



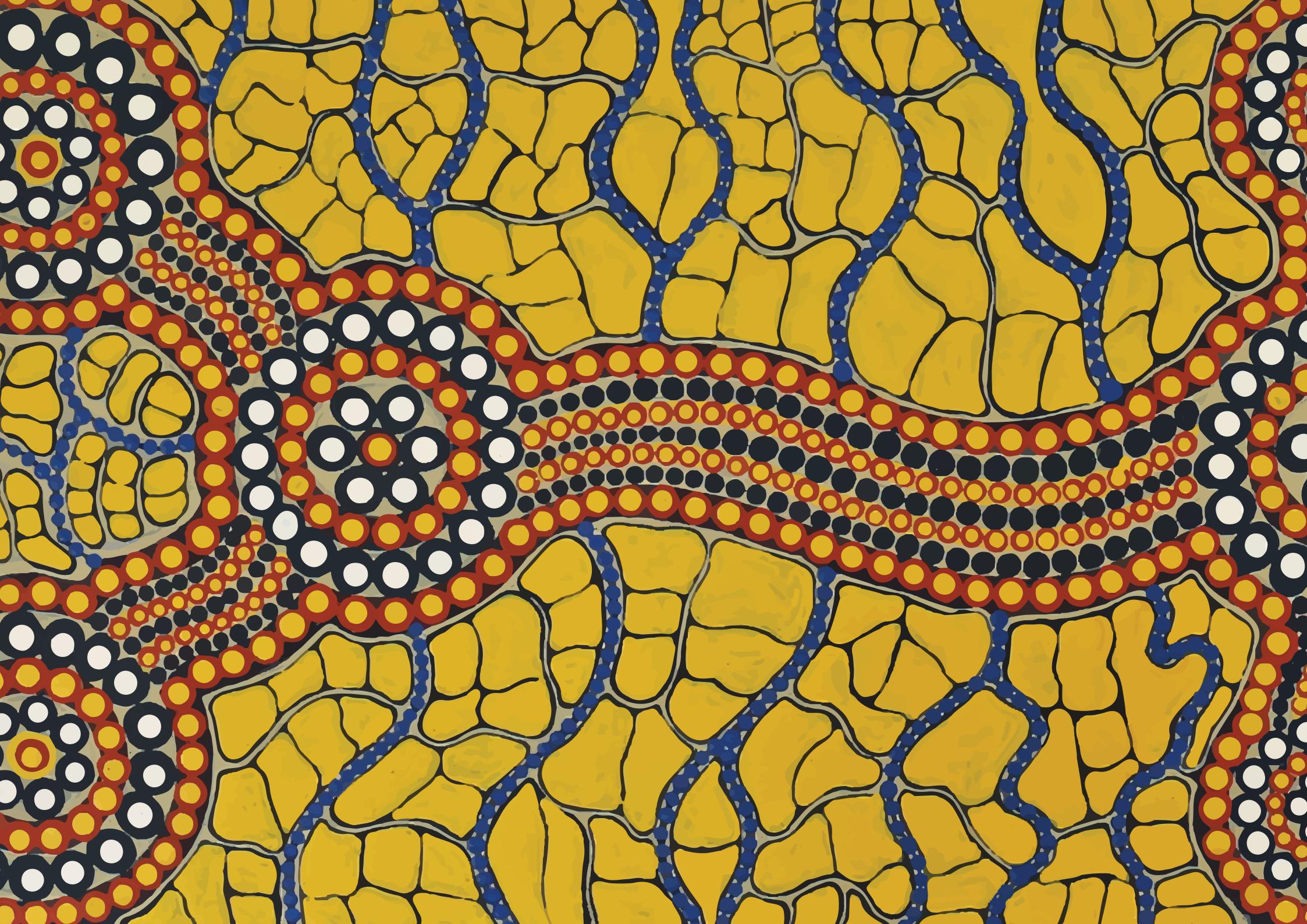
Central Australian  
Aboriginal Congress

ABORIGINAL CORPORATION | ICN 7823

# Central Australian Aboriginal Congress

## 2016–2017 • ANNUAL REPORT









*Aboriginal health  
in Aboriginal hands.*

# Central Australian Aboriginal Congress

## 2016-2017 • ANNUAL REPORT



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

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

Congress works in collaboration with

- Amoonguna Health Service Aboriginal Corporation
  - Mpwelarre Health Aboriginal Corporation (Ltyentye Apurte)
  - Mutitjulu Health Service Aboriginal Corporation (Uluru)
  - Utju Health Service Aboriginal Corporation (Utju)
  - 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 Drugs Services of Central Australia
  - Alice Springs Town Council
  - Australian Drug Foundation
  - Australian Nurse Family Partnership Program (ANFPP)
  - Australian National University
  - 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 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 Football Club
  - 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 Education
  - Northern Territory Government Department of Health
  - Public Health Network Northern Territory
  - South Australian Health and Medical Research Institute
  - The Kirby Institute
  - Tangentyere Council
  - University of South Australia

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**Congress Alukura Birth Rights Meeting 1985**



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 (Ltyentye Apurte), Utju (Utju) 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.

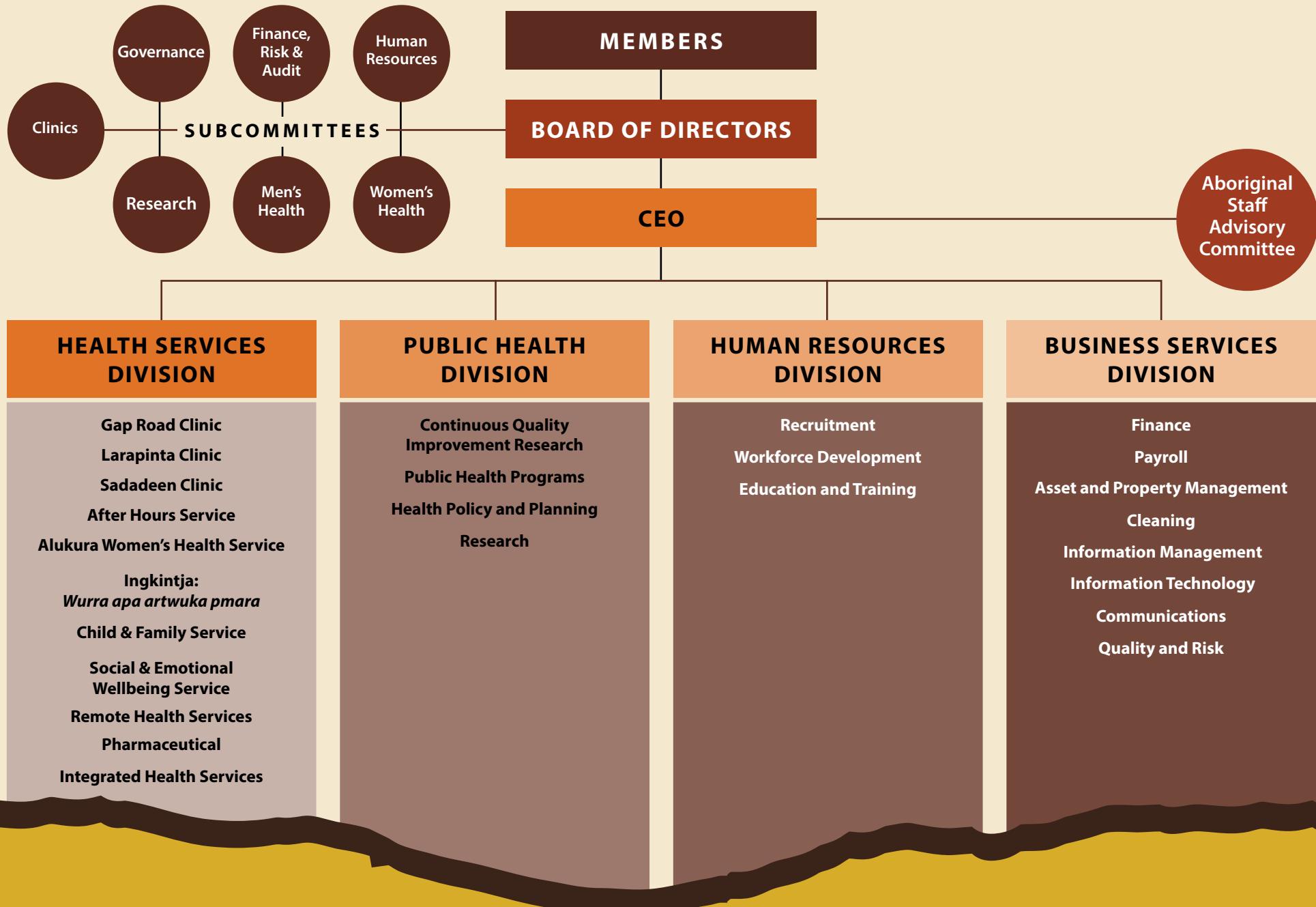
Congress' **Health Services Division** is responsible for delivering all client services—a comprehensive range of culturally appropriate services targeting the social, emotional, cultural and physical health and wellbeing of Aboriginal people in Central Australia.

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

Our **Human Resources Division** provides support to more than 350 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 high-quality 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 Background





**Chairman, William Tilmouth with three of his grandchildren in their Deadly Choices shirts**

**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 activities of the Congress Board of Directors' and its subcommittees for our partners and community as part of our commitment to transparency and accountability.**

The 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.

The elections at the 2016 Annual General Meeting saw the appointment of Sheralee Taylor and Nicolette Dunn as the youth representative. I was also honoured to be reappointed as a member director. We congratulated our new directors and extended our appreciation to our departed directors, Steve Rossingh as the independent director – finance and Chansey Paech as the youth representative, for their leadership, guidance and strategic direction over the term of their appointment.

Membership numbers continued to increase steadily, growing from just over 300 to 525 members strong. Continued work by the

Membership and Client Engagement Officer will ensure that this rise continues, building a strong and engaged membership and ensuring the voice of the community is reflected in what we do.

One of the biggest achievements of the year was the success of the new clinics at Larapinta and Sadadeen. Representing a new concept adopted by Congress, the decentralised, small, local model was implemented to increase accessibility to services for clients, as well as an improvement in continuity of care. The clinics have proven to be very successful, with community feedback being positive, and good outcomes reported to the Board. As such, plans continue to progress for the new Northside clinic and restructure of Gap Road to implement the same model of care.

Work to clarify existing governance arrangements between Congress and the Remote Community Health Aboriginal Corporations is continuing. Congress engages with these corporations whilst delivering primary health care services to our serviced remote Aboriginal communities (Utju, Mutitjulu, Ltyentye Apurte (Santa Teresa), Ntaria (Hermannsburg and

Wallace Rockhole) and Amoonguna). The purpose of this project is to ensure that the best governance arrangements are in place moving forward with appropriate representation on the Congress Board from both the Alice Springs area and the remote communities.

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). Positive news for research was the announcement by the Minister for Indigenous health, the Hon. Ken Wyatt, recognising the Central Australian Academic Health Science Centre (of which Congress is lead partner) as a Centre for Innovation in Regional Health, which should ensure

## ***Chairman's Report***

promising future research development for years to come.

