Congress to deliver highquality and continuously improving primary health care services to Aboriginal people by managing the corporation's finances, records, information technology, assets, quality and risk and communications.

### Organisational Structure





#### Chairman's Report



The end of the financial year is an opportunity to reflect on progress made against strategic and operational goals. It is also a chance for me to summarise the Congress Board of Director's and its subcommittees' activities for our partners and community as part of our commitment to transparency and accountability.

This past year has been one of continued progress for the corporation from a governance perspective, as we have been guided by our Strategic Plan as finalised in the previous financial year.

Congress introduced a new system for director voting in 2015. It was the first time that Congress members were able to vote in advance of the AGM by way of a postal vote. As a result, Congress saw a welcomed increase in its membership voting for directors, with 50% of member votes made by postal ballot.

The successful candidates appointed to the three (3) vacant director positions were Jo Hayes, Ricky Mentha, and Graham Dowling. We congratulated our new directors and extended our appreciation to our departed directors Chippy Miller, Donna McMasters and Dawn Ross (who resigned in September) for their leadership, guidance and strategic direction over the term of their appointment.

Recruitment of the independent, non-member director specialising in governance and administration followed soon thereafter. Over 35 applications were received. At the Board Meeting in April 2016, the Board endorsed the Governance Subcommittee's recommendation to appoint Ms Kerrynne Liddle to the independent director position.

Concerns regarding a gender imbalance on the Congress board were raised by members at the AGM and supported by existing directors. The new board decided to appoint a female director to the vacant member role in light of these concerns, and more recently, pursued a policy change to ensure gender balance on the board in the future.

Marjorie Lindner was confirmed as our new member director in April 2016.

Marjorie is a local senior Arrernte woman with many years' community service and traditional ties to the local Arrernte land, and is a fluent Arrernte speaker.

Marjorie is a registered Aboriginal Health Practitioner (AHP) and has worked for many years in both the community and government sector, devoting her life to improving the health and wellbeing of Aboriginal people.

This past financial year was one of significant growth for the Congress membership, with the appointment of a dedicated Corporations Membership Officer to assist in the recruitment of and engagement with Congress members. The membership grew from around 120 to more than 300 members during the period.

During the year, the Board's Clinics Subcommittee provided feedback and advice on facility developments at Congress clinics in Alice Springs, considering strategic priorities. Of major significance was the development of two new clinics at Sadadeen Shopping Complex and Diarama Village in Alice Springs expected to open in August 2016 (see Gap Road Clinic Report). As at the end of the financial year, the board is pleased with progress to ensure all Congress clinics are on track for renewal of AGPAL accreditation in the new financial year.

The Board's Finance Risk and Audit Subcommittee continued to prioritise Congress' financial performance. This included assisting to develop new more comprehensive financial reports to the Board; this reporting included both financial as well as non-financial indicators in a dashboard format.

The Board's Human Resources
Subcommittee delivered on strategic
priorities concerning the organisation's
workforce. Projects included informing
an update to Congress' Code of Conduct
and Workforce Engagement and
Development Plan. Job descriptions
and recruitment processes were also
updated to reflect a commitment to
workforce development, HR KPIs were
developed and a review of remuneration
was carried out (see Human Resources
Division Report for more information).

The Board worked with its Male Health Subcommittee to strengthen the strategic direction of Ingkintia Male Health Service. During the period, an independent review of Ingkintja Male Health Service was carried out by Price Waterhouse Cooper Indigenous Consulting. The report provided the subcommittee with 35 recommendations related to service model, governance, skills and structure, client engagement, facilities, data collection, partnerships and cultural factors. The subcommittee worked with staff to ensure recommendations were adopted and all recommendations are expected to be implemented by the end of this year. Importantly, a new clinic manager position and male Aboriginal Health Practitioner position

have already greatly strengthened the Ingkintja clinical service.

The Board's Research Subcommittee continued to review all applications for research, making recommendations to the board for Congress' participation considering the strategic imperatives of; accountability for outcomes, quality improvement of services and programs and listening to the people it serves, as well as operational value. During the year the Board endorsed Congress participation in a number of new projects related to improving medical care, social and preventative programs and actions on social determinants (see Research Service Report).

Congress directors continued to participate with directors from each remote health board in the Remote Health Service Advisory Group meetings. Ntaria and Wallace Rockhole communities considered options for a dual or single service provider following progress made since a joint service agreement was established between Congress and NT DoH in early 2015. In light of these improvements, as at the end of the financial year the current dual provider arrangement will remain following direction from the community.

The remote health board's progressed discussion about becoming a single regional community controlled health service with a board consisting of representatives from each of the remote communities as well as from town. During the year, the Board resolved to treat the remote health boards as subcommittees of the Congress Board for the purpose of remuneration in recognition of their vital role in community engagement and participation in governance and decision making processes. The Board also supported the commencement of a thorough consultation process with all remote health boards to review their respective rule books.

Congress Board of Directors continued to inform a number of high level plans with implications for Congress' strategic direction and future. This included; the IT Strategic Plan (see Business Services Report), a Building and Facility Review (see Business Services Report), the Early Years Improvement Plan, approving funding for additional staffing, professional development, and building and amenity upgrades at *Ampe Kenhe Apmere* Congress Childcare.

Other important developments made at a governance level including the corporation's stance on broader Aboriginal health and health care system issues, have been outlined in regular Board Communiqués following each Board Meeting. These communiqués are available to the general public on the Congress website.

I would like to thank my fellow directors and the executive management team for another hugely productive year. The corporation's outcomes are evidence of the strengths of the community controlled model and the corporation and Aboriginal community's commitment to closing the gap on Aboriginal health disadvantage.



#### CEO's Report

This past financial year was marked by significant progress in continuous quality improvement efforts, contributing to improved key performance indicators. As an organisation, we underwent a number of structural changes, facility upgrades, a relocation of our business services, and developed and implemented a number of key operational plans, with the aim to more effectively allocate resources and strengthen processes for the benefit of our clients and community. We continued to act as a voice for Aboriginal people by participating in a number of local and national forums, events, and public debates.

The executive leadership team was completed with the commencement of a new General Manager Business Services Division in August 2015, following the appointment of a General Manager for Human Resources and General Manager for Health Services in the previous financial year (see Organisational Chart). As a result, the Executive has been well equipped with a range of complementary skills, experience and qualifications to support me to deliver against all of the strategic priorities set by our Board of Directors in the Congress Strategic Plan. It is really a very exciting

time to be the CEO which I consider to be a great privilege.

The integration of town and remote services were completed early in the new financial year under a single Health Services Division, with all remote clinics transitioning to the division. This integrated division replaces the former separate Alice Springs Health Service and Remote Health Service Divisions.

At the beginning of the financial year, the (former) Finance Division was renamed the Business Services Division to reflect its broad range of services. Further to this, a relocation of all services within the division to an existing location at Congress' Priest Street premises in November 2015 enabled the division to better meet the business needs of the organisation and to realise a saving of \$425,000 per year through the discontinuation of the WestPoint Building lease.

In July 2015, a restructure of the Social and Emotional Wellbeing (SEWB) section was carried out. This was the outcome of an independent review of SEWB in the previous financial year. The section now incorporates a management structure that clearly reflects the three streams of care being provided including; psychological, intensive care

management and social and cultural support and medical care. New positions for a Senior Clinical Psychologist and Senior Social Worker head up their respective streams of care.

This same month, an upgrade to Congress dental service at the Gap Rd Clinic was completed. This provided an extra dentist chair, a sterilisation room and store room.

In August 2015, the Gap Road Clinic's medicine dispensary's physical space was expanded to accommodate additional staff, including a CQI pharmacist and pharmacy assistant and the purchase of a new automated medication packing machine in response to increased demand for chronic medications. The extra staff, space and new machine has assisted to reduce the wait-time for medication and improved the quality of the dispensary service.

Congress was also fortunate to be able to acquire a mobile dental vehicle in September 2015 and this, along with a new second dental position, will ensure additional outreach services to the remote communities in which Congress provides health services in partnership with community health boards. The dental truck is fully equipped with an

x-ray machine. The exchange followed months of planning but unfortunately with most dentists preferring to work in capital cities it was not until the end of this reporting period that Congress was able to secure a second dentist which has delayed the commencement of this vital service out bush.

Also in September, Congress signed a MoU with Batchelor Institute of Indigenous Territory Education (Batchelor) with the aim to expand Congress' Aboriginal Health Practitioner (AHP) training program. Congress now offers clinical placement while Batchelor oversees training, accreditation and compliance. As a result, capacity to support the increased demand for AHP training more than doubled.

In October 2015, Ampe Kenhe Apmere
Childcare received \$400,000 for building upgrades, funded by the Australian
Government. A significant one off investment of \$600,000 was made by the Board to secure additional staffing and improve the quality of the service so that it could obtain full accreditation and become eligible for Child Care
Benefits (CCB) funding enabling the investment to become recurrent. Both were an outcome of a Congress Early Years Improvement Plan endorsed by the board as part of this investment. It

is very pleasing that accreditation has been achieved and CCB payments are now being accessed. This has made Ampe Kenhe Apmere Childcare a better place to promote early childhood development for all children.

This same month, the Primary Health Network NT extended Congress' funding for the After Hours GP Service located at the Alice Springs Hospital, until 30 June 2016 with a strong likelihood of continued funding beyond this date due to its success providing GP services for the whole Alice Springs community.

Also in October, the Department of Chief Minister awarded Congress and the Alice Springs Town Council funding to work in partnership to deliver a partially reinstated vital late night street service for at-risk young people in the Alice Springs CBD. The decision came after the tragic death of a young boy in January 2015 as a result of substance abuse after-hours, and after-hours antisocial behaviour following the Lightening Carnival event, and was the outcome of effective lobbying. The service was fully staffed in December 2015. Since then, Congress has continued to lobby for the reinstatement of the former drop-in centre which was not refunded.

An independent review of Ingkintja

Male Health Service carried out by Price Waterhouse Coopers' Indigenous Consulting was completed this same month. The final report including all recommendations was accepted by the Congress Board of Directors in November 2015. This has led to substantial reforms within Ingkintja including the creation of a new male AHP position.

Following a trial period and in-service training, RiskMan; an automated risk incident system and IPOS, an automated purchase order system went live in October. Both systems have improved the efficiency of quality improvement systems and purchasing.

A new Governance Support Officer position was also created, dedicated to providing high level governance support and assistance with compliance, to our board of directors and all remote health boards. As a result, by November, all remote health board AGMs were completed except for Ntaria which was postponed due to sorry business and was later held in June 2016.

As mentioned earlier, in November 2015, all Business Services located at the Westpoint property were moved to Priest Street and the lease was handed back to the landlord in December

2015. This development followed the preparation of a building and facility review which investigated the option of a consolidation of leases. A further exciting feature of the strategy was the development of two new satellite clinics in Sadadeen and Larapinta. The Board adopted this review, and the development of the clinics is near completion as at the end of the financial year with the clinics to be operational in August 2016.

November saw the \$1.1m Mutitjulu clinic upgrade completed providing a major improvement to the operations of this remote clinic.

In December 2015, we received advice that our Tackling Indigenous Smoking tender was successful. This program has replaced the Healthy Lifestyles Program and the three year funding term commenced January 2016. Many new AHP trainees are being recruited under this program and a new Tobacco Health Promotion section has been created in the Public Health Division to lead this important work as smoking is still one of the major causes of preventable, premature deaths amongst our people.

In December 2015, the IT team commenced upgrades to the Congress Wide Area Network (WAN), the series of links connecting all Congress sites, and commenced a roll out of video conferencing facilities at select town sites with remote sites to be upgraded in the new financial year. The IT Strategic Plan was also finalised and endorsed by the Congress Board of Directors in March 2016.

In February 2016, Congress was awarded ISO 9001:2008 accreditation status. This followed nine months of intensive planning and improvements to establish a Quality Management System.

In March 2016, Congress signed the contract to provide the Stolen Generations Service in Central Australia in accordance with the needs of the Central Australian Stolen Generations and Families Corporation. Following this, consultations have been occurring with key leaders of the former corporation to ensure that the service model meets their needs. As part of this, a steering group is being established to provide leadership and guidance on this important service.

Throughout the year, Congress advocated on a number of key issues impacting on service delivery and Aboriginal health outcomes.

Firstly, Congress continued to work with AMSANT on the Northern Territory

Aboriginal Health Forum (NTAHF) to promote the further establishment of Aboriginal community controlled health services across the NT.

We gave a keynote address at a workshop convened by the NTAHF on Early Childhood which sought agreement on core services and programs requiring further investment, in particular, the Nurse Family Partnership parenting support program and the establishment of Early Childhood Development Centres utilising evidence based approaches, as well as outlining those services and programs which are not evidence based and therefore should be discontinued to enable funds to be redirected into more effective, evidence based services and programs.

In response to the prevalence of crystalline methamphetamine use (ICE) and community concern, Congress advocated to strengthen existing AOD treatment services to provide access to medical care, psychological treatment and social and cultural support including intensive care management for all drug addictions including alcohol and ICE' Congress advocated against a separate, stand-alone service system for ICE users. We continued to argue for investment in early childhood as key to

the prevention of all forms of addiction. Congress also submitted a response to the Parliamentary Joint Committee on Law Enforcement inquiry into ICE use. We commissioned Caraniche to deliver "Working with clients that use Methamphetamine (ICE)" Workshops for clinicians and social support staff, with over 60 staff attending.

Two workshops were held during the year to strategise new approaches to address chronic diseases including diabetes. I attended the National Diabetes Strategy Committee meetings and advocated for the need to ensure access to affordable fruit and vegetables through a subsidy created by taxing high glucose foods and for investment in early childhood as a primary prevention strategy. I further advocated for the importance of further investing in Aboriginal community controlled health services as the key to diabetes treatment and prevention amongst our people.

Throughout the year, Congress continued to engage in the Peoples Alcohol Action Coalition and remained committed on the Alice Springs Alcohol Reference Panel (ARP), lobbying for strategies promoting harm minimisation and safer consumption of alcohol. Congress advocated for Temporary Beat Locations (TBLs) to continue as they have

been very effective until such time that photo ID screening can be reintroduced, a renewed Banned Drinkers Register (BDR), and a minimum floor price to regulate alcohol sales and consumption.

Throughout the year, Congress hosted a number of visits by dignitaries offering an opportunity to further promote key health policy messages. This included visits by the then First Assistant Secretary of the Indigenous and Rural Health (IHRD) Division, Maria Jolly, the then PM&C Secretary, Michael Fowley with Associate Secretary, Andrew Tongue and NT Government Opposition Leader, Michael Gunner.

Congress participated in a number of community events, including NATSI Children's Day in August and Women's Health Week in September, with the aim to engage clients in service delivery and to raise awareness about key health messages. Ingkintja partnered with Tangentyere Council, the Alice Springs Town Council and NT Police to deliver a White Ribbon Day event in November 2015. Congress also participated on the 2015 NAIDOC organising committee. Our Chairman provided the keynote address on the topic of care and protection of children, domestic violence and the role that men can play in improving outcomes for Aboriginal women and children.

Congress celebrated a number of staff achievements. Mpwelarre Health Service was awarded the 2015 NT Chronic Disease Award. Utju Health Service AHP, Sarah Gallagher, graduated with a Certificate IV in Aboriginal Primary Health Care (Practice) in September 2015. SEWB Cultural Practice Advisor, Debra Maidment and AOD Care Management Workers, Lynette Stuart, Ryan Mallard, Dorrie Wesley, Kim Gorey and Dylan Trindle graduated with a Certificate IV in Alcohol and Other Drugs in September 2015. Gap Rd Clinic AHP, Amanda Swan was a finalist in the NT Aboriginal & Torres Strait Islander Health Practitioner Excellence Awards held in October 2015, and received the Highly Commended Award in the New Practitioner category. Deirdre Lechleitner successfully completed her Dental Assistant traineeship in February 2016.

This report outlines just some of the achievements realised across the organisation, made possible by the commitment of our dedicated Executive and staff. It has been a big and exciting year. I take this opportunity to thank all staff for your untiring support and commitment to our clients, and to our partners, funding bodies and Board of Directors for your support and guidance in this journey to improve the health of

our community. There is still much to be done but Congress is in a really good place to continuously improve on all aspects of what we do.