The Board's Human Resources Subcommittee delivered on strategic priorities concerning the organisation's workforce. The Workforce Engagement and Development Plan was implemented with great results, especially where rates of Aboriginal employment and Aboriginal employment in leadership roles were concerned. We can now proudly boast over 50% Aboriginal employment at Congress.

The Finance Risk and Audit Committee continued its work this year on ensuring that the organisation is financially viable and risk is appropriately managed. Of particular interest was the work done on facilities, including the Memo Club consolidation proposal, the expansion of the Sadadeen Clinic as well as finding a location for the Northside Clinic.

The Board worked with the Male Health Subcommittee on continuing to implement improvements in service delivery including the appointment of a new clinic manager and male Aboriginal Health Practitioner.

A review of the name of Ingkintja: *Wurra apa artwuka pmara* (a meeting place for boys and men) is also being implemented.

The Board has worked with the Women's Health Subcommittee on continuing to pursue the establishment of the planned Midwifery group practice with Alice Springs Hospital, and have been happy to hear about increases in episodes of care, and reductions in waiting times at Alukura due to the implementation of a new appointment system.

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.



## *Chairman's Report*

**Donna Ah Chee, CEO**



The 2016–2017 financial year has been another progressive one for the organisation, marked with significant increases in Key Performance Indicators, positive changes in service delivery structure and great strides in furthering Congress' place in the Aboriginal health discussion and strategy on a national stage. Careful planning came into fruition with advances in primary prevention and early intervention programs, including major steps forward in bicultural early years learning. Public health programs have also been a feature, as have the submissions made by Congress on various policy matters, furthering social determinants of health. Financial capacity was increased as additional income was secured, and strategic objectives were achieved both as an Aboriginal Community Controlled Health Service, and as a major employer of Aboriginal staff in Central Australia. An exciting time for Congress, and a rewarding and privileged time to serve as Congress' Chief Executive Officer. I am pleased to be able to report on some of the many important achievements from the year.

In August 2016 we were proud to open new clinics in Sadadeen and Larapinta. These clinics were the result of an identified need to improve access to, and continuity

of care. Under this new model of care, clients are first seen by an Aboriginal Health Practitioner or Registered Nurse before seeing a GP, and results in care planning, health checks, rheumatic heart disease follow up, sexual health screening, childhood anaemia and Medicare income have all improved. The new model, for which these clinics are the flagships, represents a new era in the quality and accessibility of primary health care services for our community.

The model has since been introduced into Gap Road Clinic and will be continued into to a new Northside location, promising encouraging results for the next reporting period.

The new model of care, combined with regular reporting and strategic direction from the Board saw significant increases in the number of health checks conducted for adults and children in both town and remote locations. These health assessments are our principal tool for understanding

our clients care needs, and generate a flow of services and revenue in an integrated primary health care setting. The increase in health assessments (of 48%) were matched by significant increases in chronic disease management plans (35%) and team care arrangements (31%). These increases contributed to an increase

of 29% in Medicare compared to prior years, resulting in an increase in Medicare and PIP from \$4.7million to \$6.1million.

Early in 2017 we announced our intention to purchase the Memo

Club building in Todd Street. This important strategic step followed years of planning, building cash reserves, and investigation into the projected financial, operational and community gains of co-locating several Congress sites currently spread across town. It was a sign of community support for the move that development consent was awarded and it is our hope that the purchase be finalised before the end of the year, with construction commencing in early 2018.

## *CEO's Report*

The National Aboriginal and Torres Strait Islander Health Plan Implementation Advisory Group was established for government to work in partnership with the Aboriginal and Torres Strait Islander health leaders to review, assess and guide action under the Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013–2023. I was pleased to be appointed to the group, of which one outcome was an agreement that the social and cultural determinants of health are a key priority for action in the development of the next iteration of the Implementation Plan.

Congress received funding to administer the Link up Service in and around Alice Springs. The Link Up service is designed to support the healing journeys of Aboriginal people who have been separated from their families and cultures through forced removal, fostering, adoption and/or institutionalisation. The service has had a successful start, and is focussed on delivering a culturally sensitive and confidential research, reunion and cultural wellbeing service to affected people and families.

Congress' dedication to improving the health and wellbeing of Aboriginal children

continued to be a strong theme throughout the year with exciting developments across service delivery and important contributions to policy through advocacy, in line with the board endorsed Congress Early Years Improvement Plan. *Ampe Kenhe Apmere Childcare Centre* upgrades were completed, and the educational capacity was increased.

After years of lobbying, Congress was awarded two years of funding to deliver a new and innovative culturally appropriate, bi-cultural, Early Childhood Learning program. From this funding, the new *Arrwekele akaltye-irretyeke*

*ampere* Congress Early Childhood Learning Centre was opened in March. This program targets children between six months and three years of age who may not otherwise have access to early childhood education as their parents or carers are on low or no income, and uses evidence-based methods with a bi-cultural, culture first approach.

We are proud that the staffing at the centre is predominantly Aboriginal, and that several local languages

are spoken and used in the children's education. The efficacy of the program is being evaluated externally, with children undergoing developmental and language assessments, and Child Health assessments at Congress clinics.

***Congress was identified as the best example... with a particular mention of our ability to effectively provide the community with self-determination, and greater control over their own health and health care as compared to other government initiated programs***

Following the now Northern Territory government's election commitment to address Early Childhood an Expert Reference Panel was established, with a mandate to provide analysis and advice in the preparation of the Northern Territory Government's Early Childhood Development Plan for all of the

Territories children. Dr John Boffa and myself were appointed to this panel.

Continuing to seek positive ways to connect the community to better health, Congress has embarked on a collaboration with the Australian Drug Foundation and the Central Australian Football Club through the Right Tracks Program. With Congress' support, the Right Tracks program now has the capacity to work directly

with clubs across multiple sports and reach even more young people and encourage better health outcomes through AFL, softball and netball.

During the year, a report by Flinders University researchers at the Southgate Institute for Health, Society and Equity found that Congress stood out as a leader in the delivery of comprehensive primary health care. Congress was identified as the best example of all six services studied, with a particular mention of our ability to effectively provide the community with self-determination, and greater control over their own health and health care as compared to other government initiated programs—an amazing achievement and testament to our hard work and history.

A big step made this year in cost reduction was a change in pharmacy providers. The decision to change has been a positive one, leading not only to significant savings, but notable service improvement.

We continued to take steps towards a Congress owned pharmacy, gaining approval in the first instance from Minister Natasha Fyles. This support from the NT Government



## CEO's Report

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*“...this year was an important one for Congress...”*

was key, and allowed us to proceed the application to the Federal government. Unfortunately, the flow of this process was halted, as we received a letter advising that Minister Hunt would not consider the application based on the view that Alice Springs already has sufficient mainstream pharmacies and access to dispensing through multiple Congress clinics. We remain optimistic, with a second application being developed, and strong lobbying continuing.

The Central Australian Academic Health Science Centre, a collaboration between 12 health, research and education organisations in Central Australia, was recognised by the National Health and Medical Research Council as a Centre for Innovation in Regional Health, one of only two centres nationally. The Minister for Aboriginal Health, the Hon Ken Wyatt came to Alice Springs to announce this and an accompanying grant, which was celebrated with our

Alukura Grandmother’s performing a cultural dance. This announcement represents a significant step forward for health research in Central Australia and for continuing innovation in Aboriginal health through the likelihood of greater investment and a focus on translational health research programs.

Congress has been appointed as the lead partner for the centre.

***Our Aboriginal workforce capacity saw significant successes at the end of financial year, with a significant increase in the Aboriginal workforce from 46% to 51%, and an increase of Aboriginal staff in leadership roles from 17% to 29%***

the treatment of children detained in detention facilities and child protection in the Northern Territory. Congress submitted recommendations to the Royal Commission, and I was called to provide evidence at the commission hearings.

We continued to make submissions and engage in advocacy throughout the

year, with contributions to policy and health system reform at local, Territory and national levels. Our commitment to evidenced-based decision making informed submissions across reducing alcohol related harm, remote housing and health, early childhood and young people, suicide prevention and social determinants of health. We continue to advocate that Aboriginal Community Controlled Health Services are the most effective provider of health services to Aboriginal people.

Our Aboriginal workforce capacity saw significant successes at the end of financial year, with a significant increase in the Aboriginal workforce from 46% to 51%, and an increase of Aboriginal staff in leadership roles from 17% to 29%. This was made possible through a dedication to the development of staff and a special focus on activities that focus on career planning for Congress' Aboriginal workforce, commitment to cultural safety and competency for the entire workforce and improvements in Congress' recruitment processes. These processes were undertaken in consultation with our Aboriginal Staff Advisory Committee.

Congress was actively represented at national conferences throughout the year, with attendance at many key events. Of particular note were the Public Health Association of Australia (PHAA) 44th Annual and 20th Chronic Diseases Network Conference, Lowitja International Indigenous Health Conference, The World Congress on Public Health, Australian Nurse Family Partnership Program national meeting, the AMSANT Indigenous Leadership 10 year celebration and the Tackling Indigenous Smoking national workshop.

Throughout the financial year Congress participated in a number of community events, including NATSI Children's Day in August and Women's Health Day in September. Ingkintja partnered with Tangentyere Council, the Alice Springs Town Council and NT Police to reprise the White Ribbon Day event in November. Congress also participated in the 2016 NAIDOC organising committee. In March 2017 Congress hosted over 20 other service providers to mark Close the Gap Day with a community

day featuring a panel discussion with community leaders on the subject, and Congress hosted its first National Sorry Day event on 26 May. Over 100 people attended the Congress Sorry Day event that also marked the 20th anniversary of the Bringing Them Home Report.

***We continue to advocate that Aboriginal Community Controlled Health Services are the most effective provider of health services to Aboriginal people***

Congress celebrated a number of staff achievements. Education was a focus with Tina Foster, Fiona Furber, John Liddle, Catherine Hampton and Catherine Satour completing their Diploma of Management. Kyleen Randall was awarded a Diploma in Community Services – AOD. Bronwyn Fielding attained her Certificate III in Education Support. We also welcomed a large constituent of Aboriginal Health Practitioner trainees, who have been busy studying the Certificate IV Aboriginal and Torres Strait Islander Primary Health Care Practice. Congress Research Officer Roxanne Highfold had her submission to the World Congress of Public Health accepted for the conference, and presented at this very high profile international event.

Our Mpwelarre Clinic Manager, Jason King was awarded a great honour, receiving the 2016 NT Aboriginal and Torres Strait Islander Health Practitioners Legend and Remote Practitioner awards, and Neily O'Connell was awarded the Regional and Rural Initiative Award at the 2017 Northern Territory Young Achiever of the Year Awards in Darwin.

On reflection, this year was an important one for Congress, and for Aboriginal health. This report outlines just some of the achievements made, which are testament to the dedication and hard work of the staff and executive team. It is with great pleasure that I say thank you to staff for unwavering dedication and service to our clients. Thanks is also owed to our partners, funding bodies and Board of Directors for your support and guidance as we continue to fight to improve the health and level of disadvantage experienced by our community. We are reminded that there is still much of the journey to travel, but Congress continues to strengthen its position in improving health outcomes for Aboriginal people in Central Australia and beyond.