Central Australian Aboriginal Congress 2015-2016 Annual Report

# Health Services Division Report



#### Gap Road Clinic Report

Congress' Gap Road Clinic continued to provide high-quality culturally safe clinical services through a multi-disciplinary team of general practitioners, Aboriginal health practitioners, registered nurses, dentists and allied health practitioners. An average of 220 clients accessed services at the Gap Road Clinic each day from Monday to Friday, including pharmacy services. Over the year, the clinic provided 8,216 clients with 43,318 episodes of clinical care.

Congress received extended funding to continue to deliver the After Hours Service at the Alice Springs Hospital. The service provides the wider Alice Springs community with access to after-hours general practitioner services from 6pm to 9pm week nights and 2pm to 5pm on weekends. Over the year, the service provided 3,745 episodes of care. Of this number, 309 were Aboriginal clients. On average 10 clients were seen each session out of a possible 12 and a third of sessions were fully booked so the service is being well utilised.

Under Congress' accreditation for registrars training with both Royal Australian College of General Practitioners (RACGP) and Australian College of Rural and Remote Medicine (ACRRM), Congress continued to

provide training to a large number of GP Registrars (GPR) with an average six (6) full-time equivalent (FTE) registrars completing placement during the reporting period. The clinic remained as a training site and continued to host medical student placements as part of the Flinders University's Northern Territory Medical Program. A rotating roster of GPRs enabled Congress to maintain a stable workforce of General Practitioners and enabled GP services to expand on our average 12.5 FTE GPs with the inclusion of 6 FTE GP registrars. Congress was proud to support two (2) local Aboriginal medical students during their placement as part of their third year of studies in medicine.

With the support of the Continuous Quality Improvement team and Business Services, billing to Medicare continued to improve. Medicare income is utilised to fund core primary health care services and programs and otherwise unfunded infrastructure improvements that contribute to improving the health and wellbeing of our community.

Six (6) Aboriginal health practitioners (AHPs) continued to provide primary health care and an imperative cultural interface between clients and GPs, ensuring culturally appropriate treatment and care. AHPs remain a

priority of the Congress Executive and a new MOU was established with BITE to greatly enhance the resources for AHP training. Two trainee AHPs joined the team, supported by the establishment of two Clinical Educator positions. Clinical Educators play a pivotal role in supporting trainee AHPs, graduate nurses and upskilling clinical staff to ensure our workforce remains skilled and confident in the delivery of quality health services and systems. AHP, Amanda Swan did Congress proud as she was awarded a Highly Commended in the New Practitioner category at the Aboriginal and Torres Strait Islander Health Practitioner (ATSIHP) Excellence Awards in October.

Over the year, AHPs had 10,105 client contacts ranging from taking blood, injections, wound care, chronic disease care and chronic disease checks, sexual health screening and treatment, suturing, taking and interpreting blood pressure, adult and child health checks.

2,975 episodes of dental care were provided during the year, with presentations increasing significantly. To continue to meet demand, the dental clinic was expanded to include an extra dentist chair, sterilisation room and store room, with upgrades completed in April. Towards the end of the financial

year, Congress employed a second dentist to service our bush clinics. In April, our trainee Dental Assistant, Deirdre Lechleitner completed her traineeship and acquired a Certificate III in Dental Assisting (Oral Health Education). Deirdre is now our fully qualified and confident Dental Assistant.

The medical dispensary provided 43.758 episodes of care; an increase of 4,051 from the previous year. To continue to meet the growing demand and consequent increase in staffing, the dispensary's physical space was expanded and an automated packing machine was purchased. These improvements have delivered greater efficiency and have assisted to reduce wait times for client medication. Congress Executive finalised a business plan for its own pharmacy licence and this was endorsed by the board in April. While waiting for this application to be processed Congress commenced negotiations with pharmacy providers to address the funding shortfall in the current service agreement and to further enhance services.

Aboriginal Liaison Officers (ALOs) continued to provide an important interface between clients and services. Congress is fortunate to have a committed and stable team of

ALOs who liaise with clients, families and carers and work with all health professionals to deliver culturally safe care by actively contributing to client wellbeing and continuity of care.

Over the year, 24,109 clients accessed Congress transport services (excluding transport provided by Aboriginal Liaison Officers). Congress transport services remain a vital link for clients to access Congress health services and Congress referred specialist appointments.

Congress continued to work in partnership with Brien Holden Vision, to deliver eye care including optometry services, to Congress clients. An increase in clients accessing optometry services was made possible by the addition of a monthly, week long eye clinic at Congress' Gap Road Clinic, supported by Congress' dedicated eye health coordinator.

Care coordinators continued to play an imperative role at Congress, with 1,241 diabetic clients and 350 coronary heart disease (CHD) clients and a further 197 clients with both CHD and diabetes. Care coordinators assist clients to better manage their chronic conditions through arranging clinical and wellbeing services to improve client health and wellbeing and by providing clients with

a better understanding of their chronic disease/s and how best to manage these. Approximately 50% of these clients are managed on a care plan. Congress continued to work in close collaboration with the NT Primary Health Network to deliver Care Coordination and Supplementary Services (CCSS).

The Renal Primary Health Care Program, part of CCSS, continued to work closely with the Flynn Drive Dialysis Unit and Nephrocare to deliver primary health care services to Congress' dialysis clients. Approximately 2,420 care coordination episodes were delivered during the reporting period, to 266 individuals. Towards the end of the financial year, Congress received confirmation of a funding extension for this vital service to 31 December 2016 with optimism for a further 18 months thereafter. Historically, the program has received short funding commitments.

Congress hosted the Telehealth Eye and Associated Medical Services Network (TEAMSsnet) study - a collaborative study between the University of Melbourne, Fred Hollows Foundation, Aboriginal Medical Services Alliance Northern Territory (AMSANT), Centre for Eye Research Australia and University of Sydney Clinical Trials Centre. The study trialled using Internet and mobile

technology to provide accurate, low-cost eye exams and coordinated diabetes and heart care to Aboriginal people in remote parts of the Northern Territory.

In early June, Congress' long serving visiting cardiologist, Dr Warren Walsh retired. Dr Walsh and his wife Dr Susan Reid provided cardiology services to Congress for over 15 years. NT Cardiac has provided Dr David Rose to continue cardiology services at Congress on a bi-monthly basis.

Congress was successful in its tender to provide the Tackling Indigenous Smoking Program and towards the end of the year had recruited a senior Tobacco Action Worker and trainee AHP to commence implementing the program in Alice Springs. Recruitment for remote positions was nearing completion as at the end of the financial year.

In November, Congress commenced planning to operationalise the Congress board's strategic vision to establish two new clinics nearer to high populations of Congress clients. The new clinics, located in Larapinta and Sadadeen suburbs, are expected to open August 2016.

The Frail, Aged and Disabled (FAAD) program supported 62 clients and

continued to focus on improved coordination of the program. As a result, the program achieved greater collaboration with external partners, in particular, DoH Palliative Care and the Tangentyere Council Community and Aged Care program.

Allied health services continued to provide important services to clients through self-referral, GP referrals and in meeting client care plans. The podiatrist provided 2,453 episodes of care including 108 episodes of care for renal clients on haemodialysis (allied health professions of psychologists and social workers are referred under the SEWB section).

As at the end of the financial year, planning at Congress' Gap Road Clinic is well underway in preparing for AGPAL reaccreditation.

#### Alukura Women's Health Service

Alukura Women's Health Service is an Aboriginal women-only service caring for the health of Aboriginal women and babies. It provided 8,663 episodes of care to 1,819 unique women in this financial year.

From March 2016, the service experienced a 50% increase in the provision of post-natal home visits, from 8–16 visits per week with the increase sustained to the end of the reporting period.

Alukura hosted and attended a range of health promotion events to strengthen relationships and foster trust in health service delivery, promoting the importance of regular access to health care and providing education for the prevention of a range of key health issues affecting Aboriginal women.

Alukura hosted a Women's Health Day in September 2015 which was well supported with over 175 women attending and 65 women's health checks completed.

An event commemorating International Women's Day was held in March 2016 with over 200 women attending the event.

In May, a small contingent of Australian Nurse Family Partnership Program (ANFPP) staff attended the ANFPP national data workshop and Communities of Practice forum in Dubbo, NSW.

In August, Alukura Manager, ALOs and members of the Alukura Council attended the NPY Women's Law and Culture meeting at Ernabella.

Throughout the year, five (5)
Alukura staff members successfully completed the Certificate II in Aboriginal and Torres Strait Islander Primary Health Care while Aboriginal Health Practitioner, Leitisha Jackson commenced a Diploma at Bachelor of Indigenous Tertiary Education (BITE).

Alukura staff continued to be involved in the CARPA governance and editorial committees, assisting in the development and administration of CARPA and the Women's Business Manual.

The service hosted a number of visits by agencies and individuals with the aim to share learnings for the benefit of Aboriginal women living outside the Alukura service area including:

- Wurli Wurlijang Health Service and Board representatives on 1 September 2015;
- Baroness, Jenny Tongs on 28

- October 2015. The Baroness also shared her experiences from her long-term international association with family planning; and,
- Directors of Indonesian Women's NGO on 25 May 2016.

Negotiations for an Alukura Midwifery Group Practice received a delay.
Congress remains optimistic that agreement will be reached with the Central Australian Health Service, and towards the end of the year, completed a restructure to accommodate a dedicated maternity care stream within Alukura to be headed by a Maternity Care Coordinator. Concurrent with the maternity care stream will be a dedicated women's health stream providing comprehensive women's health services to girls and women of all ages.

An independent evaluation of Alukura's Family Partnership Program is being undertaken as at the end of the financial year by University of South Australia. Early indications have demonstrated favourable results for clients.

Alukura will liaise with the Jean Haile's Foundation to plan and host a community event for Women's Health week in the new financial with the aim to build on its success in the previous year.





## Ingkintja Male Health Service

The Ingkintja Male Health Service is a male-only comprehensive primary health care service providing medical care including male health checks, immunisations, treatment for illness and disease, counselling (including home visits), sexual health information and checks, anger management and family violence intervention support, wash facility, and a gym and workshop facility known as 'Men's Shed'.

The Ingkintja Male Health Service provided 7,882 episodes of care to 2,078 male clients, including 3,783 clinical episodes. This service continued to maintain a strong focus on promoting and completing adult health checks with 353 completed. This included maintaining the health checks carried out on male clients under 18 years of age. Following an outbreak of STI's in the region, Ingkintja maintained a strong focus on STI screening, with an increase since January.

The service continued to offer wash facilities for men 'living rough'. This vital service enables Ingkintja to connect with men and offer health checks, medical follow-up and referrals to other services and providers, aiding improved health and wellbeing outcomes.

An independent review of Ingkintja Male Health Service was completed in December by Price Waterhouse Coopers Indigenous Consulting. The review was led by the Congress board's Male Health Subcommittee and informed by Ingkintja clients, community members and the Congress Executive with a number of recommendations adopted to improve the structure and operations of the service. Since the report was finalised, a number of recommendations have been implemented.

Ingkintja continues to build on a regular program of activities provided to young males working in partnership with local schools including Clontarf Campuses – Yirara, and Alice Springs Senior & Middle Schools, Acacia Hill, Saint Joseph's and Sadadeen Primary School. Ingkintja has worked to encourage local cultural leaders to pass on cultural knowledge to these students on a regular basis.

Ingkintja Men's Shed also participated in a number of workshops with NT Cattlemen's Association, Indigenous Land Corporation, Central Land Council and NT Department of Education with the aim to encourage males to engage in male health conversation that is otherwise difficult to broker in a formal or clinical setting. These include discussions on violence, suicide, drugs and alcohol and other family matters.

The service worked with Congress SEWB service to deliver a weekly violence intervention group program, designed and supported by the Kurruna Mwarre Ingkintja Project and attended by suitable clients from CAAAPU. The program successfully engaged men in conversation around violence towards others. The program will begin a new round at the beginning of the new financial year to continue to provide support to clients in need.

The service hosted and attended a range of health promotion events, with the aim to strengthen relationships, raise awareness on services provided and foster trust in health service delivery, promoting the importance of regular access to health care and providing education for the prevention of a range of key health issues affected Aboriginal males. These included:

- National Men's Health Week Ingkintja Open Day in June 2016;
- White Ribbon Day on November 2015; and,
- Adult and Men's Health Checks in connection to AFL Visit.

Ingkintja completed a second mock audit in association with AMSANT and is preparing for final accreditation in the new financial year.

## Child and Family Service

Congress' Child & Family Service supports Aboriginal families to help their children to learn well and grow strong, from birth to 15 years of age and with a strong focus on family engagement in recognition of the lifelong implications of a child's health and early experiences.

Dawn Ross was appointed as Child and Family Services Manager in September 2015. Congress is very proud to have a local Aboriginal woman and experienced manager join the Health Services Division management team.

The Intensive Family Support Service (IFSS) program continued to provide support and advocacy to families engaged in the child protection system, to ensure stabilisation in their lives through a focus on children's needs, and through developing and improving parenting skills and capacity.

IFSS partnered with University of South Australia to build on and develop a range of tools to support children and their families. The partnership included training for staff commencing June 2016 enabling IFSS and TFSS staff to become accredited trainers in the Parents under Pressure program.

Congress is proud to support two (2) IFSS' Aboriginal Family Support Workers undertake a Social Work degree through Deakin University. The Healthy Kids Clinic (HKC) continued to operate out of Congress' Gap Rd Clinic delivering eight (8) sessions per week, completing scheduled checks and immunisations on children between the ages of 0 and 14 years. The HKC continued to manage acute presentations in accordance with Central Australian Rural Practitioner's Association Standard Treatment Manual (CARPA STM) guidelines.

HKC maintained delivery of the Targeting Health in Education Program (THIE), in partnership with the Department of Education providing school aged children with access to primary health care, including screening services, with 40 - 50 children seen each week by the HKC nurse.

The Preschool Readiness Program (PRP) commenced its first Intensive Preschool Readiness Program in May. The 'Intensive' is a comprehensive Abecedarian Approach Australia (3a) program offered to developmentally vulnerable prepre-schoolers as a daily, three (3) hourly early interventions over six (6) weeks.

The program partnered with NT Department of Education Families as First Teachers (FaFT), complimenting the PRP Intensive by delivering 3a to PRP families and children during home visits. PRP welcomed an additional Aboriginal Family Support Worker in January 2016. PRP staff all achieved 3a Practitioner certification in February 2016 with support from Melbourne University.

Congress Early Learning and Development Centre: Ampe Kenhe Apmere, (formerly known as Congress Ampe Kenhe Apmere Childcare) continued to provide robust and flexible culturally responsive early childhood learning, addressing local determinants of early childhood development, with significant improvements made to the quality of care provided by the service. Towards the end of the year, the Congress' Early Years Improvement Plan was almost complete. The reform has delivered a number of improvements to the centre including:

- A major renovation of the centre's facilities funded by the Commonwealth Department of Education. Plans are underway to upgrade the outdoor area for teaching/learning purposes and to install a reception area in the entrance foyer.
- The University of Melbourne, Department of Education, Department of Children and Families, Professional Support Program, Children's Services Support Program, Professional



Support Coordinator NT, Blue Earth program and Quality Education and Care, provided individual training support for staff and learning opportunities for children.

- The centre introduced child-free days for staff professional development that has improved the quality of teaching/learning in the centre.
- The centre continued to make great strides towards attaining accreditation, guided by the National Quality Standards, an Early Years Learning Framework and Congress' Early Years Improvement Plan.

The Targeted Family Support Service (TFSS) program continued to provide support to vulnerable families with children aged 0-18 years at-risk of entering the child protection or youth justice system or whose development has been affected by risk factors and/or cumulative harm.

In January this year, the NTG required TFSS program providers to tender for the service under a revised model to be effective from 1 July 2016. Regretfully, despite six years of strong performance and a dedicated, skilled and committed team, Congress was advised our tender was unsuccessful, with the service reduced by five (5) positions at 1 July 2016.