## Health Services Division Report

This year two major reforms were undertaken in Congress clinics. The first was an organisational restructure across all Congress clinical services (including remote) to provide greater alignment of services to optimise integrated primary health care for our clients including a new Medical Director position to provide high level clinical and operational leadership across all town and remote clinics.

The establishment of the Medical Director position was another staged approach to ensure a consistent implementation across all Congress clinical services, including equitable resourcing to strengthen the integration of our remote services. The second reform precipitated the restructure, and that was the opening of two new clinics in the suburbs of Larapinta and Sadadeen that embedded a new model of care while taking health services closer to our large client populations.

### A New Model of Care

The opening of our new clinics represents a new model of care for Congress. The model is based on a client focused, Aboriginal Community Controlled designed and led approach to the delivery of accessible, efficient, effective and culturally safe comprehensive primary health care.

The Gap Road Clinic had historically been Congress' flagship and main clinic providing care to 8,216 Aboriginal people. While care continued to be of a high standard, the clinic had become stagnant in the management of chronic conditions, with 50% of diabetic clients on a care plan, adult health checks at 40% and routine blood tests not at a high enough

level. There was also the need to do better on reducing primary health care preventable hospitalisations. These were all serious indicators that significant system issues needed an evidence based lens and strategic reform.

Inspired by the title of EF Schumacher's famous book *Small is Beautiful*, Congress learned that small really is beautiful when it comes to high performing clinics. Our remote clinics that service populations of less than 100 people had care planning and health check rates at 90% and other key indicators of effective chronic disease early detection and management. The well-known Alaska Area Indian Health Service visited Congress and showcased their successes with dedicated multidisciplinary teams for populations of no greater than 1200 people. The findings resonated with Congress as the approach was evidence-based and modelled on the premise that primary care is about doctors and patients and how well they connect, human relationships and partnering. While this concept inspired Congress' strategic thinking and the ability to localise to our community, Congress also visited the

Institute for Urban Indigenous Health (IUIH), an Aboriginal community controlled health service in Brisbane. IUIH operates from a very similar model to Alaska Area Indian Health Service with 18 multidisciplinary primary health clinics strategically localised where they are needed and easily accessible by Aboriginal communities across Brisbane and North Queensland.

These two health service models, and the learning from our remote clinics, inspired the Congress Board of Directors and Executive to shift to smaller multidisciplinary primary health clinics closer to our high client populations. This was also consistent with the Board's strategic direction of enabling Aboriginal people greater access to health care.

The concept became a reality after eight months of planning and implementing a staged change management approach. Two new multidisciplinary primary health clinics opened in the suburbs of Sadadeen and Larapinta in August 2016. Locations were based on Congress CQI data and demographic mapping of high populations of Congress clients.

While initial planning was focused on improving the management of chronic health conditions, preventative health and thereby helping to address primary health care preventable hospitalisations, the model transformed into a more strategic approach.

The model included a number of principles. Clinics needed to be closer to where our high level of client populations were. Our CQI data identified Sadadeen and Larapinta as our highest client population areas with premises located in these areas. Maintaining an integrated model of care was paramount with a mix of medical, allied health services and Aboriginal support services for culturally safe care across a life course spectrum. Multidisciplinary teams included GPs, Aboriginal Health Practitioners/ Registered Nurses, Care Coordinators, Client Service Officers, a Transport Officer and an Aboriginal Liaison Officer with Podiatrists, Diabetes Educator and Dietitians providing regular sessions. A new shared model was also introduced with all clients seeing an

AHP/RN before seeing a GP. Medicines could also be collected at the new clinics. Services included treatment for illness, preventative health checks, child and adult immunisations, medication dispensing and allied health services. The new model

embeds greater preventive and responsive health measures with greater health screening to manage preventative conditions earlier.

This includes health promotion through the use of tobacco action workers and allied health

practitioners. Finally, collaboration is instilled across all Congress services and programs and external health services including specialist services to provide optimal health care to our clients.

The new clinics model was an innovative approach to Aboriginal health care and a practical solution to address the stagnant performance of the Gap Road Clinic.

Outcomes achieved in the new clinics model since opening in August 2016 include:

- With approximately 1,900 Aboriginal people living in the Sadadeen catchment area

and 1,500 Aboriginal people in the Larapinta area, over 50% had accessed care through the new clinics since opening.

- Sadadeen provided care to 2063 unique clients with 47% living in the Sadadeen area, 33% in other areas of Alice Springs and 20% visitors. Larapinta provided care to 1994 unique clients with 48% living in the Larapinta area, 38% in other areas of Alice Springs and 14% visitors
- The episodes of care ratio for clients who live in the Sadadeen and Larapinta areas was 4.5, suggesting that each client has returned to the clinic on several occasions. This demonstrates the success of our investment into accessing PHC services and programs which are client focused, delivered in a cultural safe way with a stable team can make a real difference to continuity of care with early data showing that 70% of clients with chronic health conditions in the new clinics are seeing the same GP compared with 20% in Gap Road and has proven to be consistent with the Alaska Area Indian Health Service.
- Sadadeen received 79 new clients, and another 160 individuals who had not accessed a Congress service for more than two years presenting to the



**A young patient receiving treatment at Congress**



Sadadeen Clinic. Larapinta received 36 new clients and 112 individuals who had not used a Congress service for more than two years returning to access care. A reflection of the accessibility and acceptability of the new clinic model.

- Childhood anaemia screening rates improved across both clinics with Sadadeen achieving 73% and Larapinta 72%. These impressive results have enabled the clinics to identify anaemia and instigate preventative measures early.
- The percentage of adult health checks improved across the new clinics with Sadadeen reaching 56% and 71% for adults over 55 years and Larapinta 60% and 77% for adults over 55 years. Preventative health screening is embedded into the model of care.
- Sadadeen achieved significant improvement in the number of clients who require monthly prophylactic antibiotic injection for Rheumatic Heart Disease attending regularly. There are now more than 76% meeting the recommended compliance threshold.

The Sadadeen clinic attracted higher numbers of client presentations than expected. With plans now underway to expand the suite of services into the new clinic with the inclusion of an SEWB service (Psychologist and Aboriginal care management worker), plans are underway to expand the clinic by leasing the vacant property next door. We hope to have the extension finalised and operationalised by December.

These outcomes demonstrate that investment into services and programs that are targeted to client needs and delivered through an integrated culturally safe model of care can make a real difference. Sadadeen and Larapinta are on track to receive AGPAL accreditation early in the forthcoming year.

### Gap Road Clinic

In December 2016, the Gap Road Clinic received AGPAL accreditation for a further three years.

Despite a reduction in clients accessing the Gap Road Clinic (GRC) with the opening of our new clinics, the GRC remained our busiest clinic and continued to provide high quality culturally safe clinical services through our multi-

disciplinary team of GPs, Aboriginal Health Practitioners, Registered Nurses, Dentists and Allied Health Practitioners. An average of 90 clients access clinical care through the Monday to Friday service. Over the year, 7841 clients received 33,392 episodes of clinical care by our multi-disciplinary team; a reduction of 375 clients and 7,808 episodes of clinical care with 1,096 health checks completed.

With greater access enabled through the new clinics, the after-hours service of GRC was changed from an 8pm to a 6pm closure. This was another major change in Congress history, however, data obtained showing low numbers of presentations, concurrent with access through our GP After Hours Service located at the hospital, provided a compelling case for a reduced service.

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 of eight full time equivalent (FTE) registrars completing placement during the year predominately

on six monthly placements. 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. Rotating GPRs enabled Congress to maintain a stable workforce of GPs and enabled GP service to expand on our average 10.8 FTE GPs with the addition compliment of 8 FTE GP registrars. Congress was once again announced as a finalist in the 2016 prestigious NTGPE Training Post of the Year Award in recognition of our commitment to accredited training posts, supervision and teaching of GP registrars. The winner will be announced later in the year.

Aboriginal Health Practitioners provide an imperative cultural interface between clients and GPs and are a valued resource in ensuring culturally appropriate treatment and care. Mobilising a strong and clinically competent AHP workforce remained a priority. Under the consolidated Congress AHP traineeship program, trainees rotated across many clinical services in GRC. Aboriginal Health Practitioners had 7,056 client contacts ranging from taking blood, injections, wound care, chronic disease

management and chronic disease checks, sexual health screening and treatment, suturing, taking and interpreting blood pressure, adult and child health checks. Aboriginal Liaison Officers continued to provide an important interface between clients and services. Congress is fortunate to have a committed and stable team of ALOs that provide the cultural safety interface between clinicians and clients and assist with engaging clients to access an optimal level of care, through referral, liaison, follow-up, support, and by undertaking outreach home visits in partnership with the Clinicians. Over the year, ALOs had 1,505 contacts with clients.

Transport service is a vital enabler allowing our clients to access Congress health services and Congress referred specialist appointments. Transport Officers provided 48,088 transport assists for clients to the GRC and specialist appointments, down 2,573 from the prior year, attributed to the seamless access of our new clinics and providing transport services throughout their catchment area.

With the support of Business Services, Medicare income significantly improved.

Improvements were attributed to better systems employed through our Business Services team and KPIs established across all Clinics. Congress maintains a commitment to maximising Medicare claiming to fund additional comprehensive primary health care needs, including clinical and social support programs and infrastructure improvements that contribute to improved health and wellbeing outcomes of our clients.

In September, Congress changed pharmacy providers to the Iron Pharmacy Group. The change produced considerable savings for Congress, with savings reinvested into additional care coordinator positions. Greater efficiencies were also delivered in client wait times. The dispensary provided 20,498 episodes of medication dispensing, up 400 from last year. Medications were also able to be collected from the new clinics. A business plan for our own pharmacy licence was completed and is in the process of application.

Congress received extended funding to continue the General Practice After Hours Service at the Alice Springs Hospital. The service provides the wider Alice Springs community access to after-hours GPs from 6pm to 9pm each weeknight evening and 2pm to 5pm on weekends. Over the year,

2,670 unique clients received

care in the after-hours service, of this 470 included Aboriginal clients—an increase of 50% in Aboriginal clients accessing the service from the prior year.

### Alukura Women's Health Service

The Alukura Women's Health Service continued to deliver culturally safe, accessible and responsive care to young girls and women under Grandmother's Law.

The Congress Board Women's Health Subcommittee comprising of our elected Women Directors and traditional Aboriginal Grandmothers maintained the imperative core in providing the cultural leadership and integrity to preserve and recognise Aboriginal identity, culture, law and languages, as they relate to birthing, pregnancy, childbirth and the care of Aboriginal women and our babies. In the latter half of the year, a gathering was held with all Alukura staff, the Chief Executive Officer and General Manager Health Services and the Alukura Grandmothers. The gathering provided staff with a culturally rich and inspiring experience with a smoking ceremony conducted in the Alukura clinic and a spiritual cleansing for staff.

**Mother and baby at Alukura**



In December 2016, the Alukura clinic received AGPAL accreditation for a further three years.