The Child Health Outreach Program (CHOP) continued to coordinate care for children aged between 0-16 years who have a chronic health condition, and whose families' social circumstances impact on their ability to access necessary health care.

#### Social & Emotional Wellbeing Service

Congress Social & Emotional Wellbeing Service provides Aboriginal people and their families with care for social, emotional and cultural wellbeing, mental health and community connectedness.

Throughout the year, SEWB provided 11,888 episodes of care for 1,366 unique clients. The service supported 310 clients for AOD issues who received intensive case management, social and cultural support, medical care and therapeutic interventions when indicated. A new data collection system was established which will enable clients with non AOD, mental health issues and interpersonal violence to be separately identified and reported on. Improved outcome measures are also being implemented.

The service continued to implement recommendations from an independent review carried out in 2014. At the end of the financial year, the service had successfully implemented 20 of the 23 recommendations including those concerning strengthening clinical governance and referral pathways.

Congress was fortunate to appoint two (2) highly experienced and qualified clinical leads to lead the Psychologist and Social and Cultural Support streams respectively. Dr Jon-Paul

Cacioli was appointed in November as lead Clinical Psychologist and Japhin Nyengera in May as lead Social Worker. The appointment to these positions, conclude the SEWB restructure, embedding the three streams of care model; medical, therapeutic and social and cultural support. Later in the financial year, Dr Jon Paul was appointed to the SEWB Manager position. Cultural Integration Practice Advisor, Debra Maidment relieved the vacant SEWB Manager position for five months during the year and Congress is thankful for her leadership provided during this time.

As a result of the changes, the service has been able to better utilise staff resources allowing timely client access. New client data guidelines improved reporting on client episodes of care and collection of program evidence.

Another important priority was the development of remote AOD workers and the delivery of a visiting clinical psychologist to provide therapeutic services to remote communities; Ntaria, Santa Teresa, Wallace Rockhole, Utju, Amoonguna and Mutitjulu. This has assisted to strengthen relationships and referral pathways with remote area clinics and other service providers as well as providing training to remote area staff.

During the year, SEWB partnered with the Alice Springs Town Council and Department of the Chief Minister to deliver the After Hours Youth Service (AHYS), funded until October 2016. From the commencement of the program in November to the end of the financial year, the service provided 6,251 encounters with at-risk youth, providing culturally appropriate counselling, therapeutic and mental health support to prevent harmful behaviour. Congress has continued to advocate for the service to be re-funded beyond October 2016 and for the addition of a drop-in centre for young Aboriginal people to engage in semi-structured low key activities.

An MOU was entered into with Mental Health Association of Central Australia (MHACA) for SEWB's continuing support of 'Suicide Story', a suicide prevention program for Aboriginal people who live and work in remote communities.

The service also partnered with CASSE and CAAAPU assisting to deliver a weekly violence intervention group program to CAAAPU clients at Ingkintja Male Health Service (refer to Ingkintja report on page 16).

As at the end of the financial year, partnerships in development include an MOU with DASA focussed on improving provision of support to DASA clients, CAAAPU to improve care provided to individuals admitted to CAAAPU and an agreement with all remote health services on remote AOD services.

SEWB staff participated in industry forums promoting key health issues in mental health. Remote AOD worker based in Ntaria, Peter Stuart, presented at a Remote AOD Conference in Jabiru on aspects of community driven initiatives, such as diversionary programs targeting elders and youth and leading to strengthening engagement with community.

SEWB Aboriginal Care Management Worker, and 'Suicide Story' facilitator, Dorrie Wesley represented Congress at the National Aboriginal Suicide Conference held in Alice Springs in May 2016, delivering the keynote speech covering the importance of early childhood interventions in preventing social, emotional and physical health issues later in life.

Congress' continued to act as the lead agency for headspace Central Australia, offering early intervention mental and physical health services (including sexual health) to all young people aged between 12 to 25 years. During the year, the service provided 4865 episodes of care to 774 individuals.

Throughout the year, the service hosted a number of youth engagement events including Yarnsafe @ YAM FEST held in Alice Springs on 24 October 2015. The event was attended by 250 young people from Alice Springs. headspace sponsored local Aboriginal band, 'Desert Sevenz' to perform and encourage young people to attend the headspace information stall.

The service also partnered with Australian Skateboarding Community Initiative to host the 'Alice Springs Regional Skateboarding Championships' on 16 January 2016. The event provided headspace with a chance to engage with young men and to encourage early help-seeking for mental health issues.

As it enters into the new financial year, Congress will consider options for relocating the headspace service to provide better care for clients and to enable co-location with the Congress Youth Outreach Team to enhance youth services.



## Remote Health Services Report

In November 2015, remote and town health services were integrated under a newly established Health Services Division.

The transition enabled a consistent model of practice across all Congress clinic services and a greater capacity through shared services.

Remote allied health services were integrated into the chronic disease section. A new Senior Medical Officer position was established to provide strong clinical leadership and management oversight to all remote health services.

The change also saw a renewal in governance across all Remote Health Boards through quality reporting and a greater focus by the full Congress Executive Team.

#### Ntaria Health Service

The Ntaria Health Service provides primary health care services to the Ntaria and Wallace Rockhole communities. Ntaria is located 131kms west of Alice Springs, home to approximately 700 people. Wallace Rockhole is located 51kms from Ntaria, 120kms from Alice Springs and is home to approximately 70 people.

The clinic has continued to perform at an optimal level with high child immunizations, health checks, and care planning rates.

Chronic disease management remains a strong focus with the number of care plans prescribed to eligible clients remaining stable after the large increase last period, while the number and frequency of HbA1c testing remained stable. Clients with HbA1c >10 continued to decrease. The clinic will focus on increasing blood pressure and diabetes control into the new financial year, assisted by additional staffing with the recruitment of a permanent GP and Chronic Disease Nurse to assist in recalls and follow-ups.

There was an overall increase in adult health checks and health checks carried out on people over 55 years of age with 67% of females and 49% of males aged between 15-55 years, and 85% of females and 83% of male over 55 years completing a check. The clinic expects to increase women's health checks with the appointment of a midwife in March, and male health checks with the appointment of a Male Health Nurse to commence early in the new financial year. A permanent GP has been appointed to commence early in the new year.

Comprehensive primary health services were strengthened by a community based Alcohol and other Drugs Worker (AOD), with a local person appointed in September 2015. The AOD worker provided primary inventions to a case load of 11 people and conducted education and awareness to community groups. AOD services are supported by a Congress SEWB visiting psychologist providing therapeutic services to clients. Congress allied health practitioners provided regular visits to the community through the podiatrist, diabetes educator and eye health staff.

Significant upgrades were made to staff accommodation including two new staff accommodation facilities. This was enabled by transforming the previous administrative office into staff accommodation to accommodate increased service delivery. Administrative offices were

relocated and three (3) existing offices were converted to clinical consult rooms to provide much needed clinical space.

Throughout the year, regular meetings were had with staff from Department of Health, Stronger Futures for Children, Wurla Nyinta and Community Safety and Emergency Services to ensure collaboration across services and continuity of care for clients.

The Australian Nurse Family Partnership Program (ANFPP) will join the expanded Congress service in Ntaria early in the new financial year, with recruitment near finalised for a Nurse Home Visitor (NHV) and local Aboriginal Community Support Worker position in this financial year. The program is renowned for enabling improvements in pregnancy outcomes, parenting skills and family self-sufficiency.

In March, the WAHAC board endorsed the Joint Service Agreement (JSA) between Central Australian Primary Health Care, Congress and WAHAC relating to health service delivery in the Western Arrernte health service region. Since the formation of the JSA, more seamless service delivery and collaboration has been enabled between the two clinics.

At the end of the last financial year, it was proposed that the community move towards a single health service provider model. This remains a consideration by the local WAHAC board and community. Whilst this is considered, WAHAC and Congress will continue to rebuild, expand and strengthen the delivery of health services provided to the local community.

#### Utju Health Service



The Utju Health Service provides primary health care services to the Utju community, located approximately 240kms from Alice Springs, home to approximately 170 people.

The clinic has continued to perform at an optimal level with high immunisations (including almost 100% immunisation for children), health checks, and care planning rates. Rates of anaemia in children were as low as 6%. Under the leadership of a strong health board, the clinic continues to meet and exceed key KPI targets and remain proactive in preventative care and health promotions.

The clinic participated in 'World Suicide Prevention Day' with a community event promoting awareness and commitment to reduce the incidence of suicide with a combined memorial service, remembering community members taken by the tragedy.

The Utju health Service collaborated with a number of research projects, including the Menzies project 'I-Hear-beta' study looking at different treatments for children with chronic ear conditions and the Baker IDI research into 'HTLV-1'.

The Queens Diamond Jubilee Trust Australia and NACCHO are working with Utju Health Service as a lead remote health service in the prevention of Trachoma project. Utju Aboriginal Health Practitioner, Sarah Gallagher has been instrumental in leading this program for Utju. As part of this project, Sarah travelled to Sydney to present to a national forum on Utju's success in eradicating Trachoma.

Clinic staff commenced regular home visits for patients who require daily review. This has enabled patients to better manage chronic disease symptoms and improve health outcomes.

Comprehensive primary health services were strengthened through regular visits to the community by the Congress Allied Health Team with podiatry services, diabetes education, dietitian services and eye health care complimenting care plans for clients with chronic conditions. The Ntaria Remote AOD worker also provided outreach support to Utju client referrals.

The health service initiated the employment of local community drivers for the Patient Assistant Transport Service using their fleet vehicle to enable patients to attend their appointments in Alice Springs and return to community on the same day.

Through the National Diabetes Scheme, the health service registered all diabetic clients in Areyonga. The scheme provides great benefits to clients including more affordable glucose testing strips.

The service worked in partnership with a number of services to optimise health outcomes for the people of Utju including the early childhood, youth and aged care programs and the local primary school.

Late in the year, the service successfully satisfied a mock AGPAL 2016 accreditation process with final accreditation due in September 2016. These high standards are attributed to the dedicated clinic and Congress CQI teams.

The service partnered with the Utju Primary School to conduct a week of child health checks in April 2016. The initiative was successful in identifying health conditions of children, promoting health education and building therapeutic relationships with children and the school.

The Utju Health Service extends their gratitude to former Health Services Nurse Manager, Deborah O'Neil for her three years of service to the Utju community. Since Deb's departure in April 2016, Sarah Gallagher has acted as relieving Manager while recruitment is carried out.

## Mpwelarre Health Service

The Mpwelarre Health Service provides primary health care services to the Ltyentye Apurte (Santa Teresa) community, located 82kms south east of Alice Springs, home to approximately 600 people.

The service' performance against NT KPI targets was reflective of the hard work of clinic staff, with 89% coverage achieved for adult health checks, 100% for child immunisations, no low birth weight babies and large improvement in the proportion of children with anaemia (2%). The proportion of chronic disease patients with care plans were approximately 80%.

The Mpwelarre Health Service was awarded the Chronic Disease Health Promotion/Program Delivery (Team) Award in September 2015. This award recognises the service's hard work in addressing chronic conditions' risk factors or the impact of chronic condition, to achieve significant improvement and innovation in health service delivery. Nurse Manager Debbie Starr, Dr Adam Brownhill and Aboriginal Health Practitioner (AHP) Jason King presented on the Mpwelarre Chronic Disease program including the outcomes measured by NTKPIs to the Chronic Disease Networking Conference. The health service continued its work with the local school to conduct regular child health screens.

A working partnership with Purple House enabled dialysis to four of nine community dialysis patients. The clinic continued and will continue to lobby for more chairs for more patients to increase the capacity to provide dialysis in community.

AOD services were reduced due to the centre's Remote AOD worker taking Long Service Leave during the period. AOD services were supported by a Congress SEWB visiting psychologist providing therapeutic services to clients. Congress' allied health team regularly visited the community providing podiatry services, diabetes education, dietitian services and eye healthcare complimenting care plans for clients with chronic conditions.

The Mpwelarre Health Service is in the process of recruiting local Aboriginal Health Practitioner trainees as exercise facilitators and tobacco action workers.

Mpwelarre Health Service extends their gratitude to departing Nurse Manager, Debbie Starr for her six (6) years of service to the Mpwelarre community. Jason King was confirmed Clinic Manager in June. The community and clinic are proud of Jason's appointment; a highly respected local Aboriginal Health Practitioner.

Jason started training as an Aboriginal Health Practitioner at age 14 and continues to be inspirational through his leadership and commitment to improving the lives and health outcomes of the Ltyentye Apurte community.



#### Mutitjulu Health Service



The Mutitjulu Health Service provides primary health care services to the Mutitjulu community, located 468kms south west of Alice Springs, home to approximately 479 people.

As with other clinics, the Mutitjulu Health Service achieved a very high immunisation rate at 90%, there were no low birth weight babies and big improvements in the coverage rate for both adult and child health checks. The rate of anaemia peaked and remains a CQI focus area. Episodes of care for adults increased to 7,683 episodes.

The Mutitjulu Health Service benefited from a consistently dedicated and professional team of locum staff and a consistent regular GP service. Recruitment for a stable Nurse Manager remains a challenge.

The service undertook an extensive data cleanse during the period to ensure that the population list was accurate for improved reporting purposes.

During the period, the clinic engaged the services of a permanent RN with midwifery qualifications to enable a stronger focus on women's health and improved antenatal care. Appointment of an additional RN added greater service capacity and flexibility for the community.

A major project undertaken during the financial year was the completion of the clinic upgrade. The upgrade has resulted in a number of improvements to the service including:

- Increased floor space for emergency treatment area allowing for two (2) client trolleys;
- Increased floor space in the pharmacy;
- A waiting room allowing for client privacy and toilet facilities;
- Increased security in reception area;
- Added storage for clinical stores;
- Sealed parking area;
- Installation and repair of security lighting near key access points;
- Installation of wall mounted after hours emergency call device;
- Erection of secure perimeter fencing; and,
- Installation of solar panels.

Throughout the year, the service continued to build on the strong working relationship with Nganampa Ngura Mutitjulu-nya Flexible Aged Care Service. The partnership enables good clinical care to aged care clients.

Services were further complimented by a community based Alcohol and

other Drugs Worker (AOD), with a local person appointed in July 2015. The AOD worker provided primary interventions to a case load of fourteen (14) clients and provided education and awareness sessions to community groups including the large Aboriginal workforce in Voyages Yulara. AOD services were supported by a Congress SEWB visiting Psychologist providing therapeutic services to clients. The Congress Allied Health Team regularly visited the community providing podiatry services, diabetes education, dietitian services and eye health care.

The Congress Allied Health Team regularly visited the community providing Podiatry Services, Diabetes Education, Dietician and Eye Health. Imperative allied health services that complimented care plans for clients with chronic conditions.

As the end of the financial year, the clinic is preparing for AGPAL accreditation.

The Mutitjulu Health Service extends their gratification to Janelle Dunkin, Kimberley Williams and Keshia Randall for their ongoing commitment and support to the community. Recruitment for a permanent Clinic Nurse Manager is underway as at the end of the financial year.

### Amoonguna Health Service

The Amoonguna Health Service provides primary health care services to the Amoonguna community, located 16kms south west of Alice Springs, home to approximately 350 people.

A key focus of the Amoonguna Health Service was on improving early childhood health outcomes, particularly, child anaemia and childhood immunisations rates. 80% of children were screened for anaemia with 13% identified as anaemic. Regular checks have been carried out for children identified as anaemic.

Throughout the year, clinic staff actively engaged with mothers to provide mum and bubs with nutrition support, including supplying samples of "Farex" and Heinz baby food. Ante-nates received iron supplements as well as iron infusions.

Child immunisations remained a focus area, resulting in a 100% coverage rate with all immunisations delivered on time. This achievement was greatly assisted by dedicated staff to oversee recalls and ensure regular reporting of the immunisation database.

95% of children under five years of age were measured for weight, with only 1 child (3%) found to be underweight. This is consistent with other Congress

remote sites and does not show any indications of growth faltering recently identified by AMSANT.

During the year, the service was accredited by Northern Territory General Practice Education (NTGPE) as an appropriate training facility. The clinic employed a 3rd year GP registrar under the program which has positive outcomes for both the clinic and clients.

Services were strengthened through regular visits to the community by the Congress Allied Health Team with podiatry services, diabetes education, dietitian services and eye health care provided to the community, complimenting care plans for clients with chronic conditions. The town AOD program also provided support to Amoonguna clients.

A major milestone for the service was an upgrade of IT infrastructure to support reliable internet speeds. As a result, the service is now looking to employ Telehealth.

Towards the end of the financial year, the clinic is working towards AGPAL accreditation.





## Key Performace Indicators (KPIs)

Congress' Business Plan 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).

Congress' overall episodes of care provided by town services, as reported for the NT KPIs continued to increase with more than 140 000 episodes of care recorded in 2015/16. There were also increases in most of the remote clinics.

Noteworthy improvements to KPIs for town and remote services for this reporting period included the following:

- Maintaining the improvement in low birth weight babies across town and remote communities, which has halved in four years. Likely contributors included a significant reduction in alcohol consumption and interpersonal violence resulting in fewer cases of pre-term labor, the Family Partnership Program and good antenatal care. Given the importance of birth weight to long-term health and wellbeing this is a good outcome.
- The number of resident Aboriginal people over 55 years of age increased in most communities

- serviced by Congress. In Alice Springs, this increased from 711 Aboriginal people in 2008/09 to 1048 Aboriginal in 2015/16, an increase of almost 50%. At Mwpelarre it increased from 31 to 50, Mutitjulu 25 to 49 and Utju 22 to 33 all 50% or greater. In other communities numbers remained constant. It is very likely that this is due to resident Aboriginal people living longer rather than an increase in new residents.
- The introduction of a new Cardiovascular Risk Calculator in Communicare will assist clinicians to ensure that patients are being treated on the basis of their overall cardiovascular risk and not on the basis of individual risk factors.
- An overall improvement in adult immunisation coverage.

Areas of continued focus and improvement in the new financial year will include:

has been great improvement at Mpwelarre with the rate falling to only 2% after consistently being above 20%. This has been achieved through the implementation of a multi-facted CQI approach

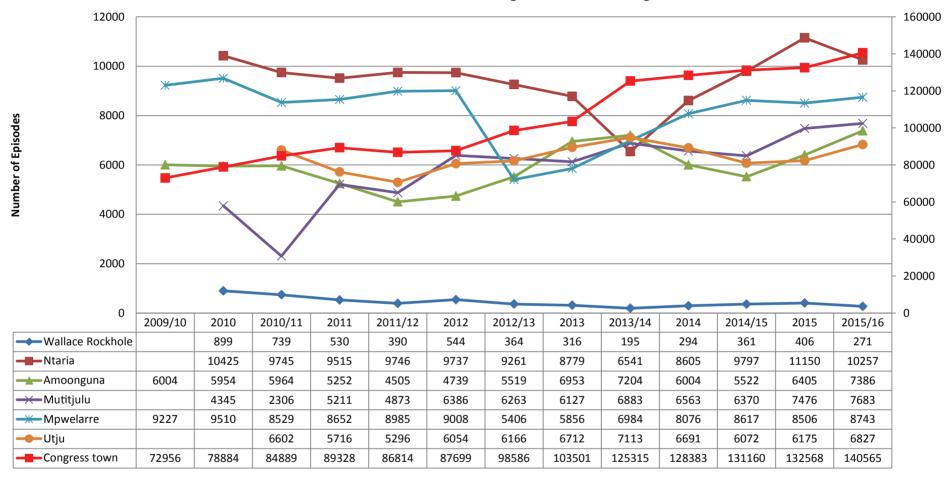
Reducing anaemia rates. There

- including the introduction of iron infusions in pregnancy, iron rich food educational kits at six (6) months, improved treatment rates and other strategies. These same strategies are being implemented across all clinics as part of the anaemia Plan, Do, Study, Act (PDSA).
- Increasing health checks and improving sexual health amongst voung people between 15 to 25 years. The high rates of STIs and the low rates of health checks in this age group remains a challenge. A range of strategies are in place to address this across the region including a research partnership with Kirby Institute to trial a mix of incentives and anonymous selftesting to increase screening uptake. There is also the prospect of a new approach which works with other partners to improve uptake of health checks amongst young people playing various sports as well as a partnership with Deadly Choices to introduce the popular shirts when someone has a health check.
- Improving PAP smear rates across all clinics. The Utju Health Service leads the way with rates consistently above 70%.

 Reducing overweight and obesity rates. It has become clearer that this issue needs to be addressed primarily as a public health issue with a focus on improving access to affordable, quality fresh food and vegetables, reducing access to high sugar foods and promoting healthy ready-made alternatives to current fast food supplies. There is also better access to dietitians for those who have the capacity to engage with these services.

#### **Congress Town and Remote Clinics Total Episodes of Care over Time**

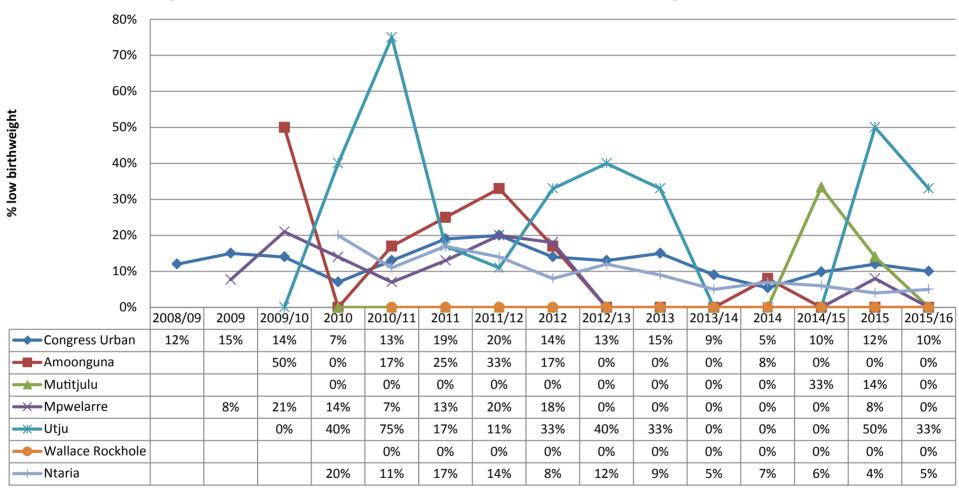
(includes residents and visitors; Aboriginal and non-Aboriginal)



This graph shows the number of episodes of care provided by Congress town and remote clinics over time.

Over this period, there has been a significant increase in episodes of care at all clinics except Ntaria and Wallace Rockhole which have declined slightly. It is especially pleasing to see Mutitjulu and Amoonguna increase to their highest levels of access since reporting began.

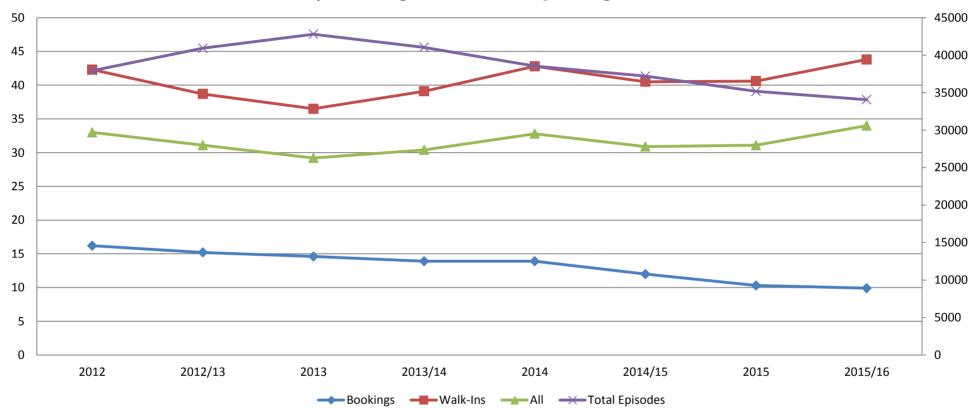
#### **Congress Town and Remote Clinics Low Birthweights over Time**



This graph shows the trend in the percentages of low birth weight babies by clinic over time against the Northern Territory Key Performance Indicator.

Over this period, there was a consolidation of improvements in this important indicator with average levels about half what they were four (4) years ago across all clinics, bearing in mind the significant variation for Utju due to small resident numbers. This could be due to a number of contributing factors. A likely cause is the significant decline in alcohol consumption and alcohol related interpersonal violence since 2011/12 due to point of sale supply reduction measures.

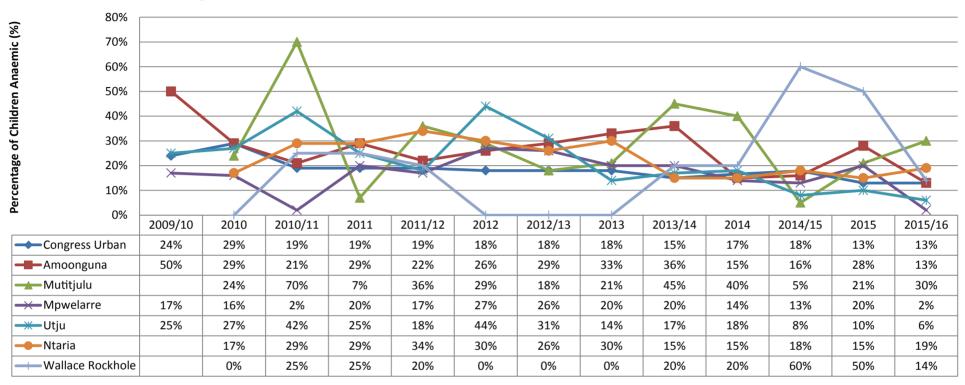
## Congress Gap Road Clinic Waiting Times (mins) by Booking Status and Reporting Period



This graph shows the average waiting times in minutes over time for Congress' town Gap Road Clinic broken down by booked appointments and walk-ins (extras). The brown line shows the number of episodes of care being provided by the Gap Road Clinic as a comparison.

Over this period, waiting times remain acceptable and it is hoped that the introduction of the new Sadadeen and Larapinta clinics will enable further improvements in this important area.

#### **Congress Town and Remote Clinics Anaemic Children over Time**

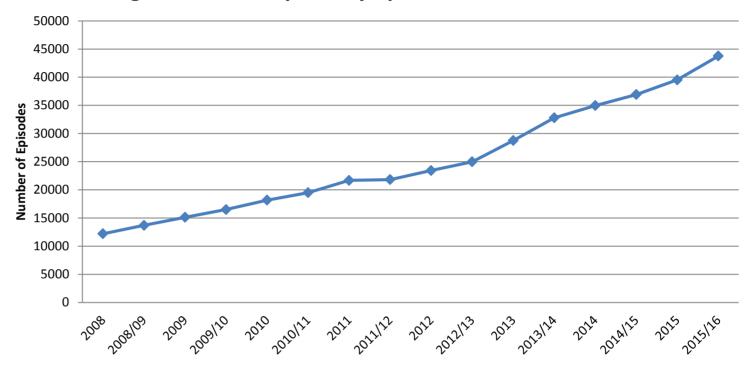


This graph shows the trend in the percentages of anaemic children by clinic over time against the Northern Territory Key Performance Indicator.

Over this period, anaemia remained a CQI focus area with new measures introduced at many clinics. This included the use of iron infusions during pregnancy, improved follow up of low birth weight babies, a greater focus on key nutrition messages at six (6) months and better systems to ensure that anaemic children receive a full course of treatment. As a result, there has been an improvement at most clinics, especially at Mpwelarre where all measures are now in place. In Alice Springs, some of this is has been achieved through improved testing rates of well children.



#### **Congress Town Dispensary Episodes of Care over Time**



This graph shows the trend in the number of Episodes of Care provided by Congress town dispensary over time.

Over this period, the dispensary continued to provide increased services, requiring increased staff to meet the additional demand, which Congress has had to resource with its own funds. The increased pressure on the Congress budget to fund this essential service contributed to a decision to apply to the NT government for its own pharmacy license.

The aim is to ensure that funds generated from Section 100 are fully utilised for the provision of pharmacy services, enabling core primary health care funds to be used for non-pharmacy services and programs. While waiting for the application to be processed, Congress has commenced negotiations with pharmacy providers to address the funding shortfall in the current service arrangement and to further enhance service delivery.

#### Continuous Quality Improvement (CQI)

Congress' Continuous Quality Improvement (CQI) section continued to provide ongoing support to Congress health services, standardising specific processes, continuously measuring performance, identifying areas requiring improvement and facilitating implementation to ensure ongoing service improvement across all clinics and programs.

During the period, CQI conducted around 10-12 Communicare training sessions each month and provided front-line Communicare support to staff through the CQI helpdesk.

An upgrade to the Communicare system allowed Congress to send bulk SMS texts to clients. This was trialled with community members and was found to be well received and will be rolled out in all clinics into the new financial year. It is hoped that this will assist with improving attendance at scheduled appointments.

CQI presented the biannual National and NT KPI reports to Congress clinics. These reports have been used by clinic and program managers to develop new operational plans and assisted section managers and the executive leadership by providing reliable data for evidence based decision making.

During the period, more than 100 clinical incidents were reviewed by the CQI Clinical Governance Group. None of these incidents were critical incidents (severity level 4) but all provided significant opportunities for improvement no matter how minor.

There has been a large increase in the reporting of incidents following the introduction of the new "Riskman" reporting system and extensive education of all staff on the "no blame" principle. This is a vital part of an effective CQI process as all frontline staff are in the best position to notice issues early and report them before they become a major problem. The root causes behind these incidents were identified and strategies implemented to help avoid reoccurrence, as well as to support clinical services to perform even more effectively, reliably and safely.

CQI continued to support program managers to comply with AGPAL accreditation. Initial self-assessments were undertaken across all Congress clinic sites, and action plans developed to address gaps. As at the end of the financial year, Congress is on target to meet the October accreditation deadline.

To assist with standardising practice, continuity of care, and better data reporting across the clinics, CQI, with the support of Communicare, successfully merged the headspace and town databases.

CQI worked with all clinical practitioners to identify CQI focus areas which led to the development of 4 PDSA plans in the areas of childhood anaemia, overweight and obesity, STIs and health checks amongst young people and PAP smears. Considerable improvements have occurred in the area of anaemia as a result and strategies are still being implemented in all these areas.

CQI collaborated with AMSANT to fund the changes in Communicare for reporting NT KPIs to ensure best quality data is used for reporting KPIs.

CQI participated in AMSANT CQI collaborative and presentations were made on Hep B management in Communicare.

In the next financial year, CQI will focus on improving performance of town and remote areas on key clinical items. In addition, CQI plans to provide more focus areas identified for service improvement.



#### Research



Congress' Research section continued to ensure that all research projects carried out at Congress operate within strict ethics and approval guidelines, and assisted in the development of research proposals with capacity to benefit Congress services and thereby Congress clients.

During the financial year, a major focus for the service was on developing and strengthening internal processes for reviewing and approving research projects.

All research projects were reviewed by the Congress Board's Research Subcommittee consisting of the Congress Chairman, William Tilmouth, Congress CEO, Donna Ah Chee, Congress directors, Mark Wenitong, Rosanne Healey and Ricky Mentha, Research Officer, Leisa McCarthy and Chief Medical Officer Public Health, Dr John Boffa. The research coordinator, Bronwyn Silver, provides secretariat support. The subcommittee continued to meet bimonthly, providing recommendations to the Congress Board.

All approved research projects fit within one of the categories in Congress' Strategic Plan; medical care, social and preventative programs or social determinants of health. As at the end of the financial year, there are 42 approved research projects. This includes:

- 24 projects concerning medical care;
- 12 projects considering social and preventative programs; and,
- 6 projects focussed on the social determinants of health.

Three (3) projects were completed in 2015-16, all relating to medical care.

Congress continued to partner with some of Australia's leading research organisations to undertake research across a wide range of issues. Congress' research work continued with Baker IDI Heart and Diabetes Institute and University of South Australia under an existing Memoranda of Understanding (MOU). A further two MOUs were implemented; one with Menzies School of Health Research and the other with University of Melbourne.