Alukura was another service in the Health Services Division that went under the strategic lens with Congress' global commitment to improve the delivery and strategic alignment of all health services. A restructure was carried out in the later part of the year, aimed to improve the strategic alignment of Alukura's services and make the structure more agile and rational. The restructure succinctly aligned teams more cohesively in key women's health focus areas, with three streams of care created: Women's Health, Maternity Care and the Nurse Family Partnership Program. A fourth support service team was also created, providing essential administrative support across all Alukura services. The restructure also expanded scope of services to enable the provision of more generalised health care including full health checks. The restructure also enabled greater capacity in our maternity care team as we optimistically prepare our workforce for the re-establishment of our own Alukura Midwifery Group Practice.

A dedicated Aboriginal Liaison Officer (ALO) is located in each Alukura clinical stream. Our ALOs are highly skilled local Aboriginal women with strong language skills, understanding of local kinship groups and strong connection to the community. They provide the cultural safety interface between clinicians and clients and assist in engaging clients to access an optimal level of care, through referral, liaison, follow-up, support, and by undertaking outreach home visits in partnership with the Clinicians. Over the year, ALOs made 2,002 contacts with 673 unique clients.

Maternity Care provided antenatal care to 165 women with 52% presenting in their first trimester. Alukura responded to the increase in demand for postnatal home outreach visits, with an average of 15 mums and their bubs visited in their home/hostel environments each week. New postnatal referrals were received from the Alice Springs Hospital Maternity service for women that otherwise reside predominately in communities outside Alukura's catchment

area and had not accessed antenatal

care with Alukura. The referrals presented an opportunity for Alukura to develop relationships with the women to enable continuity of care for future pregnancies as the service prepares for an Alukura Midwifery Group Practice. The Alukura restructure increased Midwife positions that enabled capacity to respond to the increase in home visits.

***Women's Health continued to offer holistic women's health checks, with care provided to 1,966 clients including 357 full health checks; an improvement of 35% from prior year***

Congress continued negotiations for a MoU with Alice Springs Hospital to re-establish an Alukura Midwifery Group Practice and remain optimistic the service will be mobilised in the forthcoming year.

Planning has commenced to establish more flexible pathways for maternity care to be accessed across all Congress town clinics to allow clients who want their male partners involved in their antenatal care. Services are on track to be mobilised in the forthcoming year.

Women's Health continued to offer holistic women's health checks, with care

provided to 1,966 clients including 357 full health checks; an improvement of 35% from prior year. Cervical screening rates were improved with 41% of clients completing a pap smear in the past two years. Through BreastScreenNT's fully equipped mobile bus, 74 women received their mammogram on the Alukura site.

Women's Health established a program with the Girls Academy of Centralian Senior College, providing adult health screening and immunisations for Aboriginal young girls participating in the program.

Ferrinjekt infusions were introduced into the service this year, allowing women to be treated for anaemia in a more comfortable environment. Anaemia is a common condition across our maternity and women's health clients. An average of three women received the treatment each week.

As another vital training site in Congress, Alukura facilitated a number of student placements, including Congress Aboriginal Health Practitioner trainees. Others included Congress cadet nursing students and nursing students undertaking studies with the Charles Darwin University Nursing faculty.

The Congress Deadly Choices initiative was introduced to Alukura in December. The incentive program has proven to have a positive impact on the uptake of women having a full women's health check. Through practices such as our model of care, health promotion events and incentives like Deadly Choices Alukura hopes to address preventative health sooner.

A number of internal and external specialist and health services maintained services to Alukura each week, including a Specialist Obstetrics and Gynaecology clinic that continued to see an average of 15 women each week. Alukura received a weekly session from the Congress dietician and regular visits from the Tackling Indigenous Smoking Aboriginal Health Practitioner, delivering health promotion in tobacco cessation.

The Australian Nurse Family Partnership Program sustained its support to Aboriginal women and women having an Aboriginal baby living in Alice Springs and to the outreached communities of Ltyentye Apurte and Amoonguna. The program managed a caseload of 76 clients with 30 graduations held over the year.

In February, the program was expanded to Ntaria through the appointment of a Ntaria based Home Nurse Visitor and local Aboriginal Community Worker. The service will deliver the program to families in Ntaria and surrounding communities and outstations. Supervisor, Catherine Hampton, FPP Home Nurse Visitor, Tiff Lohs and Aboriginal Community

Worker, Lynette Watson delivered a culturally rich presentation on our FPP program to the National ANFPP Conference in Brisbane. The presentation received a great reception.

Alukura Manager, Tahnia Edwards chaired the national ANFPP

workforce project working group study that was coordinated by the National Program Centre and conducted by Griffith University. The project examined workforce challenges amongst health care professionals working with Aboriginal mothers, children and families and hopes to make an important contribution to this area.

Transport service is a vital enabler allowing our women to access services at Alukura and to other referring health

services. This year, our transport officers provided 2,701 transport assists for clients—an increase of 334 from the prior year.

Congress Alukura continued to actively promote and raise awareness of Alukura services and women's health education.

To celebrate National Women's Day, Alukura hosted a Women's Health Day that attracted over 85 women with a range of health promotions including other Congress services and services from our external partners. Incentives were provided to encourage women to have a women's health or adult health check.

Alukura partnered with a number of Congress services throughout the year in major community events such as Closing the Gap, NAIDOC, National Children's Day and Tangentyere family Day.

Hosting visits from local school groups remained another important promotion of Alukura with the aim to make young women feel more confident in accessing care at Alukura. This year, visits were facilitated for students from

Yirara College, Acacia Hill School and the Centralian Girls Academy.

Alukura was proud to support three of our Aboriginal staff compete their Certificate II in Aboriginal and Torres Strait Islander Health Care with the Central Australian Remote Health Development Services. We congratulate Cheri Newton, Mellissa Liddle and Lynette Watson on their dedicated efforts and success.

FPP Supervisor, Catherine Hampton is also on track to complete her Diploma in Management early in the next year.

Over the year, Alukura received a number of visitors to our unique Women's Health service including: Ms Bobbie Campbell, First Assistant Secretary, Indigenous Health Division from the Commonwealth Department of Health; Central Australian Remote Aboriginal Health health discipline students on placement in Alice Springs and female board members from Maari Ma Health in NSW.

This year brings the 30th anniversary since Alukura services commenced. Planning is underway for a 30-year community event celebration, to be held in September.

## Ingkintja Male Health Service: *Wurra apa artwuka pmara*

The Ingkintja Male Health Service provided 4,405 episodes of clinical care to 1,705 male clients. This service continued to maintain a strong focus on male health checks, immunisations, treatment for illness and disease, counselling (including outreach), sexual health treatment and screening, family violence intervention support, hygiene health, and social inclusion through the activities offered in the Ingkintja Men's Shed.

In December 2016, the Ingkintja clinic received AGPAL accreditation for a further three years.

Almost all recommendations of the 2015 Ingkintja review were implemented under a staged implementation plan over the year.

Promoting and completing adult health checks remained a priority with 401 male health checks completed—an increase of 14% from the prior year. Congress' Deadly Choice promotion was launched in Ingkintja for the Movember health promotion. The incentive program is encouraging clients to have an adult health check and causes a focus on preventative health sooner.

Our men love their Deadly Choices shirts!

Following an outbreak of STI's in the region, Ingkintja provided a responsive focus on STI screening, treatment and increased the supply of condoms to public toilets around the CBD.

Medical supplies for cultural ceremonial events were provided to communities in Congress managed remote health services.

Three successful male health promotional community events were held over the year, with a focus on key male health conditions including mental health, suicide, family and domestic violence. The events attracted great buy in from partnering services including the Black dog institute (suicide and depression), Congress SEWB and the tackling Indigenous smoking health promotions team. Ingkintja also collaborated with CAAAPU to hold The Family and Domestic Violence Day at CAAAPU, that was resounding success.

Following the 2015 Ingkintja review, Monday morning sessions were reintroduced with service and

government providers attending and engaging with men and raising awareness on supports available in the community. Main issues covered included police relations and the individual's rights and responsibilities, men's health awareness, social behaviour matters and cultural issues.

***Men accessing Ingkintja social support services continued to grow with 6,645 episodes of care provided for hygiene facilities, the Men's Shed and drop ins.***

Men accessing Ingkintja social support services continued to grow with 6,645 episodes of care provided for hygiene facilities, the Men's Shed and drop ins.

Wash facilities for men living rough remained a well used service.

Having these men at the wash facility offers an important opportunity for Ingkintja to connect with them. This promotes ownership of their health and wellbeing through connection with health and wellbeing services that would otherwise be missed, including health checks, medical follow-up and referrals to other services and providers.

Ingkintja consolidated on the young males program that works in partnership with

local schools including Clontarf, Yirrara, and Centralian Middle and Senior Schools, Acacia Hill, Saint Joseph's and Karen Sheldon Training group. Ingkintja co-opted local cultural leaders to impart knowledge on cultural knowledge to the cohort of students with the aim to preserve and recognise Aboriginal identity and culture.

In May, Ingkintja commenced discussions with NT Police Diversion Unit and Relationships Australia to hold activities at Huckitta Station and Ipolera outstation as a youth diversion initiative to provide young people at risk of entering the criminal justice system with alternative pathways. Ingkintja has offered to provide health checks to ensure the overall wellbeing of participants and to respond to any health problems early and facilitate collaboration with other Congress services including SEWB/headspace to provide advice on mental health.

With family and domestic violence a key concern for our men, Ingkintja was well represented at the Family and Domestic violence conference held in Alice Springs in June 2017.

Ingkintja Men's Shed provides men with social inclusion and

empowers men to build their self-worth, confidence and feel valued. Popular activities included woodwork, metalwork and leatherwork. The shed is also well used by school and community groups including Yirara, Clontarf, Northern Territory Cattlemen's Association, Acacia Hill School and St Joseph's Flexible Learning Centre and men that would otherwise be disengaged with the community.

Ingkintja Men's Shed also participated in 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 broach in a formal or clinical setting. These included discussions on violence, suicide, drugs and alcohol.

Ingkintja partnered with NT Police and Tangentyere Council for the White Ribbon Day event in Alice Springs to raise awareness on violence. Staff also supported the Ntaria White Ribbon Day.

Ingkintja was represented at the CASSE (Creating A Safe and Supportive Environment) Conference in Melbourne. The Ingkintja Men's Shed research project was a component of CASSE that finalised in June. The focus of the

research was to identify the best model for an Aboriginal men's shed in Alice Springs.

As the main provider of culturally safe male health services in Central Australia, Ingkintja is accessed by men of many tribal groups. Regular feedback received from men is the desperate need in remote communities on culturally safe and responsible male health services. A Men's shelter is another commonly identified need amongst our men, as a safe place for time out, respite and away from the hassles and troubles that surround them.



## Child & Family Service

Recognising the lifelong health implications of early year's development, Congress' Child & Family Service supports Aboriginal families to help their children to learn well and grow strong, from birth to 15 years of age.

Congress has a strong investment in improving health and developmental outcomes for vulnerable and at risk Aboriginal children in Alice Springs. The Child & Family Services section provides a coordinated approach to deliver on Congress' commitment to support child health and development. Fundamentally, the model delivers child and family services at the heart of 'closing the gap'. Moreover, through our integrated services we aim to ensure the gap is prevented from the outset.