The Congress Research section continued to prioritise developing internal capacity through the ongoing employment of Aboriginal Research Officers (AROs) to develop select projects. During the year, Congress AROs led the following projects:

 Kurunna Mwarre - Make My Spirit Inside Good: Men's Shed Best Practice Model (CASSE);

- Next Generation Youth
   Trajectory Study (Baker IDI
   Heart and Diabetes Institute);
- MOST (More Options for STI Testing) Project (University of New South Wales);
- Evaluation of the Nurse Family Partnership Program (University of South Australia);
- ASQ TRAK child developmental screening tool (University of Melbourne);
- Menzies Outcomes of Self Harm (MOSH) study (Menzies School of Health Research);
- Getting it Right: validation of PHQ-9 Depression Tool (George Institute for Global Health);
- Alcohol Use in Pregnancy (Murdoch University); and,
- I Hear Beta (Menzies School of Health Research).

Internal research projects included the development of a Congress Client Feedback tool and a survey of all Congress members regarding their views on management of alcohol consumption. The results of the latter project were published on the Congress website at the end of the financial year.

#### Health Policy

Congress continued to play an integral role in the development of health policy and sector reform. This work is led by the CEO under the direction of the board and supported by the Chief Medical Officer Public Health. This reporting period, priority health policy topics included.

This reporting period, priority health policy topics included:

- Investment in Alcohol and other Drug treatment and support for Aboriginal people, with a particular focus on methamphetamines and calling for a volumetric tax on alcohol:
- Investment in early childhood as key to Closing the Gap by addressing intergenerational disadvantage and improving educational outcomes and subsequent employment including the introduction of a new Close the Gap Indicator concerning improvements in learning; and,
- Investment in housing for Aboriginal people, with the current state of the public housing sector posing significant barriers to health improvement for Aboriginal people.

During the year Congress engaged in significant policy work to ensure the ongoing funding of AOD treatment

services in Alice Springs. Funding was received for four (4) AOD positions as a result of a NT Aboriginal Health Forum (NTAHF) planning and needs analysis process. The additional funding, combined with funds received by NT DoH, has meant that Congress' town based AOD program will remain secure into the new financial year but there is still a need to secure more permanent funding.

Congress provided a submission to the Parliamentary Joint Committee on Law Enforcement Inquiry into Crystal Methamphetamine in December 2015 calling for national recognition of ice use as a health issue as opposed to a law enforcement issue, in order to encourage 'ice' users and their families to seek treatment. The submission advocated for appropriate law enforcement, investment in tackling disadvantage, equality, racism and culture as a protective factor, and the need for integrated treatment services for all drugs, including alcohol that combine medical care, psychological therapy, social and cultural support with intensive case management when needed.

Further to this, Congress Chief Medical Officer Public Health, Dr John Boffa and Health Services General Manager, Tracey Brand presented at the ICE and Central Australia: From Research to Practice

Forum, hosted by Central Australian Youth Link Up Service (CAYLUS).

Congress continued to participate on the Alice Springs Alcohol Reference Panel (ARP), lobbying for strategies that promote harm minimisation and safer consumption of alcohol. The Alice Springs Alcohol Management Plan was launched unchanged by the Minister in Alice Springs in March 2016. The plan provides a comprehensive response to alcohol. The Minister extended the appointment of the current members of the Alice Springs Reference Panel to enable them to meet and monitor the implementation of the plan over the next two (2) vears. There has been a commitment to provide the necessary data to the panel for it to be able to monitor alcohol sales, consumption and harm.

Congress made substantial progress on the guest to achieve funding for an Early Childhood Development Centre utilising the Abecedarian approach in Alice Springs. The Department of Education (DoE) committed to supporting the development of the centre and included this in its regional plan for Central Australia. DoE also advised that the Teppa Hill Preschool site would go out to tender and that Congress could consider this as a potential site



for the centre. PM&C also indicated its willingness to support the centre. In the end, given the number of government departments involved, strong leadership within government was provided by the head of the Indigenous Health Division which created an opportunity for Congress to provide a detailed submission for the proposed centre which resulted in an offer being made close to the end of the financial year.

At the invitation of the head of PM&C, Congress CEO, Donna Ah Chee and Chief Medical Officer Public Health, Dr John Boffa travelled to Canberra in September 2015 to present on key issues in Aboriginal health to departmental secretaries and first assistant secretaries in Indigenous and population health, indigenous affairs, drug strategy, mental health, social services, education and workforce development and training.

Some members of the Congress executive management also presented at a national syphilis and HIV workshop held in Brisbane in December on key performance indicators and on the need for intensive case management of HIV positive clients. At a subsequent Darwin workshop, AMSANT and Aboriginal community controlled health service (ACCHS) representatives called for urgent, coordinated action

from governments and Aboriginal primary health care services to effectively resource and respond to the current syphilis epidemic affecting more than 800 young people across Northern Australia and to implement evidence-based programs to reduce highly endemic rates of other curable STIs and increased HIV cases.

Congress accepted the invitation to participate on the NT Department of Attorney General and Justice's Safety is Everyone's Right Implementation Committee. Congress director, Ricky Mentha was nominated by the Board of Directors to represent Congress on the committee. The Safety is Everyone's Right Strategy is a comprehensive approach to tackling domestic violence in our community.

Congress continued to participate in a number of important coalitions that are advocating for significant policy changes. These include the Making Justice Work Coalition, the Early Childhood Coalition and the Peoples Alcohol Action Coalition. The CEO also continued to work on alcohol policy at the national level through her appointment on the Australian National Advisory Council on Alcohol and other Drugs (ANACAD).

Through the CEO, Congress contributed to the completion of the National Diabetes Strategy which contains a clear focus on the role of Aboriginal community controlled health services as well as the need for evidence based early childhood programs and, in remote communities, subsidised fresh fruit and vegetables for the primary prevention of diabetes.

Finally, Congress worked with AMSANT and APONT to address issues concerning Out of Home Care (OOHC). With nearly1000 Aboriginal children in the NT in OOHC as at the time of reporting this report, the system requires major reform in order to meet the complex needs of these children. Lack of support for kinship and foster carers has contributed to an over reliance on more expensive "professional" carers. The loss of Family Group Conferencing has also meant that there is not an effective system in place to ensure that kinship care is given priority in accordance with the national Aboriginal Child Placement policy. Effective solutions to these issues are being actively worked on and will remain a priority for next year.

During the reporting periods, the following papers were published or finalised:

- Aboriginal communities, alcohol related harm and the need for an evidence based approach Drug and Alcohol Review (September 2015), 34, 467–468 DOI: 10.1111/dar.12296 John Boffa, Dennis Gray, Donna Ah Chee;
- Case study of an Aboriginal Community Controlled Health Service in Australia: Universal, rights-based, publicly-funded comprehensive primary health care in action Toby Freeman, Fran Baum, Sara Javanparast, Angela Lawless, Ronald Labonté, David Sanders, John Boffa, Tahnia Edwards. Submitted for publication in the Journal of Health and Human Rights;
- Evaluation of an Intensive
   Family Support Service for
   Aboriginal families in Central
   Australia Leonie Segal, Ha
   Nguyen, John Boffa, submitted
   and accepted by the Australian
   Journal of Social Work; and,
- Towards an integrated model for child and family services in Central Australia Donna Ah Chee, John D Boffa and Edward Tilton Med J Aust 2016; 205 (1): 8. doi: 10.5694/mja16.00385.

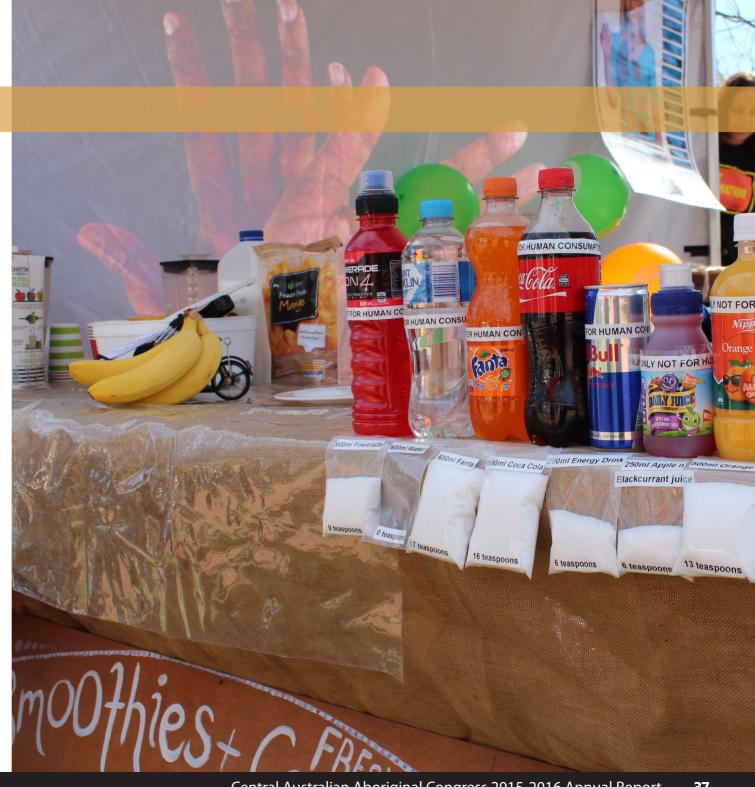
#### Health Promotion

Congress completed a major select tender for the refunding of its former Healthy Lifestyle and **Tobacco Cessation Program.** 

The new program is refined to reflect a specific focus on smoking cessation which was successful in most part Funding of \$1 million per year was assigned to establish a small Tobacco Health Promotion team within the Public Health Division consisting of two (2) staff as well as six (6) Tobacco Action workers to be based in town and remote clinics.

A Tobacco Health Promotion Coordinator was recruited in May 2016 along with a Tobacco Health Promotion Officer. This will greatly assist to lead health promotion and tobacco cessation activities into the new financial year.

In addition to this, the existing Aboriginal staff in the Community Health **Education Program have transferred** into this new section as the work they are doing in health education in schools and the community integrates very well with Tobacco Health Promotion.





#### Workforce Profile

As at 30 June 2016 Congress employed 312 staff in full-time, part time and casual roles.

Level	Summary of roles	Aboriginal	Non- Aboriginal	Total
Level 1-2	Entry level roles, drivers, cadetship	22	4	26
Level 3-5	Childcare, AHPs and admin levels	62	15	77
Level 6-7 Front line supervisors, experienced admin levels, new graduates RN and allied health		43	20	63
Level 8 and above	Management roles, team leader roles, GPs, tertiary qualified roles, allied health staff, experi- enced RNs	16	130	146
Total		143 (46%)	169 (54%)	312

Above: workforce headcount by equivalent salary level and Aboriginal and Non-Aboriginal staffing levels.

#### Workforce Engagement & Development

Workforce Engagement and Development is a focus area of the Congress Strategic Plan 2015-2018 and specifically sets out to addresses development needs of our Aboriginal workforce.

Congress also recognises the need to strengthen our internal foundation and in 2015 the Workforce Engagement and Development Plan was developed with all staff in mind recognising that our entire workforce needs to be committed to the plan for its objectives to be achieved.

The Aboriginal Staff Advisory
Committee continued to advise the
CEO and Human Resources into the
progress of initiatives of the Workforce
Engagement and Development Plan,
especially activities that put the focus
on career planning for Congress'
Aboriginal workforce, commitment
to cultural safety and competency for
the entire workforce and streamlining
Congress' recruitment processes.

Key aspects of the plan are a focus on formal education and professional development, an all-staff survey and a focus on strengthening Congress' recruitment practices. While there is a focus on training and study there is also scope within the

professional development plans to explore other job experiences such as secondments, leadership training and mentoring that can contribute to the achievement of our staff...

Key Workforce Engagement and Development Achievements for Congress in 2015/2016:

Strengthen recruitment practices by simplifying the applications process for candidates, increasing the number of applications from and appointments of Aboriginal people, shortening the process, introduction of e-recruitment system which will enable accurate reporting on time to fill and automate existing manual processes. Selection panel training was provided to 60 Congress staff to maximise the benefits of the new system and to align with Congress strategic recruitment objectives and best practice recruitment. Aboriginal Identified Positions were defined. used more broadly and consistently with aims of increasing opportunities available to Aboriginal people.

To promote the benefits and career opportunities Congress offers, Congress had a strong presence at the Careers Expo's in Darwin and Alice Springs.

New leadership appointments of six Aboriginal people to senior and middle level leadership roles:



#### Employee Relations

- One (1) Senior Manger;
- Two (2) Clinic Mangers across town and remote clinics;
- One (1) team leader; and,
- Two (2) acting appointments to leadership roles of greater than three (3) months.

Members of the Aboriginal Staff Advisory Committee upskilled staff in culturally appropriate service delivery by facilitating an in-house developed course to 104 new and existing Congress staff, which is compulsory for all new Congress staff, entitled 'Congress' Introduction to Central Australian Aboriginal Cultural Awareness Orientation Program'.

The Cadetship program was introduced to Congress in 2016 and resulted in the appointment of one Aboriginal person studying to be a psychologist.

The Traineeship program continued to attract high level of interest within the community, with one round attracting 65 applications from local Aboriginal people. Throughout the period eleven Aboriginal people were engaged in new and existing traineeship arrangements in areas including management, trainee Aboriginal health practitioner, records management, early childhood education, dental assistant, human resources, administration,

tobacco health promotion, alcohol and other drugs case work.

The Aboriginal Health Practitioner training program was reviewed in 2015 and subsequently a memorandum of understanding was signed with Bachelor Institute of Indigenous Tertiary Education to deliver the Certificate IV Aboriginal and Torres Strait Islander Primary Health Care qualification supported by Congress to host up to 10 students across remote and Alice Springs based clinics, through clinical placement, supported by two Congress educators. Eight existing participants in the Congress training program were transferred to the new arrangements.

Study Support was provided to 14 Aboriginal staff to commence or continue to undertake formal studies at diploma or higher level including persons undertaking:

- Bachelor of Nursing
- Bachelor of Business Management
- Postgraduate Management Qualifications
- Bachelor of Health Sciences
- Bachelor of Social Work
- Diploma of Aboriginal and Torres
   Strait Islander Primary Health Care
- Diploma of Alcohol and Other Drugs
- Diploma of Management

Terms and conditions of Congress' employees are determined by an Enterprise Agreement made under the Fair Work Act 2009.

Central Australian Aboriginal Congress Aboriginal Corporation Enterprise Agreement 2014-2017 commenced in January 2015 and has a nominal expiry date of 30 June 2017.

During the reporting period Congress undertook an organisation wide review of remuneration levels and accompanying classification descriptors which included a benchmarking with other organisations and has resulted in greater consistency in assigning salary levels to roles, and the ability for Congress to offer market competitive salaries and benefits.

#### Workplace Health & Safety

Congress recognises its obligations to meet legislative requirements, in particular the Work Health And Safety (National Uniform Legislation) Act (NT), with the intention of promoting safe and healthy work environments for all individuals who are influenced by its business.

#### Congress is committed to:

- Implementing a governance framework that delivers compliance with all relevant health and safety legislation and other requirements relevant to Congress' activities;
- Providing a safe and healthy workplace free from injury and illness;
- Eliminating or minimising the risk of workplace incidents and injuries;
- Providing a framework for continuous improvement of a Work Health and Safety Management System;
- Reinforcing a culture of safe work practices in the workplace;
- Defining health and safety expectations, accountabilities, responsibilities, obligations and duties to all stakeholders;
- Reducing the cost of injury or illness to the business;

- Returning injured employees to the workforce at the earliest opportunity; and
- Providing fair and effective workplace representation, consultation, cooperation and issue resolution in relation to work health and safety.

Remote Worker Safety Review

In 2016 Congress commenced a review if its outreach, remote and isolated worker safety arrangements. Congress will continue to work with staff at remote clinics, communities and other affected groups of workers to continue to implement the recommendations. Key recommendations and actions undertaken include:

change to on-call rostering arrangements: Relevant Congress policies and procedures are being reviewed and amended to require rostering of a second staff member for all on-call work, the implementation of a monitoring process for call-in/out work and formalising safety practices including access to local and community resources. Interim arrangements at our on-call sites have been implemented at on-call sites.

- Investigate improved duress alarm/ monitoring facilities: Congress has committed to improve procedures for testing clinic duress alarms and a monitoring system for call-outs. Clinic duress alarms, where needed, will be upgraded along with provision of additional satellite phones and training.
- Security of facilities: Many remote properties have had their security upgraded during the reporting period or is schedule to take place over the next few months, with a particular focus on lighting, Crimsafe and fencing. Maintenance issues have been prioritised by safety risk.
- Increasing awareness amongst staff on: Staff were provided with additional information about raising maintenance requests, risk reporting, raising maintenance requests and Clinic Managers undertook WHS training health and safety representative, raising maintenance requests and recording incidents in Riskman.

Work Health and Safety: Consultation and Reportable Matters

Congress continued to meet its obligations under the Work Health And Safety (National Uniform Legislation) Act (NT). Congress has systems for reporting, monitoring and managing safety incidents and consultative arrangements in place, including a Work Health and Safety Committee.

Dates for Work Health and Safety Committee meetings

- September 2015
- November 2015
- March 2016
- June 2016

Key Work Health and Safety Achievements in 2015-2016:

- WHS for Officers training provided to Congress board members;
- WHS for Officers provided to Congress Executive Managers;
- Remote Worker Safety review and commencement of action plan;
- There were no provisional improvement notices issued under Section 90 of the Work Health and Safety (National Uniform Legislation) Act (NT); and,
- There were no reportable incidents made to the regulator under Section 35 of the Work Health and Safety (National Uniform Legislation) Act (NT).



This financial year, key areas of focus for the division were to establish processes for reporting on all financial and non-financial key performance indicators; implement systems introduced at the end of the previous financial year, and continue to review all current processes to achieve continuous quality improvement.

During the year, services provided by Business Services Division were strengthened by a relocation of all business services to a single premise. The relocation from the WestPoint Building to Congress Priest Street also assisted to realise significant savings (\$425,000 per annum) for the corporation.

The 2015/16 financial year marked a number of significant achievements within the Business Services Division, these are listed below:

#### Strategic Developments

A number of key initiatives have been completed in the last year, including:

The Building and Facility Review:

 This work triggered a revamp of a number of key facilities including four (4) clinics, five (5) residential premises and a large number of other improvements.

- The review also triggered a renegotiation and surrendering of leases saving over \$560,000 per annum.
- The aim of the plan is to consolidate existing leases into one (1) consolidated premises in the 2016/17 financial year.

The Pharmacy Business Plan and Application:

- Considerable work has been put into preparing a comprehensive business plan and application for a Congress owned pharmacy.
- The application has been lodged with the NT Health Minister.

#### Finance

During the financial year, a major focus for the team was to improve financial reporting to meet monthly and upcoming reporting obligations. The finalisation of an effective grant funding compliance register, accompanied with very regular reporting assisted in this regard.

A major accomplishment for the finance team was the implementation of an electronic purchase order system, IPOS. As a result, purchase orders are now raised electronically resulting in greater visibility and transparency in

purchasing and reporting on purchases assisting to inform procurement tenders among other benefits.

As at the end of the financial year, Congress is at the stage of finalising an asset management system, recording and barcoding all Congress assets in order to develop a system to ensure regular maintenance and timely replacement of assets.

Work is also in progress to implement a new biometric payroll scanning system to automate a large portion of the timesheet checking and importation process.

Work on the procurement policy and re-tendering insurance contracts resulted in significant ongoing savings.

#### **Quality and Risk**

The financial year was marked by significant improvements to service quality and controlling organisational risk.

An automated web-based risk incident system, RiskMan, was implemented in October 2015 following a trial period in the previous financial year. The system has enabled Congress to record and track the management of incidents. A risk register was established to support the administration of Congress'

Risk Management Framework.

During the year, Congress became certified against AS/ANZ ISO 9001:2008 (Quality Management System) Standards. The certification is accredited by the Joint Accreditation System of Australia and New Zealand (JAZ-ANZ) through Institute for Healthy Communities Australia (IHCA) Certification Pty Ltd and confirms Congress' commitment to continuous quality improvement and customer satisfaction.

Compliance with the AS/ANZ ISO standards required a review of all policies and procedures, quality management system development, a management system documentation review and pre-audit, initial assessment and clearance of all nonconformances. The process culminated in a comprehensive registration audit carried out by IHCA in December 2015.

IHCA will perform annual surveillance audits to ensure continued compliance to the ISO standard and to assess Congress initiatives for continued quality improvement.

This certification builds on Congress' existing Australian General Practice Accreditation Limited (AGPAL) accreditation, which provides

general practice performance assurance at the highest level.

#### Information and Communication Technology (ICT)

During the year, the IT team upgraded Congress' Wide Area Network (WAN) - the series of links connecting all Congress sites. The upgrade of remote site links has resulted in a more reliable and stable network required to access services that have, until now, only been available to urban sites.

The IT team also commenced rolling out video conferencing facilities and a new IP telephony system to urban and remote sites, made possible by the network upgrade. The existing telephony contract was also renegotiated making significant ongoing savings.

After extensive assessment and negotiations, Congress reappointed Amcom, its existing carrier for urban sites, to provide the network infrastructure across all sites including remote sites. Congress' existing network partner, Equard, was reappointed to manage the network.

A three (3) year IT strategic plan was developed and adopted by the Congress Board of Directors. The plan sets a number of key priorities including:

- Develop and implement the ICT Strategic Plan;
- Strengthen IT team's capacity to deliver quality services and align internal processes with best practice;
- Review and rationalise server and network architecture and align with best practice principles to improve efficiency, redundancy and data integrity, reduce costs;
- Review and rationalise end user devices and software to reduce costs and improve support;
- Review and rationalise fixed and mobile telephony systems and implement best-practice model to reduce costs, improve flexibility and ensure security;
- Adoption of wireless communications technology and video collaboration to reduce travel costs and enable workforce accessibility and mobility;
- Review security of IT systems and processes and align with best-practice principles.

#### Assets & Maintenance

During the financial year, the maintenance and assets team were critical in overseeing the development and renovation of four (4) clinics within the Congress network, including a

major upgrade of the Mutitjulu Clinic, an upgrade of the Men's Clinic in Ntaria, and in managing the development stage of the set-up of two (2) new clinics; the Sadadeen and Larapinta Satellite Clinics, expected to open in August of the new financial year.

Further, significant upgrades in remote sites were completed, including the renovation of four (4) units at Ntaria, fencing upgrades, lighting upgrades and the installation of Crimsafe at all other remote sites. The house in Newland Street was renovated, allowing our Ballingal Street house lease to be surrendered, which resulted in recurring savings.

During the year, capacity was enhanced with the recruitment of an Assets
Team Leader and Maintenance Officer.
The Assets Team Leader has a strong focus on improving the standard of Congress' town and remote facilities including a cyclical R&M schedule.

During this year, the Leichhardt Terrace lease was renegotiated and savings of \$120,000 per annum were made.

#### **Records & Information Management**

Congress' Records and Information Management team is responsible for controlling all information and records needed and used in the normal course of the organisation's business, to comply with economic, legal, fiscal, risk-management, and competitive values and requirements.

Due to the importance of record control, the Record and Information Manager delivered privacy and confidentiality training to all new staff as a key part of orientation.

During the year, a TRIM upgrade went to tender for the first time. The successful tenderer was WyldLynx. The software was upgraded from version 8.01 to 8.3, with all work completed remotely.

Major projects included completing the SharePoint Controlled Document Register and building the SharePoint Intranet ready for testing in preparation for ISO9001:2008 and AGPAL accreditation.

During the year, Congress recruited a Records Trainee which has assisted to improve mail and electronic archive administration.

Two major projects to be carried out in the new financial year include; the implementation of the Mail Management Procedure i.e. all incoming and outgoing Congress mail records will be captured into HPE Records Manager and, the transfer of all electronic records into HPE Records Manager.

#### Communications

The communication team assists
Congress to communicate its policy
positions, to fulfil its advocacy
obligations and act as a voice
for the health and wellbeing of
Aboriginal people, and to engage
community in health service delivery
assisting to improve access through
improved understanding.

Communication activities focus on key issues impacting on the health and wellbeing of Aboriginal people as highlighted in the Public Health Division Report and include media engagement, participation in and management of public events, and all promotional activity.

Congress hosted a number of community events to commemorate days of significance to Aboriginal people as well as the national health calendar, with the aim to strengthen relationships with community, improve understanding about services provided by Congress and other local agencies and to promote key health and advocacy messages. These included; NAIDOC day, NATSI Children's Day and the Jean Hailes Women's Health Week. Congress also participated in the Alice Springs NAIDOC Committee, the Tangentyere Community Day and White Ribbon Day events.

Throughout the year, Congress engaged with local and national media to participate in a range of debates of key concern to Aboriginal health and wellbeing. Key messages promoted by Congress included:

- The need for action against societal and institutional racism, highlighting racism as a barrier to health improvement.
- The need for adequate and appropriate childcare services in remote Australia, in particular, following the closure of three remote childcare centres in the region of the Central Desert Regional Council in August 2015.
- The need for 'Ice' use in the Aboriginal community to be approached as a health issue as opposed to a law enforcement problem.
- The need for an independent review of housing to support effective Aboriginal community controlled providers, following the outsourcing of management to commercial providers.

- The need for appropriate public health taxes and subsidies derived from taxes to address obesity and diabetes rates and to support affordable, healthy food options.
- The need for investment in key evidence based programs that support critical early years, from birth to age three.

#### 2015/2016 Financial Statements

Your Directors present this report on the corporation for the financial year ended 30 June 2016.

#### 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 indigenous community health service. This activity includes the provision of a primary health care service, but also incorporates mental health services, drug and 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 improve 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:

- The quality of the service and facilities provided to 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

There were five (5) meetings of the board of directors held during the year.

Name of director	Period of tenure	Qualifications, experience and special responsibilities	Meetings attended
William Tilmouth	1 July 2015 – 30 June 2016	Chairperson	5
Donna McMasters	1 July 2015 – 27 November 2015	Board Member	1
Joseph Hayes	1 July 2015 – 30 June 2016	Board Member	5
Louis Miller	1 July 2015 – 27 November 2015	Board Member	1
Chanston Paech	1 July 2015 – 30 June 2016	Board Member	3
Dawn Ross	1 July 2015 – 18 September 2015	Board Member	0
Roseanne Healy	1 July 2015 – 30 June 2016	Company Secretary	5
Mark Wenitong	1 July 2015 – 30 June 2016	External Governance	3
Steven Rossingh	1 July 2015 – 30 June 2016	External Governance	5
Graham Dowling	1 July 2015 – 27 November 2015	External Governance	0
Graham Dowling	28 November 2015 – 30 June 2016	Board Member	3
Ricky Mentha	28 November 2015 – 30 June 2016	Board Member	3
Marjorie Lindner	15 March 2016 – 30 June 2016	Board Member	1

Above: Director attendance at board meetings.

#### **Board Committees**

During the year, there were six (6) meetings of the Finance, Risk & Audit Subcommittee, four (4) meetings of the Clinics Subcommittee, seven (7) meetings of the Governance Subcommittee, five (5) meetings of the Research Subcommittee, three (3) meetings of the Human Resources Subcommittee, one (1) meeting of the Male Health subcommittee and one (1) meeting of the Women's Health Subcommittee.

#### Secretary

The corporation secretary is Ms. Roseanne Healy.

#### 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

6 October 2016

Name of Director	Finance, Risk & Audit Subcommittee	Clinics Subcommittee	Research Subcommittee	Governance Subcommittee	Human Resources Subcommittee	Male Health Subcommittee	Women's Health Subcommittee
William Tilmouth	6	4	5	5	3	1	
Donna McMasters		1					
Joseph Hayes						1	
Louis Miller							
Chanston Paech	3	3					
Dawn Ross							
Roseanne Healy			2	7			
Mark Wenitong							
Steven Rossingh	5			5			
Graham Dowling	1	1		1	2		
Ricky Mentha			5	1			
Marjorie Lindner							1

Above: Director attendance at subcommittee meetings.



RSM AustraliaPty Ltd

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# **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 2016, I declare that, to the best of my knowledge and belief, there have been no contraventions of:

- the auditor independence requirements of the Corporations (Aboriginal and Torres Strait Islanders) Act 2006 in relation to the audit, and  $\equiv$
- (ii) any applicable code of professional conduct in relation to the audit.

RSM AUSTRALIA PTY LTD Chartered Accountants

R MILLER Director

Canberra, Australian Capital Territory Dated: 7th October 2016

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RSM Australia Pry Ltd ACN 009 321377 at Birdanto Practice Trust ABN 65 319382 479 trading as RSM Llab fitty Timited by a scheme approved under Professional Standards Legislation

#### Statement of Profit and Loss & Statement of Financial Position Other Comprehensive Income

#### 2016 2015 Ś Ś Notes Grants and contributions provided 2 35,427,800 34,102,961 3 4,748,162 4,758,862 Medicare and practice incentive payment income Investment income 4 513,320 466,129 Other operating revenues 5 562,713 802,836 Net gain on disposal of assets 30,000 11,388 41,281,995 40,142,176 **OPERATING EXPENSES** 28,561,481 Employee benefits expense 6 27,827,297 3,675 8,667 Interest charges 509,258 Depreciation and amortisation 15,16 857,490 7 Medical supplies and program expenses 3,591,912 3,303,149 Motor vehicle and travel expenses 8 1,820,249 1,915,044 9 Rent and occupancy expenses 2,674,773 2,819,022 10 Minor equipment expenditure 491,564 270,014 11 2,643,330 2,412,318 Other operating expenses 39,910,290 39,798,953 SURPLUS (DEFICIT) FOR THE YEAR 1,371,705 343,223 Other Comphrehensive Income TOTAL COMPREHENSIVE INCOME 1,371,705 343,223

		2016	2015
	Notes	\$	\$
CURRENT ASSETS			
Cash and cash equivalents	12	18,439,292	19,243,691
Other current assets	13	45,342	41,592
Trade and other receivables	14	659,952	567,371
TOTAL CURRENT ASSETS		19,144,586	19,852,654
NON CURRENT ASSETS			
Property, plant and equipment	15	6,407,903	5,204,049
Intangible assets	16	223,312	198,028
TOTAL NON CURRENT ASSETS		6,631,215	5,402,077
TOTAL ASSETS		25,775,801	25,254,731
CURRENT LIABILITIES			
Trade and other payables	17	1,959,688	1,619,850
Employee benefits	18	3,429,767	3,410,764
Grants received in advance	19	620,520	809,000
Unexpended grants	21	3,142,575	4,168,978
		9,152,550	10,008,592
NON CURRENT LIABILITIES			
Employee benefits	18	523,084	517,676
TOTAL NON CURRENT LIABILITIES		523,084	517,676
TOTAL LIABILITIES		9,675,634	10,526,268
NET ASSETS		16,100,167	14,728,462
EQUITY	$\perp$		
Accumulated funds		3,171,974	1,894,565
Reserve Funds		12,928,193	12,833,897
	<u> </u>	16,100,167	14,728,462

#### Statement of Changes in Equity Statement of Cash Flows

	Accumulated surpluses	Medicare reserves	Asset reserves	Total
	\$	\$	\$	\$
Balances at the beginning of the previous year	1,518,414	4,006,096	8,860,728	14,385,238
Transfers to/from reserves from accumulated surplusses	32,928	570,232	(603,159)	-
Total comprehensive income for the year	343,223	-	-	343,223
Balances at the beginning of the previous year	1,894,565	4,576,328	8,257,569	14,728,462
Transfers to/from reserves from accumulated surplusses	(94,296)	648,375	(554,079)	-
Total comprehensive income for the year	1,371,705	-	1	1,371,705
Balances at the end of the current year	3,171,974	5,224,703	7,703,490	16,100,167

		2016	2015
	Notes	\$	\$
CASH FLOWS FROM OPERATING ACTIVITIES			
Payments			
Employee costs		(27,802,886)	(27,705,151)
Materials, contracts and other costs		(11,660,740)	(11,013,568)
Interest paid		(3,675)	(8,667)
Receipts			
Receipts from activities		5,218,357	6,448,257
Interest received		524,646	461,974
		34,201,529	33,675,329
Net cash provided (used) by operating activities		477,231	1,858,174
CASH FLOWS FROM INVESTING ACTIVITIES			
Payments for property, plant and equipment		(1,946,361)	(506,922)
Payments for intangibles		(140,268)	(33,036)
Proceeds on sale of assets		30,000	-
Net cash used in investing activities		(2,056,630)	(539,958)
CASH FLOWS FROM FINANCING ACTIVITIES			
Capital grants received		775,000	281,000
Net cash provided (used) by financing activities		775,000	281,000
Net increase (decrease) in cash held		(804,399)	1,599,216
Cash at beginning of the year		19,243,691	17,644,475
Cash at end of the year	12	18,439,292	19,243,691

#### Notes to the Financial Statements

#### Introduction

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

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

25 Gap Road Alice Springs NT 0870

Operations and principle activities

As an Aboriginal community controlled health organisation, Central Australian Aboriginal Congress Aboriginal Corporation holds a vision of "All Central Australian residents enjoy the same level of health". To achieve this goal, we shall look to improve the health of our community by providing high quality comprehensive primary health care.