Child & Family Services includes:

- *Ampe Kenhe Apmere* Congress Child Care Centre
- *Arrwekele akaltye-irretyeke ampare* Early Childhood Learning Centre
- Preschool Readiness Program
- Child Health Outreach Program
- Family Support Programs



Cuz Congress at play on NATSI Children's Day

## Health Services Division Report

In March 2017, Congress opened *Arrwekle akaltye-irretyeke apmere* — our new Early Childhood Learning Centre focussing on children from six months to three years from disadvantaged families that would not otherwise access early learning. The program is funded for 50 children, however due to limited floor space (currently expanding), the centre has capacity for 33. Thirty children are currently registered. The program is based on the international evidence-based Abecedarian program, modified for the Australian context and bi-culturally adapted in local Aboriginal languages. Cultural security is fundamental to the Centre, which employs 13 Aboriginal staff including the Educational Lead, Early Childhood Educators, the Administration Officer, Transport and Engagement Officers, and Aboriginal Family Support Workers. The Baker Institute in partnership with the Murdoch Children's Research Institute, is undertaking the evaluation of the Centre. Children undergo language and development assessments to

check their progress and also receive child health checks at Congress clinics.

The *Ampe Kenhe Apmere* Congress Childcare Centre 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.

***The Ampe Kenhe Apmere  
Congress Childcare Centre  
continued to provide  
robust and flexible  
culturally responsive early  
childhood learning...***

The Congress' Early Years Improvement Plan has seen delivery of a number of improvements to the centre and nearing completion, including:

- All major renovations of the centre's facilities (building and yard upgrades) funded by the Commonwealth Department of Education and Congress completed.
- The University of Melbourne, Department of Education, Early Childhood Australia, Child Australia, Blue Earth programs and Quality Education and Care NT continued to provide support to children and staff.
- The centre is in the process of transitioning

to the web-based software that will enable Childcare Benefit and rebates for families when the service becomes an approved service and the system is linked to the Child Care Management System.

- The centre is making significant strides towards attaining accreditation, guided by the National Quality Standards, an Early Years Learning Framework and Congress' Early Years Improvement Plan.
- In the latter part of the year, a Compliance Officer was employed to support both centres, through the assessment process to become approved services.
- Recruitment of qualified staff is an ongoing process to maintain low ratios for quality teaching/learning.

During the reporting period, the Child Health Outreach Program (CHOP) provided care for up to 50 clients through a multidisciplinary team. This team consists of two registered nurses and an Aboriginal Family Support Worker, and through Congress' integrated primary healthcare model, the program is supported by a dietitian and GP. Clients with health issues including chronic or complex medical conditions are supported using a case management approach. The team

provided health education and promotion to families as well as acute and preventative healthcare services in the clinic and as an outreach model.

Working within the CHOP team, the School Health Outreach Program partners with both schools to enable Aboriginal school aged children access to primary and acute healthcare services and health screening. The team evolved, with two new positions created to engage with an average of 55 children per week through school visits.

Home visits are also provided to support families in accessing acute and primary healthcare services and healthcare education.

The Family Support Service (FSS) consists of two programs, Intensive Family Support Service (IFSS) and Targeted Family Support Service (TFSS). TFSS is the early entry/prevention family support program and IFSS works more directly with families who may have entered the child protection system due to concerns relating to neglect.

During the financial year, the Congress FSS provided support and advocacy to a caseload of 40 vulnerable families who have been experiencing a range of

challenges in their lives. Referrals are made by Territory Families, community services or by the families themselves. The FSS team works with families to assist in providing some stability and enable families to focus on their children's needs and develop and improve their parenting skills and capacity. The FSS Team continued to implement the

Parents Under Pressure (PuP) Framework of practice into their work with families.

Along with FSS staff, the developers of PuP, Professor Sharon Dawe and Dr Paul Harnett provided an information session in Alice Springs to other key stakeholders on the PuP program and the implementation of this program into their service delivery to clients.

FSS staff also facilitated a workshop at the NT Australian Association of Social Workers in Alice Springs in March on *Working with Aboriginal Children and their families: A bicultural approach to working in a cross cultural setting*. The workshop was used to demonstrate how this approach assists in achieving increased engagement and improved outcomes for

the families referred into the FSS. At the Alice Springs Cross Sector Orientation Forum, Congress FSS staff presented alongside another family support service provider an overview of the family support services in Central Australia.

The Preschool Readiness Program (PRP) delivered four intensive programs, one each school term for six weeks. Intensive programs aim to deliver developmental gains in expressive language and social skills for developmental vulnerable children nearing preschool entry. The program enables significant improvement in children's overall development, predominately their fine motor and language skills. A parenting program, Parents Under Pressure (PuP) was implemented in the final intensive program of the year. Parents gained more knowledge in child development, were able to discuss their ongoing concerns for their children and forward planning occurred for specialist assessments for Attention Deficit Hyperactivity Disorder (ADHD), Autism Spectrum Disorder (ASD), and Oppositional Defiant Disorder (ODD). Parents also explored their own parenting styles and values, and how to continue progress of their child

with certain activities and routines at home. The parenting program complemented PRP's efforts with the children.

The team underwent staffing changes at the end of 2016 and secured a Team Leader with qualifications in child psychology that enabled the delivery of a more responsive child psychology service. An Aboriginal Early Childhood Teacher also joined the program and was well supported by the program's two Aboriginal Family Support Workers/Early Childhood Educators. Later, the team was supported by an Occupational Therapist.

The program continued collaboration with the NT Department of Education including local preschools and the NT Department of Health—Paediatrics and Allied Health services.



**Early Childhood Educator: Una Ratara**

## Social & Emotional Wellbeing

The Congress Social and Emotional Wellbeing (SEWB) service provided 14,289 episodes of care for 2,183 unique clients. This included 510 clients for alcohol and other drugs (AOD) issues and 692 clients for mental health issues, 135 clients for interpersonal violence issues and 463 clients who required social and cultural support. All clients had access to case management and three streams of care targeting medical, therapeutic and social/cultural supports when needed.

Early in the year, the SEWB remote AOD program was significantly enhanced with our remote clinical psychologist and remote AOD workers providing high quality intervention, case management and community engagement to clients in Ntaria, Utju, Wallace Rockhole, Mutitjulu and Ltyentye Apurte. Ongoing engagement with these communities has led to stronger referral pathways and better approaches to coordinated care as well as the ability to provide ongoing care for clients who move between communities.

In August 2016, the Congress Link Up service was fully established with a footprint covering Central Australia including Tennant Creek. With an 80% Aboriginal

staffing compliment, the Link Up service provides family tracing and reunion services to members of the Stolen Generation.

Integrating Link Up in SEWB allows clients to have greater access to a network of support that can assist healing and wellbeing through our therapeutic and expanded social and cultural supports. This is in addition to other services and programs through Congress' comprehensive primary healthcare model. The Link Up service has also provided support to Stolen Generation clients in Central Australia for their involvement in the South Australia Stolen Generation Reparation Scheme. Congress has been successful in securing funding for the Link Up service for another three years.

The Link Up team hosted National Apology Day and National Sorry Day Events. Both events were well received by Stolen Generation Members and the wider community.

Congress received funding under the Royal Commission into the Protection and Detention of Children in the Northern Territory to provide therapeutic and social support for individuals and families who

have been affected by the Royal Commission into the Protection and Detention of Children in the Northern Territory. SEWB had a presence at the public hearings and community forums which occurred in Alice Springs and in remote communities where Congress delivers health services. The Royal Commission support service has continued to develop links in the community and with other organisations to ensure better support and management of clients who have been affected. SEWB also maintained our observational role at the Youth Detention Centre, ensuring the appropriate treatment of young people in custody, as well as delivering a limited therapeutic support role.

Funding for the After Hours Youth Service (AHYS) transitioned to Territory Families during the year. Congress maintained the service in partnership with the Alice Springs Town Council, providing active engagement and a transport service to vulnerable young people, transporting them to their homes or a safe place out of the CBD. The service experienced approximately 17,128 transportation encounters with at-risk youth, with 94 offered referrals SEWB Youth

Services for culturally appropriate social support, counselling, therapeutic and mental health support. During the year, 74 young people received intensive case management and social support through our youth team. Through collaborative efforts and partnering with other youth providers, the SEWB Youth Service and After Hours Youth Service delivered a number of successful activities during the year attracting strong participation from young people, who may not have otherwise become engaged. Recreational activities delivered in partnership with youth agencies including headspace Alice Springs, the Alice Springs Youth and Community Centre, Gap Youth Centre, and the Alice Springs Town Pool were amongst the successful events.

The success of the AHYS is evidenced by the increase of the service now operating 7 days a week. More broadly, our youth team continues to be involved in many collaborative youth initiatives that strengthen the youth and justice sector, including the Interagency Case Management meeting, Central

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Australian Youth Justice Network and Interagency Task Coordination Group. Congress hopes to maintain the service through a competitive tender process in the forthcoming year.

headspace Alice Springs continues to be supported by Congress as its lead agency, allowing for sharing of resources and a strength based clinical governance. headspace provided over 2387 occasions of service to 548 unique clients. The headspace Consortium was re-established with support from a range of local services, including Lifeline, Sexual Assault Referral Centre, Central Australian Mental Health Service, Child and Youth Mental Health Service, Department of Human Services and St Joseph's. The consortium serves to ensure headspace is meeting the needs of the young people of Central Australia and allows for the provision of in-kind services to better support the needs of young people through a client centred approach.

Throughout the year, headspace hosted a number of youth engagement events including a Movie Pizza Picnic on the Town council lawns early in the year

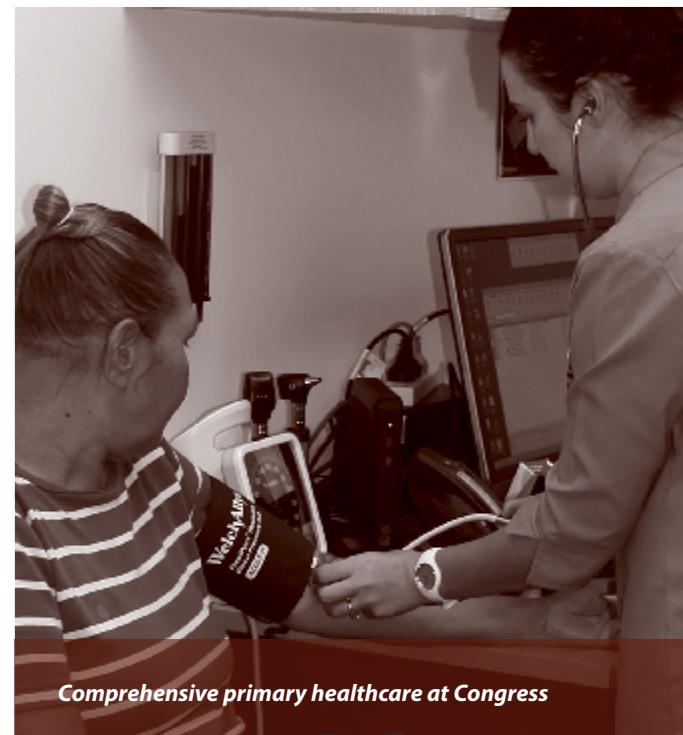
and another mid-year at Anzac Oval. The events included movies on a big screen movie projector with food and drink supplies. These events attracted over 150 young people including many Aboriginal young people. For Youth Week in April, headspace delivered a Harry Potter themed Quidditch in Real Life event and was another well received youth engagement event.