Our corporation inspiration remains "Aboriginal health in Aboriginal hands".

The main service, programs and project areas conducted throughout the year were:

- clinical services (Alice Springs and remote)
- male health & wellbeing
- women & children's health & wellbeing
- · eye & ear health
- · youth services
- sexual health
- counselling and support services

#### 1. Statement of significant accounting policies

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

a. Basis of preparation

The financial statements are general purpose financial statements that have been prepared in accordance with Australian Accounting Standards (including Australian Accounting Standards - Reduced Disclosure Requirements and Interpretations issued by the Australian Accounting Standards

Board), the Australian Charities and Not-for-profits Commission Act 2012 and Corporations (Aboriginal and Torres Strait Islander) Act 2006.

The corporation is a not for profit entity for reporting purposes under Australian Accounting Standards.

New, revised or amended Accounting Standards and Interpretations adopted

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

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

#### Currency

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

Historical cost convention

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

Critical accounting estimates

The preparation of financial statements in conformity with Australian Accounting

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

b. Revenue recognition policy

Revenue recognition for grant and donation income received is carried out on the following basis:

i. It is probable that grant funding will be used for the designated purpose;

ii. Control has been obtained over the grant income; and,

iii. The grant income is measurable.

Grant income that meets the above revenue recognition criteria is recorded as income in the year of receipt. A

liability is recognised when there is a present obligation to repay unspent grant funds.

The Directors have determined that a present obligation arises where the funding agreement specifically states that unspent grant funds must be repaid and the Corporation has not received permission from the funding body to carry forward unspent grant funds to the next reporting period.

All other project related income is fully recognised in the year of receipt.

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

#### c. Employee benefits

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

#### d. Superannuation

Employee superannuation entitlements are principallyprovided through HESTA and Australian Retirement Fund. On 26 January 2015, a new Enterprise Agreement came into effect which now provides employees with open choice of the fund they wish to contribute theirsuperannuation entitlements to. Central Australian Aboriginal Congress Aboriginal Corporation pays 9.5% of an employee's salary as per the compulsory superannuation guarantee levy.

#### e. Employees

Number of Employees	2016	2015
Full Time Equivalent Employees	265	257
Number of Employees	312	297

#### f. Income tax

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

#### g. Goods and services tax

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

i. Where the amount of GST incurred is not recoverable from the taxation authority, it is recognised as part of the cost of acquisition of an asset or as part of an item of expense; or

ii.For receivables and payables which are recognised exclusive of GST. The net amount of GST recoverable from, or payable to, the taxation authority is excluded as part of the receivables or payables.

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

#### h. Fixed assets

#### Land

Land is valued at cost. Independent valuations are periodically performed to ensure the carrying value is not greater than the realisable value of the asset. The last independent valuation was performed in 2015 by Integrated Valuation Services (NT). Each year, management will exercise their discretion to determine whether there has been any movement in property values to ensure any significant decreases in value are not overlooked.

#### Property, plant and equipment

Plant and equipment is stated at cost less accumulated depreciation and any accumulated impairment losses.

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

	2016	2015
Buildings	10-20 years	10-20 years
Plant and Equipment	5-10 years	5 -10 years
Motor Vehicles	3-5 years	3 -5 years
Computer Software	3 years	3 years

#### i. Impairment of assets

Central Australian Aboriginal Congress Aboriginal Corporation value the recoverable amount of plant and equipment at the equivalent to its depreciated replacement cost. An impairment exists when the carrying value of an asset exceeds its estimated recoverable amount. Impairment losses are recognised in the income statement unless the asset has previously been revalued, when the impairment loss will be treated as a revaluation decrement.

#### j. Trade and other payables

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

#### k. Cash and cash equivalents

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

#### I. Commitments

Commitments are recognised when the Corporation has a legal or constructive obligation, as a result of past events, for which it is probable that an outflow of economic benefits will result and that an outflow can be reliably measured. Commitments recognised represent the best estimate of the amounts required to settle the obligation at reporting date.

#### m. Operating leases

Lease payments for operating leases, where substantially all the risks and benefits remain with the lessor, are recognised as an expense in the income statement on a straight-line basis over the term of the lease.

n. Nature and purpose of reserves

Asset replacement reserve

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

Medicare reserve

The medicare reserve is to record funds from medicare receipts retained at balance date for later use in primary health care programs. o. Comparative amount disclosures

These 2016 Financial Statements have seen a significant change in the level of detail disclosed. As a result of these changes, many of the comparative amounts for 2015 have either required adjusting or in some cases have never been previously disclosed. More detail has been provided in Note 27.

p. Financial instruments

*Initial recognition and measurement* 

Financial assets and financial liabilities are recognised when the entity becomes a party to the contractual provisions of the instrument. For financial assets, this is the equivalent to the date that the Corporation commits itself to either the purchase or sale of the asset (i.e. trade date accounting is adopted). Financial instruments are initially measured at cost on trade date, which includes transaction costs, when the related contractual rights or obligations exist. Subsequent to initial recognition these instruments are measured as set out below.

Classification and subsequent measurement

Financial instruments are subsequently measured at either of fair value, amortised cost using the effective interest rate method, or cost. Fair value represents the amount for which an asset could be exchanged or a liability settled, between knowledgeable and / or willing parties.

Where available, quoted prices in an active market are used to determine fair value. In other circumstances, valuation techniques are adopted.

Amortised cost is calculated as:

a. the amount at which the financial asset or financial liability is measured at initial recognition;

b. less principal repayments;

c. plus or minus the cumulative amortisation of the difference, if any, between the amount initially recognised; d. the maturity amount calculated using the effective interest method; and, e. less any reduction for impairment.

The effective interest method is used to allocate interest income or interest expense over the relevant period and is equivalent to the rate that exactly discounts estimated future cash payments or receipts (including fees, transaction costs and other premiums or discounts) through the expected life (or when this cannot be reliably predicted, the contractual term) of the financial instrument to the net carrying amount of the financial asset or financial liability.

Revisions to expected future net cash flows will necessitate an adjustment to the carrying value with a consequential recognition of an income or expense in profit or loss. The Corporation does not designate any interest as being subject to the requirements of accounting standards specifically applicable to financial instruments.

(i) Financial assets at fair value through profit or loss

Financial assets are classified at 'fair value through profit or loss' when they are either held for trading for the purpose of short-term profit taking, derivatives not held for hedging purposes, or when they are designated as such to avoid an accounting mismatch or to enable performance evaluation where a group of financial assets is managed by key management personnel on a fair value basis in accordance with a documented risk management or investment strategy. Such assets are subsequently measured at fair value with changes in carrying value being included in profit or loss.

(ii) Loans and receivables

Loans and receivables are nonderivative financial assets with fixed or determinable payments that are not quoted in an active market and are subsequently measured at amortised cost.

Loans and receivables are included in current assets, except for those which are not expected to mature within 12 months after the end of the reporting period.

All other loans and receivables are classified as non-current assets.

(iii) Held-to-maturity investments

Held-to-maturity investments are nonderivative financial assets that have fixed maturities and fixed or determinable payments, and it is the Corporation's intention to hold these investments to maturity. They are subsequently measured at amortised cost.

Held-to-maturity investments are included in non-current assets, except for those which are expected to mature within 12 months are the end of the reporting period (all other investments are classified as current assets).

If during the period the Corporation sold or reclassified more than an insignificant amount of the held-to-maturity investments before maturity, the entire held-to-maturity investments category would be tainted and reclassified as available-for-sale.

2	Grants and Contributions Provided	2016	2015
	Australian Government Financial Assistance	\$	\$
	Department of Health	23,884,797	22,839,907
	Department of Social Services	940,873	1,242,559
	Department of Prime Minister and Cabinet	3,023,470	1,389,481
	Department of Education and Training	616,686	-
	Total Australian Government Finacial Assistance	28,465,826	25,471,948
	Northern Territory Government Financial Assistance		
	Department of Health	1,779,922	3,353,534
	Department of Children and Families	844,487	1,916,850
	Department of the Chief Minister	289,925	-
	Total Northern Territory Government Financial Assistance	2,914,334	5,270,384
	Other Financial Assistance		
	Northern Territory General Practice Education Ltd	1,197,771	886,641
	Northern Territory PHN	1,596,792	1,424,722
	headspace	812,716	781,527
	Other grants	440,361	267,737
	Total Other Financial Assistance	4,047,640	3,360,627
3	Medicare Income and Practice Incentive Payments		
	Medicare Income	3,940,769	3,738,073
	Practice Incentive Payments	807,393	1,020,789
	Total Medicare Income and Practice Incentive Payments	4,748,162	4,758,862
4	Investment Income		
	Interest Income	513,320	466,129
	Total Investment Income	513,320	466,129
5	Other Operating Revenues		
	Fees received	442,252	736,671
	Rent received	31,560	35,875
	Other receipts	88,901	30,290
	Total Other Operating Revenues	562,713	802,836

6	Employee Benefits Expense	2016	2015
	Fringe benefits tax	(7,306)	79,543
	Salaries	24,586,167	25,017,335
	Superannuation	2,032,744	2,040,190
	Workcover insurance	609,422	673,104
	Income protection insurance	286,383	363,359
	Employee recruitment and relocation	73,391	173,501
	Employee training and development	246,496	214,449
	Total Employee Benefits Expense	27,827,297	28,561,481
	Note: Fringe benefits tax expense significantly reduced due to contraction of vehicle		

Note: Fringe benefits tax expense significantly reduced due to contraction of vehicle
availability and resulting refund has offset 2016 expense.

7	Medical Supplies and Program Expenses			
	Contract staff	2,017,746	1,823,188	
	Equipment maintenance	279,481	151,078	
	Medical supplies	608,782	461,625	
	Program consumables	266,239	454,445	
	Meeting expenses	32,820	46,067	
	Communicare licence and other subscriptions	386,844	366,746	
	Total Medical Supplies and Program Expenses	3,591,912	3,303,149	

8	Motor Vehicle and Travel Expenses		
	Motor vehicle - fuel and oil	205,733	247,143
	Motor vehicle - repairs and maintenance	164,167	207,669
	Motor vehicle - leasing	811,507	788,562
	Motor vehicle - insurance and registration	127,269	123,099
	Motor vehicle - hire	10,148	7,661
	Travel - fares and accommodation	350,126	355,691
	Travel allowance	151,299	185,219
	Total Motor Vehicle and Travel Expenses	1,820,249	1,915,044

9	Rent and Occupancy Expenses	2016	2015
	Rent and rates	1,131,264	1,405,453
	Electricity, water and gas	479,034	452,106
	Cleaning	554,472	564,581
	Maintenance to buildings	322,833	254,739
	Security	111,926	56,496
	Waste management	75,244	85,647
	Total Rent and Occupancy Expenses	2,674,773	2,819,022

	10	Minor Equipment Expenditure		
		Buildings	138,476	(28,494)
		Office furniture and equipment	81,297	37,423
		Computers	184,232	179,069
		Plant and equipment	87,559	82,016
		Total Minor Equipment Expenditure	491,564	270,014
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Note: Buildings 2015 disclosure includes a correction of some items expended in 2014 year

11	Other Operating Expenses		
	Computers, communications and technology	712,587	507,707
	Equipment leasing	288,840	331,065
	Insurances	157,861	196,536
	Telecommunications costs	365,447	386,189
	Consultanting	420,066	421,619
	Advertising and promotion	321,313	191,868
	Administrative costs	214,978	195,163
	Sundry expenses	162,238	182,171
	Total Other Operating Expenses	2,643,330	2,412,318

12	Cash and Cash Equivalents	2016	2015
	Cash on hand	4,000	5,250
	Cash at bank	6,435,292	7,238,441
	Cash on investment	12,000,000	12,000,000
	Total Cash and Cash Equivalents	18,439,292	19,243,691
13	Other Current Assets		
	Bonds paid	45,342	41,592
	Total Other Current Assets	45,342	41,592
14	Trade and Other Receivables		
	Trade debtors	685,295	608,209
	Provision for impairment	(25,343)	(40,838)
	Total Trade and Other Receivables	659,952	567,371
	Note: Trade receivables are non-interest bear day terms and are expected to be settled wit		
	Movement in provision for impairment		
	Balance at the beginning of the year	(40,838)	(158,175)
	Charge for the year	15,495	117,337
	Balance at the end of the year	(25,343)	(40,838)

15	Property, Plant & Equipment						
		Land and Buildings	Motor Vehicles	Office Equipment	Office Furniture	Plant and Equipment	Total
		\$	\$	\$	\$		\$
	Balance at start of prior year	9,309,887	1,176,498	1,227,370	382,266	1,527,074	13,623,095
	Additions	83,997	36,364	-	-	177,068	297,429
	Work in progress	209,494			-	-	209,494
	Disposals	-	-	(838,100)	(150,622)	(1,085,721)	(2,074,443)
	Balance at end of prior year	9,603,378	1,212,862	389,270	231,644	618,421	12,055,575
	Additions	1,260,206	100,917	-	-	99,234	1,460,357
	Work in progress	404,677		29,096		52,231	48,6004
	Disposals	-	(739,697)	-	-	-	(739,697)
	Balance at end of current year	11,268,261	574,082	418,366	231,644	769,886	13,262,239
	Accumulated depreciation						
	Balance at start of prior year	4,534,893	1,160,384	1,040,558	343,083	1,424,183	8,503,101
	Charge for the year	250,615	24,193	77,860	18,697	51,504	422,869
	Accumulated on disposals	-	-	(838,100)	(150,622)	(1,085,721)	(2,074,443)
	Balance at end of prior year	4,785,508	1,184,577	280,318	211,158	389,966	6,851,527
	Charge for the year	557,202	20,821	65,323	15,432	83,729	742,506
	Accumulated on disposals	-	(739,697)	-	-	-	(739,697)
	Balance at end of current year	5,342,710	465,702	345,641	226,590	473,695	6,854,336
	Net Book Value						
	Balance at start of current year	4,817,870	28,285	108,952	20,486	228,455	5,204,048
	Balance at end of current year	5,925,551	108,380	72,725	5,054	296,192	6,407,903

16	Intangible Assets	
		Computer Software
	Gross Carrying Amount	
	Balance at start of prior year	251,382
	Additions	33,036
	Disposals	-
	Balance at end of prior year	284,418
	Additions	80,068
	Work in Progress	60,200
	Disposals	
	Balance at end of current year	424,686
	Accumulated Depreciation	
	Balance at start of prior year	-
	Charge for the year	86,390
	Accumulated on disposals	-
	Balance at end of prior year	86,390
	Charge for the year	114,984
	Accumulated on disposals	-
	Balance at end of current year	201,374
	Net Book Value	
	Balance at start of current year	198,028
	Balance at end of current year	223,312

17	Trade and other creditors	2016	2015
	Trade and other creditors	2,021,024	1,571,011
	GST/FBT payable	(61,336)	48,839
		1,959,688	1,619,850
18	Employee benefits		
	Current Liabilities:		
	Annual leave	1,847,059	1,643,235
	Long service leave	1,269,919	1,258,721
	Accrued Salary & Wages	312,789	508,808
	Total Current Liabilities:	3,429,767	3,410,764
	Non Current Liabilities:		
	Long service leave	523,084	517,676
	Total Non Current Liabilities:	523,084	517,676
		3,952,851	3,928,440
19	Grants received in advance		
	Advanced receipts for programs to be conducted in the following Financial Year are as follows:		
	- Department of Prime Minister & Cabinet	-	799,000
	- Commonwealth Department of Health	363,636	-
	- Northern Territory Government	180,084	10,000
	- Other	76,800	-
		620,520	809,000

20	Operating leases		
	a. Vehicle Operating Leases		
	Payable within 12 months	612,733	688,692
	Payable 12 months to 5 years	381,804	671,376
		994,537	1,360,068

The motor vehicle lease commitments are non-cancellable operating leases contracted generally for a 3 year term. No capital commitments exist with regards to the lease commitments at year end. Lease payments are constant throughout the term of the lease.

b. Equipment Operating Leases		
Payable within 12 months	276,466	207,658
Payable 12 months to 5 years	110,893	188,352
	387,359	396,010

The equipment lease commitments are non-cancellable operating leases contracted generally for a 3 year term. No capital commitments exist with regards to the lease commitments at year end. Lease payments are constant throughout the term of the lease.

c. Premises Operating Leases		
Payable within 12 months	925,466	1,007,571
Payable 12 months to 5 years	459,645	278,628
	1,385,111	1,286,199

The premises lease commitments are non-cancellable operating leases contracted generally for a 5 year term. As at 30 June 2016, two leases have expired and are operating on a monthly tenancy and one was due to expire on 31 July 2016. For the expired leases, we have included 12 months of the current arrangement in the disclosures above, whilst the lease that expired on 31 July 2016 was renewed for a period of 12 months so this period has been included in the disclosures. No capital commitments exist with regards to the lease commitments at year end. Lease payments are constant throughout the term of the lease.