The headspace and SEWB teams participated at Stress Less in the Park event for Mental Health Week. The event provided an opportunity to promote Congress mental health services and partner with other providers on service promotion and education regarding mental health with a live broadcast by CAAMA.

Over 250 young people attended the event.

Our headspace Community Engagement Officer Neily O'Connell won the Glencore McArthur River Mining Regional and Rural Initiative Award for the 2016/2017 Northern Territory Young Achiever Awards for her work at headspace and with the Youth Advisory Group. The well-deserved award is appropriate recognition of Neily's dedication and tireless efforts in raising awareness of mental health issues with young people.

Congress SEWB maintained a proactive role in advisory boards and working committees, including the AMSANT Trauma-Informed Primary Health Care Action Group, the AMSANT Social and Emotional Wellbeing Working Group and the National Social and Emotional Wellbeing Clinical Working Group. SEWB continues to strengthen our partnership with the Mental Health Association of Central Australia (MHACA)



**Comprehensive primary healthcare at Congress**

and the 'Suicide Story' program with the involvement of our Aboriginal Care Management Worker, Dorrie Wesley's ongoing commitment as a facilitator in the program. The program received the Northern Territory Fitzgerald Human Rights award for Social Change on 7 December 2016.

In the latter part of the year, Congress and SEWB strengthened our partnership with CAAAPU through reviewing our MoU and establishing a stronger partnership in the delivery of medical and psychological intervention and support into the residential program as well as ongoing Aftercare support and case-management to individuals who are discharged back into the community.

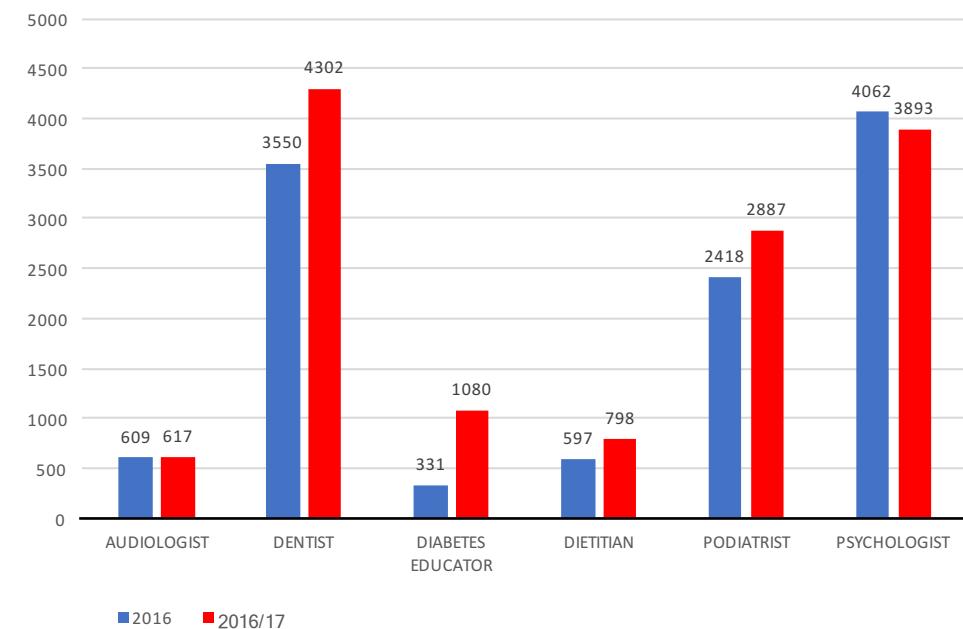
SEWB Manager Dr Jon-Paul presented the Congress SEWB AOD model of care to the Australian National Advisory Council on Alcohol and Drugs. This presentation was commended by the Council and recognised as a best practice model of care. The presentation lead to the commissioning of a project by ANACAD to document the model of care as a case study of how to deliver these services to Aboriginal people within an Aboriginal community-controlled,

comprehensive primary health care setting.

Additionally, our SEWB Cultural Practice Advisor, Debra Maidment and Senior Clinical Psychologist, Michael Lawton co-presented the SEWB model of care at the Remote AOD Workforce forum in October. The forum's workforce is drawn from Primary Health Care Centres across the NT, spanning 35 communities in remote, regional and urban settings. The presentation was well received and demonstrated the strengths of the three streams of care models for both town and remote based clients.

This year has seen greater refinement and integration of SEWB services, particularly in integrating SEWB services to our remote clinics. With the opening of our new clinics last August, and the introduction of a shared model of care practiced in our clinics, it has become timely to review a more streamlined SEWB service integration with our clinics. The review is consistent with Congress' ongoing commitment to optimise accessibility and quality care.

## Internal Allied Health and Chronic Disease Support Services Client Contacts



## Integrated Health Services

Following a restructure of the Health Services Division late in the previous year, the Integrated Health Services replaced the Chronic Disease section to became a new section with expanded complimentary programs and operationalised in July.

Integrated Health Services comprises of a multidisciplinary team of allied health professionals including podiatrists, diabetes nurse educators, dietitians, an audiologist and dentists as well as care coordinators, a social worker, Aboriginal Health Practitioners, clinical educators, interpreters, an eye health coordinator, immunisation coordinator, recall nurse and aged care nurse. While

these services are predominately delivered in Alice Springs, a podiatrist, dietitian and diabetes nurse educator provide regular essential outreach allied health services to our five remote communities.

The dental clinic continued to provide a responsive oral health service. With client demand, a second dentist joined the service to provide clients with basic dental care, including dental exams, diagnosis, radiographs, treatment plans, oral hygiene, basic periodontal treatment, restorative restorations, exodontia and preparation for dentures and crowns. The service is well supported by two full-time dental assistants and a dental assistant trainee. The team provided 4,042 episodes of dental care. Towards the latter part of the year, the service was preparing to deliver a mobile bush dental service to our remote clinic sites in our dental truck.

With the restructure, two vital clinical educator positions were established and quickly proved their worth and value to Congress' clinical workforce. Educators have been pivotal in implementing the Congress Aboriginal Health Practitioner training program that is jointly facilitated

with Bachelor Institute. The Clinical Educators facilitated clinical placements of podiatry and nursing students across Congress Clinics, assumed primary responsibility for the development and implementation of a clinical orientation program for new AHP/RNs and delivered a myriad of clinical in-services to ensure our workforce remains skilled and confident in the delivery of quality health services and systems.

A review of Congress' health services identified the need for Congress to employ our own Aboriginal interpreters to cover the main language groups of our clients. As a culturally respectful service, Congress recognises that effective communication between health practitioners and our clients is fundamental to ensure the safety and quality of our care. Male and female interpreter positions were established with an appointee following soon after. Languages covered include Arrernte, Luritja, Pitjantjara and Walpiri.

The Frail Aged and Disabled (FAAD) program provide community outreach services for medical care, including

palliative care, to Aboriginal clients with complex medical conditions who are unable to access Congress services due to frailty and/or disability. They are supported by a sessional GP. Over the year, the team provided essential and holistic services to 65 complex individual clients with 941 episodes of care provided. The FAAD team

is a small but imperative fit in the care of our frail, aged and disabled clients and they continuously and effectively engage with other stakeholders including the Aged Care Assessment Team, Tangentyere Aged Care Services, Palliative Care

Team and Central Australian Renal Service Providers to provide clients with a high level of appropriate and holistic care.

The Renal Primary Healthcare program continued to provide comprehensive primary healthcare services to 278 dialysis clients with 11,171 episodes of care provided. Understanding the physical, emotional and cultural constraints forms the basis of providing a comprehensive primary healthcare for up to 95 clients a day across the two dialysis units

in Alice Springs. The renal primary healthcare team coordinates four GP visits a week at the units, and arranges GP appointments outside dialysis, liaising with allied health, booking appointments, transporting clients to appointments, providing immunisations, wound care, diabetes support services, and addressing social issues while liaising with other health and allied health professionals.

The renal primary healthcare team acts as a support network for dialysis nurses, doctors and other staff, providing primary healthcare outside the boundaries of the hemodialysis units and linking clients in with the necessary services. The program encourages clients to develop self-empowerment and ownership of their chronic disease while respecting client's freedom of choice. Clients are always encouraged to discuss their worries with the team which endeavors to provide joint problem-solving solutions.

The renal primary healthcare team continued to work closely with Nephrocare, the renal dialysis unit at Flynn Drive and Purple House to provide holistic and comprehensive primary health care to over 200 of our dialysis clients.

Brien Holden Vision Institute works closely

*Wild horses near the Mpwelarre  
(Santa Teresa) Health Centre sign*



with our eye health coordinator to provide essential optometry services to clients, in town and remote. Over the last year, the service performed over 400 diabetic eye checks.

With Congress' commitment to workforce development, staff access professional development to attend relevant conferences, including the NT Indigenous Eye Care Conference, Close the Gap for Vision by 2020 National Conference, Australasian Podiatry Conference, 14th National Rural Health Conference, CDN/PHAA 2016 Conference and Rheumatic Heart Disease Conference.

### **Remote Clinics**

Congress delivers comprehensive primary health care services to six remote communities in Central Australia – Amoonguna, Ltyentye Apurte, Mutitjulu, Wallace Rockhole, Ntaria and Utju. Congress' remote services are delivered under the guidance and advice of five local remote health boards with a shared commitment to deliver high-quality, culturally safe, sustainable and responsive primary health care services. Local health boards meet quarterly. Congress remote health services serve as the first line of response for medical emergencies in these remote communities.

Congress remote health services have a combined annual budget of \$8.4M, approximately 78 staff and 2,386 unique residents and 1,371 visitors. Remote clinics are widely dispersed with Amoonguna just 16 kilometres south and Mutitjulu 680 kilometres south-west of Alice Springs.

Congress holds quarterly collaborative remote joint board meetings in Alice Springs with two members from each health board attending. Board members of each remote health service also attended six monthly AMSANT General Meetings.

A reform program was carried out across all Congress Clinical services to enable a greater level of integration and consistency between town and remote services. The reform program was implemented in November 2016 with a strong focus on our model of care, service integration, transparency and a more effective delivery of Support Services to our remote clinics. A new Medical Director position was established as part of the reform program with clinical leadership responsibility across all town and remote clinics. These reforms were aligned with the Congress board's commitment to embed

remote services as integral to Congress' comprehensive primary health care model under the mantle of accessible and culturally safe health services for all Aboriginal people.

Amoonguna, Mpwelarre, Mutitjulu, and Utju clinics all received a further three year RACGP accreditation. This was the first time Congress has managed to have all clinics on a consistent accreditation cycle.

Congress expanded the outreach of our allied health services to remote clinics to meet cycle of care needs particularly with a focus in chronic disease management. Greater focus was enabled over the year to integrate outreach allied health service into clinics with the visiting services of a podiatrist, diabetes educator, dietician and a psychologist.

Under the Tackling Indigenous Smoking program, three trainee Aboriginal health practitioners from our Mutitjulu, Ntaria and Mpwelarre services joined the Congress AHP training program and remain on track to complete their certificate IV in Aboriginal Primary Health Care early in the latter half of the coming year. Mpwelarre employed a further trainee using core funding.

To continue to provide good conditions to our front line remote staff, Congress invested in a staff accommodation upgrade and improvement program across all remote sites. Upgrades were carried out in Ntaria, Ltyentye Apurte and Utju with new kitchens, bathrooms and flooring installed and internal painting. Crimsafe security was installed in all housing. A cyclical maintenance works program was also introduced.

The Congress Deadly Choices program was mobilised across all remote sites in May, with shirts designed in local community football team colours. Early indications show that the initiative will have an improved impact on health checks, however it is too soon in this report to measure any impact.

Congress swiftly introduced important improvements in the safety of our remote clinicians attending emergency after hours call outs. Policy and procedures were strengthened, mobile duress alarms installed and local employment was created as a compulsory second responder to accompany clinicians on all call outs. Employing local people with the cultural skills and knowledge of community dynamics has been invaluable.

Recruitment across some sites remained a challenge, although retention was more stabilised. With Congress' commitment to workforce development, all Remote Health Service Clinic Managers attended a five-day accredited CRANA Remote Management Program in Cairns.

### **Amoonguna Health Service**

The Amoonguna Health Service provided care to 313 unique clients and 344 visitors and delivered 3,606 and 1,725 episodes of care respectively.

Child health remained a dedicated focus particularly in early childhood. Children with developmental vulnerabilities were referred to the Congress Preschool Readiness Program (see page 21) for early interventions.

All children in the community aged 6–71 months were fully immunised with 78% immunised on time and no child was assessed as being underweight. 96% of children were measured for anaemia with 23% identified as anaemic.

A school nurse program worked with the local Amoonguna school to provide health checks, iron supplements to children diagnosed with anaemia and nutritional advice to families. A school

screening day was held in May 2017 in collaboration with the NT Department of Health Trachoma Program and Hearing Health with 19 children screened.

The clinic achieved an increase in Health checks with 78% of clients aged 15–54 and 87% of clients over 55 having their annual health check. 89% of Diabetic adults aged 15 years and above had a blood pressure recording, 68% of clients over the age of 20 have had a cardiovascular risk assessment recorded.

Congress Alukura commenced delivering maternity care sessions in the clinic. Four women attended breast screening through BreastScreenNT and the clinic supported women to attend the Alukura Women's Health Day.

While optimal health care will remain a core focus of the service, strategic development planning is underway for the Amoonguna Health Service to become an orientation hub for practitioners who are new to remote and a training hub for General Practitioner Registrars. The training will include Continuous Quality Improvement and dedicated time with a Pharmacist.

### **Mpwelarre (Ltyentye Apurte–Santa Teresa) Health Service**

The Mpwelarre Health Service provided care to 569 unique residents and 281 visitors and delivered 8,867 and 1,186 episodes of care respectively.

Clinic Manager, Jason King was awarded the 2016 Aboriginal Health Practitioner of the Year award. Congress applauds Jason on his worthy award and commitment to improving the health outcomes of the Mpwelarre community.

Two local Aboriginal health practitioners were employed, with one employed under the Tackling Indigenous Smoking program. Both trainees are on track to complete their Certificate IV in Aboriginal Primary Health Care in the forthcoming year.

The service delivered across a number of clinical KPIs. Of the 13 new babies born during the year (including one delivered in the clinic), three were of low birth weight. Three percent of children between 0 to 59 months were recorded as underweight. 88% of children aged 6 months to 59 months had their Haemoglobin tested for anaemia with 15% identified as anaemic.

FPP Mother and child at play



Anaemia is a focus area for Congress and we hope research being undertaken by the Congress research team will better inform precipitating factors for fluctuations in anaemia rates in Ltyentye Apurte.

The Mpwelarre Health Service achieved a 100% immunisation rate for children 6 months to 23 months and 98% for children 24 months to 71 months with 78% immunised on time.

A school screening day was held in October 2017 in collaboration with the NT Department of Health Trachoma Program and Hearing Health with 120 children receiving screening and a health check.

The clinic achieved 88% of clients aged 15–54 and 94% of clients over 55 having their annual health check. 86% of Diabetes clients had their HbA1c tested with 32% recording a HbA1c below 7%, 83% of clients over the age of 20 had a cardiovascular risk assessment recorded and 75% of Rheumatic Heart Disease clients received more than 80% of their injections.

With management and presentation of chronic disease identified by the health board as a key health concern in the community, the clinic gym was updated and an accredited fitness trainer

position established. An incumbent was employed later in the year and is working with clients in rehabilitation, chronic disease management and prevention and healthy lifestyles through GP management plans.

Congress SEWB provided a weekly psychologist service and partnered with the Mpwelarre based AOD worker to provide integrated, culturally responsive drug and alcohol support and case management to clients requiring help for their social and emotional wellbeing and mental health needs.

The health service continued to partner with the Atyenhenge Atherre Aboriginal Corporation (AAAC) on the community nutrition program, consolidating efforts to promote healthy eating within the community. An initiative of this partnership is the supply of iron rich food packs to parents/carers of bubs at six months to encourage weaning during this time.

The clinic maintained working partnerships with key services in the community including the Atyenhenge Atherre Aboriginal Corporation, the school, store, MacDonnell Regional Council Youth Program, Ltyentye Apurte

Arelhe-Inkerrenyekekenhe Apmere Aged Care, Congress allied health services and Territory health specialist services. Maintaining strong relationships with key partners is imperative for community engagement, service consolidation and improving health and wellbeing outcomes for the Ltyentye Apurte community.

### Mutitjulu Health Service

The Mutitjulu Health Service provided care to 450 resident clients and 480 visitors and delivered 7,352 and 1,925 episodes of care respectively.

Early in the year, the service encountered recruitment challenges in our endeavour to recruit the right Nurse Manager with the skillset and resilience to lead the busy clinic. With the appointment of an experienced Remote Health Service Manager in November, stability was restored and changes to further optimisation of care for the residents and visitors of Mutitjulu applied. The clinic also welcomed a permanent part time GP and a local employed trainee

# Health Services Division Report

Aboriginal Health Practitioner under the Tackling Indigenous Smoking program. The allocation of clinical portfolios within the team assisted in improving engagement and continuity of care. These included the portfolios of maternal/child and women's health, men's health, chronic disease and frail and aged.

Of the new babies born during the year, 33% (two) were of low birth weight. 65% of children aged 6 to 59 months had their haemoglobin tested for anaemia with 32% identified as anaemic.

The clinic achieved a 100% immunisation rate for children; 6 to 11months and 74% for children 12 to 71months with 50% of children aged 1 to 11months immunised on time.

Of the 81% of children weighed, none were recorded as underweight. While anaemia rates in children aged 6 to 59 months remained stable it does continue to be a focus area for Congress and we hope research being undertaken by the Congress research team will better inform precipitating factors for fluctuations in anaemia rates in Mutitjulu.

A school nurse program worked with the local Mutitjulu school and

Nyangatjatjara College to provide health screening and health promotions including sexual health to young people. Health promotions were strengthened with the Mutitjulu based Congress AOD Worker and male AHP trainee providing health promotions in alcohol, tobacco and other drug use to Nyangatjatjara young people.

A school screening day was held in July 2016 in collaboration with the NT Department of Health Trachoma Program and Hearing Health with 25 children screened.

The clinic achieved 54% of clients aged 15 to 54 years and 68% of clients over 55 years having their annual health check.

The clinic achieved improvements in chronic disease management with 83% of clients diagnosed with diabetes and coronary heart disease receiving a GPMP and TCA; attributed to the presence of a permanent GP and changes in team care arrangements. 72% of our diabetic clients had a HbA1C test recorded. The year saw an increase in the number of clients with a HbA1C <=7%; 95% of clients with type 2 diabetes were prescribed either an ACE and/or ARB.

Congress SEWB provided a regular psychologist service, and partnered with the Mutitjulu based AOD worker to provide

integrated, culturally responsive drug and alcohol support and case management to clients requiring help with their social and emotional wellbeing and mental health needs.

The Clinic consolidated working partnerships with key services in the community including the Nganampa Ngura Mutitjulu-nya Flexible Aged Care Service, Mutitjulu Primary School, Nyangatjatjara College, Royal Flying Doctor Service, Territory health specialist services, the Mutitjulu Community Aboriginal Corporation and Congress allied health services.

### **Ntaria (Hermannsburg) Health Service**

The Ntaria Health Service provided care to 775 resident clients and delivered 7,542 episodes of care to Ntaria residents and provided services to 75 resident clients and 206 episodes of care to the Wallace Rockhole community. Visitor numbers were not available for these clinics.

Congress works with the Central Australian Health Service (CAHS) to deliver comprehensive primary healthcare services to Ntaria and surrounding communities with both health services delivering complimentary

joined up health services to the community. Joint Service Agreement holders to the Ntaria Health Service Memorandum of Understanding (CARHS, CAAC and WAHAC) continued to have progressive meetings and collaborations.

Congress strengthened health services to the Ntaria region by expanding GP services to a FTE 1.2 with the appointment of a full time permanent Doctor. Men's health received an improved and concentrated focus with the Men's Health Coordinator filled by a male RN and infrastructure updates to the Artwaka Wurraka Male Health Centre.

The midwife position was transferred from CAHS to Congress with incumbent, Rosie Downing awarded the 2017 Australian College of Midwives Annual Award. The Family Partnership Program was introduced under a dyad team including a full time Home Nurse Visitor and a local employed Aboriginal Family Support Worker. Under the Tackling Indigenous Smoking program, a local employed trainee Aboriginal Health Practitioner also joined the team.

With the growth in the Ntaria Health Service workforce, services were relocated to the

Family Wellbeing Centre. Three offices in the centre were converted into clinical rooms and the former administration office converted to two staff accommodation properties. Women's and children's health services including the Family Partnership Program were moved to the building behind the former office. The building was named *Lukura* as a women's place from the local Board, WAHAC.

Improvements were also invested in existing staff accommodation with the installation of modern kitchens, bathrooms, security screens, and internal and external paint and flooring replaced. Congress is working with the Central Land Council to secure further land for more staff accommodation while exploring funding opportunities for two new builds.

Congress SEWB provided a weekly psychologist service and partnered with the Ntaria based AOD worker to provide integrated, culturally responsive drug and alcohol support and

***Maintaining  
strong partnerships  
with key providers  
is imperative  
for community  
engagement...***

case management to clients requiring help with their social and emotional wellbeing and mental health needs.

The team delivered a number of health promotion events to focus on women's health, men's health and maternal and child health and partnered with other Congress services on tobacco cessation. The trainee

AHP also provided regular health promotion to the Ntaria Primary School.

Services maintained a strong relationship with the MacDonnell Regional Council Youth team, attending regular youth

sessions and bush trips. Bush trips provided a great opportunity to engage with young people on managing culturally strong health and allowed safe conversation on sexual health and AOD.

Due to ongoing challenges in retaining local people with bus licences, with the support of the WAHAC board, two Aboriginal drivers from Alice Springs were employed as a trial to provide the bi-weekly renal transport service for the seven clients on renal dialysis.