21	Statement of unexpended grants	2016	2015		
	Grants and contributions received which were obtained on the condition that they be expended for the specific purposes for which they were granted, but which are not yet expended in accordance with those conditions, are as follows:				
	Commonwealth Department of Health				
	Remote Training Program	156,694	49,462		
	Australian Nurse Partnership Program	161,045	214,178		
	Mutitjulu Capital Works ( Clinic Refurbishment)	37,162	193,458		
	Bringing Up Great Kids Program	6,258	6,258		
	Tackling Indigenous Smoking	460,900	916,151		
	Strive WAHAC	2,000	2,000		
	AMSANT Consultancy MEHR	7,187	27,235		
	Male Health Consulting	-	21,796		
	Systems Infrastructure Upgrades	-	74,413		
	Mothers and Babies Services	-	441,373		
	Stronger Futures - WAHAC	-	131,618		
	Chronic Disease & Child & Maternal Health Service	-	186,383		
	Department of Prime Minister and Cabinet				
	Mutitjulu Drug Action Week Activities	7,550	7,550		
	WAHAC Drug Action Week Activities	3,992	3,992		
	WAHAC Alcohol and Other Drugs Program	81,868	81,868		
	Pre-School Readiness Program	26,565	-		
	Targeted Family Support Service	16,971	-		
	Community Wellbeing & Voilence Intervention	76,713	46,029		
	Substance Use	504,345	266,702		
	Economic Development and Participation Governance	83,333	83,333		
	Stolen Generation Link up Service	354,545	-		
	Santa Teresa Professional Counsellors	121,667	163,663		

	2016	2015
Department of Social Services		
Intensive Family Support Service	46,258	55,865
ICSS Support Plan	55,531	66,354
IFSS - Service Enhancement One - Off Funding	80,000	-
Emergency Relief	2,986	-
Department of Health NT		
Santa Teresa Primary Health Care	34,967	34,967
Ltyentye Apurte - SEWB	10,275	10,275
Health Promotion Sports Weekend	4,000	4,000
TFSS Part A & B	20,439	12,035
Community Health Education DHF Program	16,004	16,004
Sexual Health & Blood Borne Virus Program	16,123	-
Alcohol & Other Drugs Aftercare	8,997	-
Safe and Sober Program	43,317	43,317
National Youth Week	6,331	2,962
Utju Clinic	-	27,453
Trachoma Program for Alice Springs Remote Region	-	46,883
Northern Territory PHN		
Chronic Disease Care Coordinators	17,906	130,037
Home Support Program - Nursing Care	18,346	-
Allied Psychological Services (ATAPPS)	8,729	8,729
Care Coordinator	-	70,894
After Hours Services - Alice Springs Hospital	-	22,009
Chronic Disease Care Coordinator	-	50,801
Remote Care Coordination Supplementary Services	-	4,650
Renal Supplementary Services	-	103,425

	2016	2015
headspace		
headspace	70,038	35,150
Family Planning NT - headspace	11,082	11,082
headspace Refurbishment	308,531	308,531
Yarn Safe Grant	2,768	-
Department of Education & Training		
Childcare Governanace Improvement Project	5,000	-
Childcare Resource Project	-	26,000
Fred Hollows Foundation		
Trachoma - Ntaria Based Workers	27,759	27,760
Other		
Retinal Research	28,105	-
Youth Activity Fund	3,329	3,329
MOST ( More Options for STI Testing ) - Research	66,793	-
Self - Harm Coding Communicare Review	11,028	-
Depression Tool Validation Study	10,018	-
Youth Health Trajectories Study	11,630	-
Research Officer	1,594	-
MY Health Record Engagement & Registration	13,653	-
Smart Start for Kids - I can program	2,000	-
After Hours Youth Service	70,243	-
Women's experience with FPP	-	13,564
HPV Research Alukura	-	15,000
Lowitja Research Skills Project	-	10,000
ASQ3 - TRAK Project	-	2,595
CASSE Men's Shed Project	-	23,698
DCIS Correctional Serv Contracts	-	49,717
Smart Start for Klds - I-CAN Program	-	2,000
NDRI Research Project	-	12,430
	3,142,575	4,168,978

22	Directors' remuneration	2016	2015	23	Key management personnel compensation		
	Some sitting members receive remuneration, at a level approved by the membership, by way of a Director's				The aggregate compensation paid to key management personnel is set out below:		
	Fee. Additional to these disclosed amounts Director's are reimbursed for travel expenses when they are required to travel on Corporation business.				Short term employee benefits	1,040,085	889,314
	Directors' fee payments during the year were:	54,169	31,840		The personnel that comprise the key management personnel	are as follows:	
	The directors during the financial year were:				2015		
	William Tilmouth (President)				Ms Donna Ah Chee (period 1 July 2014 to 30 June 2015)		
	Chansey Paech				Dr John Boffa (period 1 July 2014 to 30 June 2015)		
	Donna McMasters				Mr Gavin Robins (period 1 July 2014 to 1 May 2015)		
	Dawn Ross				Mr Patrick Cooper (period 1 July 2014 to 31 December 2014)		
	Joey Hayes						
	Lewis Miller				Ms Tracey Brand (period 10 December 2014 to 30 June 2015)		
	Roseanne Healy				Ms Kim Mannering (period 3 February 2015 to 30 June 2015)		
	Mark Wenitong						
	Steven Rossingh				2016		
	Graham Dowling				Ms Donna Ah Chee (period 1 July 2015 to 30 June 2016)		
	Marjorie Lindner				Dr John Boffa (period 1 July 2015 to 30 June 2016)		
	Ricky Mentha						
	•				Mr Eric Brown (period 31 August 2015 to 30 June 2016)		
					Ms Tracey Brand (period 1 July 2015 to 30 June 2016)		
					Ms Kim Mannering (period 1 July 2015 to 30 June 2016)		

#### 24 Related party transactions

During the financial year ended 30 June 2016, no loans or other related party transactions were made to any Board member or key management personnel.

#### 25 | Economic dependancy

Central Australian Aboriginal Congress Aboriginal 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.

## Additors' remuneration Amounts received or due and receivable by the auditors of Central Australian Aboriginal Congress Aboriginal Corporation 2016 2015 \$ Audit or review services 27,655 26,850

#### 27 | Comparative amount disclosures

Over the past year, Congress has made a number of changes to our internal reporting to better align our disclosures and provide more consistency in our reporting. In keeping with this principle, there have been some changes in the disclosure of the 2015 comparative numbers in the accounts presented. There is now more detail in the disclosures within notes 2 to 11 which should provide additional information to users. In 2016, each of these items have been treated consistent with the 2015 amended disclosure. The changes are as follows:

	2015	2015
	Amended	Initial
	Disclosure	Disclosure
Grant Received - NTGPE (note a) (Amount \$886,641)	Grants and contributions provided	Employee Benefits Expenses
Surplus on asset disposal (note b) (Amount \$11,388)	Net gain on disposal of assets	Other operating revenues
Practice incentive payments (note c) (Amount \$1,020,789)	Medicare and practice incentive payment income	Other operating revenues

Equipment hire (note d) (Amount \$4,288)	Medical supplies & program expenses	Other operating expenses
Taxi fares (note d) (Amount \$24,677)	Medical supplies & program expenses	Other operating expenses
Conferences & seminars (note d) (Amount \$50,821)	Employee Benefits Expenses	Other operating expenses
Staff Training & development (note d) (Amount \$163,628)	Employee Benefits Expenses	Other operating expenses
Recruitment & relocation costs (note d) (Amount \$173,501)	Employee Benefits Expenses	Other operating expenses
Directors fees (note d) (Amount \$31,840)	Employee Benefits Expenses	Other operating expenses
Waste management (note d) (Amount \$85,647)	Rent & occupancy expenses	Other operating expenses
Minor equipment expenditure (note e) (Amount \$270,014)	Minor equipment expenditure	Other operating expenses
Notes:		•
a) This grant is for the reimbursement of registrar salaries. grown we have determined that separate disclosure is war		is grant has
b) The amended disclosure is a superior disclosure to the ir	itial disclosure.	
c) Given the material nature of this income item, a more pro	ominent disclosu	ure is required.
d) The amended disclosure is a more detailed disclosure to	the initial disclo	sure.
e) Given the material nature of these items within other operating expenditure, we have determined that separate disclosure is warranted.		

28	Financial Risk Management
	The Corporation's financial instruments consist mainly of deposits with Banks, short-term investments, accounts receivables and payables.
	Financial Risk Management Policies
	The Corporation's Directors are responsible for, among other issues, monitoring and managing financial risk exposures of the corporation. The directors manage the coporation's transactions and review the effectiveness of controls relating to liquidity risk, credit risk, market risk and interest rate risk. Discussions on monitoring and managing financial risk exposures are held bi-monthly and are minuted. The Corporation's Directors overall risk management strategy seeks to ensure that the Corporation meets its financial targets, whilst minimising potential adverse effects of cash flow shortfall.
	Specific Finance Risk Exposures and Management
	The main risks the Corporation is exposed to through its financial instruments are liquidity risk, credit risk, market risk and interest rate risk.
	(a) Liquidity risk
	Liquidity risk is the risk that the Corporation will not be able to meet its obligations as and when they fall due. The Corporation manages its liquidity risk by monitoring cash flows and also through its budget management process. Due to the nature of its business, the Corporation is able to accurately estimate its income and expected expenditure on a quarterly basis based on grant funding release timeframes. The Corporation does not have any material liquidity risk exposure.
	(b) Credit risk
	Credit Risk is the risk of financial loss to the Corporation if a customer or counterparty to a financial instrument fails to meet its contractual obligations. Exposure to credit risk is monitored by management on an ongoing basis. The main exposure to credit risk that the Corporation is exposed to would be cash at bank of \$18,435,292 and the Corporation has reduced this risk by holding it across 4 banking institutions being Commonwealth Bank of Australia, People's Choice Credit Union, Rural Bank and Beyond Bank. The Corporation does not have any material credit risk exposure.
	(a) Ad autoph viale
	(c) Market risk
	Market risk is the risk that changes in market prices, such as interest rates and equity prices will affect the Corporation's income or the value of its holding of financial instruments. Exposure to market risk is closely monitored by management and carried out within guidelines set by the Board. The Corporation does not have any material market risk exposure.

(d) Interest rate risk		
Interest rate risk is the risk that the fair value will fluctuate because of changes in interest rate risk by maintaining floating rate cash a	t rates. The Corporation manages	
Sensitivity analysis		
At balance date, the Corporation had the forisk:	llowing assets exposed to variable	e interest r
	2016	2015
	\$	\$
Financial Assets		
Cash at bank	18,435,292	19,238,4
The table below details the interest rate sen date, holding all variables constant. A 100 b change and is used when reporting interest	oasis point change is deemed to be	
date, holding all variables constant. A 100 b	oasis point change is deemed to be	
date, holding all variables constant. A 100 b	pasis point change is deemed to be t rate risk.	e a possibl
date, holding all variables constant. A 100 b	pasis point change is deemed to be t rate risk. 2016	e a possible 2015
date, holding all variables constant. A 100 b change and is used when reporting interest	pasis point change is deemed to be t rate risk. 2016	2015 \$
date, holding all variables constant. A 100 b change and is used when reporting interest  Effect on profit and loss	pasis point change is deemed to be trate risk.  2016  \$	2015 \$ 192,3
date, holding all variables constant. A 100 b change and is used when reporting interest  Effect on profit and loss  Cash at bank + 1%	pasis point change is deemed to be trate risk.  2016  \$ 184,353	2015 \$ 192,3
date, holding all variables constant. A 100 b change and is used when reporting interest  Effect on profit and loss  Cash at bank + 1%	pasis point change is deemed to be trate risk.  2016  \$ 184,353	2015 \$ 192,3
date, holding all variables constant. A 100 b change and is used when reporting interest  Effect on profit and loss  Cash at bank + 1%  - 1%	pasis point change is deemed to be trate risk.  2016  \$ 184,353	e a possible 2015

The table below reflects the undiscounted contractu instruments of a fixed period of maturity, as well as n settlement period for all financial instruments.		
Financial instruments	2016	2015
	\$	\$
Financial assets - cash flows realisable		
Cash and cash equivalents	18,439,292	19,243,6
Trade and other receivables	705,294	608,9
Total	19,144,586	19,852,6
Financial liabilities due for payment		
Trade and other creditors	1,959,688	1,619,8
Other liabilities	7,192,862	8,388,7
Total	9,152,550	10,008,5
Within 1 year	2016	2015
	\$	\$
Financial assets - cash flows realisable		
Cash and cash equivalents	18,439,292	19,243,6
Trade and other receivables	705,294	608,9
Total	19,144,586	19,852,6
Financial liabilities due for payment		
Trade and other creditors	1,959,688	1,619,8

The carrying amount of assets and liabilities is equal to their net fair value. The following methods and assumptions have been applied:

7,192,862

9,152,550

8,388,742

10,008,592

#### Recognised financial instruments

Other liabilities

Total

For cash, cash equivalents and interest bearing deposits, the carrying amount approximates to fair value because of their short-term to maturity. For receivables and creditors, the carrying amount approximates fair value due to their short term to settlement.

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 2016 and of its performance for the financial year ended on that date; and, (b) comply with Australian
  - (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 and 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 Alice Springs in accordance with a resolution of the Directors on 6 October 2016.

Chairperson



RSM AustraliaPty Ltd

Equinox Building 4, Level 2, 70 Kent Street, Deakin ACT 2600 GPO Box 200 Canberra ACT 2601

# 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 Corporation, which comprises the statement of financial position as at 30 June 2016, 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

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 Our responsibility is to express an opinion on the financial report based on our audit. 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

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RSM Australia Pry Lid ACN 009 321377 at Bindan co Practice Trust, ABN 65 319 382 479 trading as RSM.

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### 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.

#### Opinion

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

- giving a true and fair view of the corporation's financial position as at 30 June 2016 and of its performance for the year ended on that date; and <u>a</u>
- complying with Australian Accounting Standards to the extent described in Note 1. 9

## 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 AUSTRALIA PTY LTD Chartered Accountants

R MILLER Director

Canberra, Australian Capital Territory Dated: 7th October 2016











#### CENTRAL AUSTRALIAN ABORIGINAL CONGRESS ABORIGINAL CORPORATION

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