The success of the trial received the support of the board to extend the arrangement.

Significant improvements were achieved in maternal services attributed to the dedicated midwife position; with an increase in women attending their ante-natal visits before 13 weeks of gestation up from 45% to 75%. Women attending their ante-natal visits after 20 weeks of gestation reduced from 30% to 8%. Of the new babies born during the year, none were of low birth weight. 92% of children aged 6 months to 59 months had their Haemoglobin tested for a significant improvement in anaemia rates, reduced from 15% to 1%.

Improvements in child immunisations were also achieved with 87% for children 6 to 11 months, 93% for children 12 to 71 months and 91% of children aged 1 to 11 months being immunised on time. Of the 96% of children aged 0 to 5 years weighed, none were recorded as underweight.

The clinic achieved 56% of clients aged 15–54 and 78% of clients over 55 having their annual health check completed.

Through a dedicated Chronic Disease Nurse, 63% of clients diagnosed with diabetes and coronary heart disease receiving a GPMP and TCA and 79% of diabetic clients had a HbA1C

test recorded. The year saw an increase to 33% in the number of clients with a HbA1C <=7%; 86% of clients with type 2 diabetes were prescribed either an ACE and/or ARB.

The clinic strengthened working partnerships with key services in the community including the Ntaria Clinic, Tjuwanpa Resource Centre, Stronger Communities for Children, Family as First Teachers, Territory Families, Lutheran Care – Intensive Family Support, MacDonnell Regional Council Community Services Programs (Aged Care, Youth Services, Children's Services and Community Safety) and the Royal Flying Doctor Service. Maintaining strong partnerships with key providers is imperative for community engagement, service consolidation and optimising clinical care and social and emotional wellbeing outcomes for the people in Ntaria and surrounding communities.

**Utju (Areyonga) Health Services**

The Utju Health Service provided care to 204 resident clients and 266 visitors and delivered 6,606 and 1,640 episodes of care respectively.

Recruitment challenges were experienced

in the first few months of the year, while recruiting a permanent Nurse Manager with the skillset and community adaptation to lead the clinic team. While recruitment was underway, long term AHP and local woman, Sarah Gallagher stepped up and coordinated clinical services. The Nurse Manager position was permanently filled in December with an experienced remote health service manager that had managed another Congress remote clinic. In February, the clinic welcomed a more permanent part time GP that enabled greater continuity of care.

With the great strength of Sarah Gallagher, the clinical team is embedded into the small and cohesive Utju community. These relationships enable greater engagement and responsive care and this year also assisted Utju deliver on a number of clinical KPIs over the year.

Of the new babies born during the year, none were of low birth weight. Of the 94% of children aged 6 to 59 months who had their haemoglobin tested for anaemia, none identified as anaemic.

All children aged 0 to 5 years were weighed with none being recorded as underweight.

The service achieved a 100% immunisation rate for children; 6 to 11 months and 91% for children 12 to 71 months with 100% of children aged 1 to 11 months being immunised on time.

A school screening day was held in February 2017 in collaboration with the NT Department of Health Trachoma Program and Hearing Health with 21 children screened.

The clinic achieved 54% of clients aged 15–54 years and 68% of clients over 55 years having their annual health check completed. 64% of women at Areyonga have had a pap smear recorded in the past 2 years. Smoking status has been recorded for 85% of client aged over 15 years.

Of the 97% of diabetic clients who had their blood pressure recorded, 45% recorded blood pressure within a healthy range.

For chronic disease management; 53% of clients diagnosed with diabetes and coronary heart disease received a GPMP and TCA; 81% of diabetic clients had a HbA1c test recorded. The year saw an increase to 30% in the number of clients with a HbA1C <=7%; 79% of clients with type 2 diabetes were prescribed either an ACE and/or ARB.

Sexual health remains a focus for

the service and concern for the board with 76% of clients within the age range receiving an STI screen.

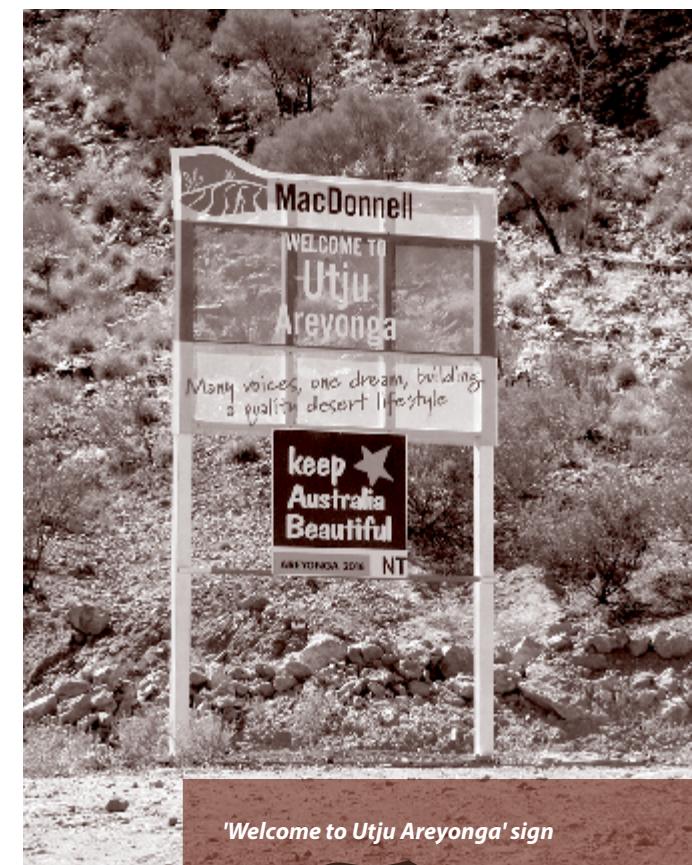
The team delivered a health promotion event to focus on women's health that achieved a high number of women having a PAP smear. Women were incentivised with a goodies bag of toiletries and beauty products. The event proved so successful that the men have requested a men's health promotion event and this will be a focus next year.

Men's health, maternal health and AOD services are delivered in partnership with the Ntaria health service providing an outreach service.

The Queens Diamond Jubilee Trust Australia and NACCHO maintained its partnership with the Utju Health Service in the prevention of trachoma. The health service supplied cleaning kits to each household as a health prevention initiative. The kits were well utilised and appreciated by the community.

The clinic maintained working partnerships with key services in the community including the McDonnell Regional Council municipal services team and Community Services Programs (Aged Care, Youth Services and Children's Services), Utju store, Tjuwanpa Employment Services and Congress allied

health and Northern Territory government specialist outreach services. Maintaining strong partnerships with key providers is imperative for community engagement, service consolidation and providing improved health and wellbeing outcome for the people of Utju.



# Public Health Division Report

This graph shows the rates of anaemia in children aged 6 months to 5 years. Congress Town has remained stable at 12% continuing to maintain the great improvement from the high of 29% in 2010. All sites have either remained stable or improved this period, notably Utju with no anaemic children for the first time ever and Ntaria with just one child reported as anaemic out of nearly 80 children tested. Most sites continue to remain below the NT average of 15% and the improvements highlight the impact of a comprehensive Plan Do Study Act (PDSA) approach to childhood anaemia including the provision of iron infusions for pregnant women as needed as one of five key strategies.

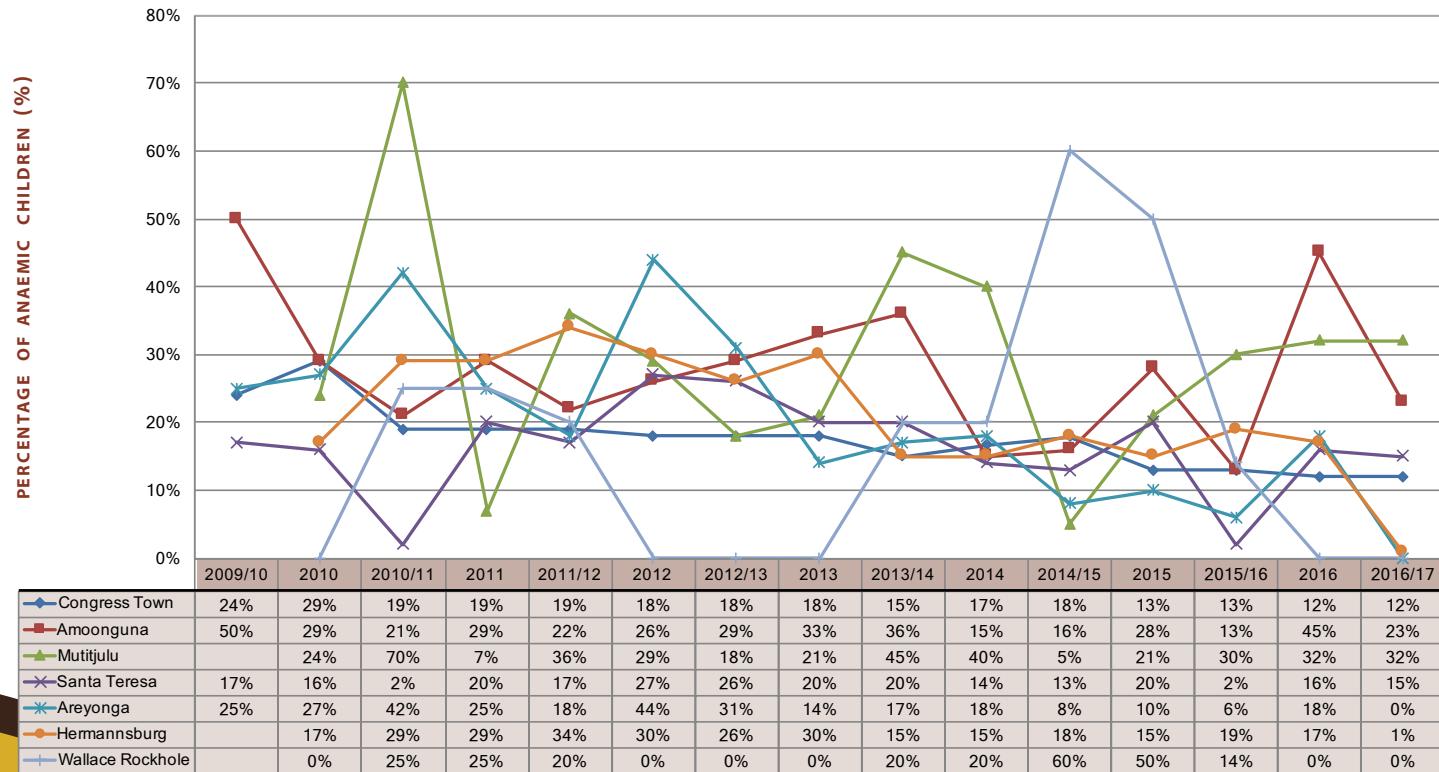
## Key Performance Indicators (KPIs)

Congress continues to ensure there is good accountability for outputs and outcomes from all of our services and programs through the routine collection and analysis of key data for operational plans, divisional reports and the organisational business plan. This includes meeting our reporting requirements for both the NT Aboriginal Health Key

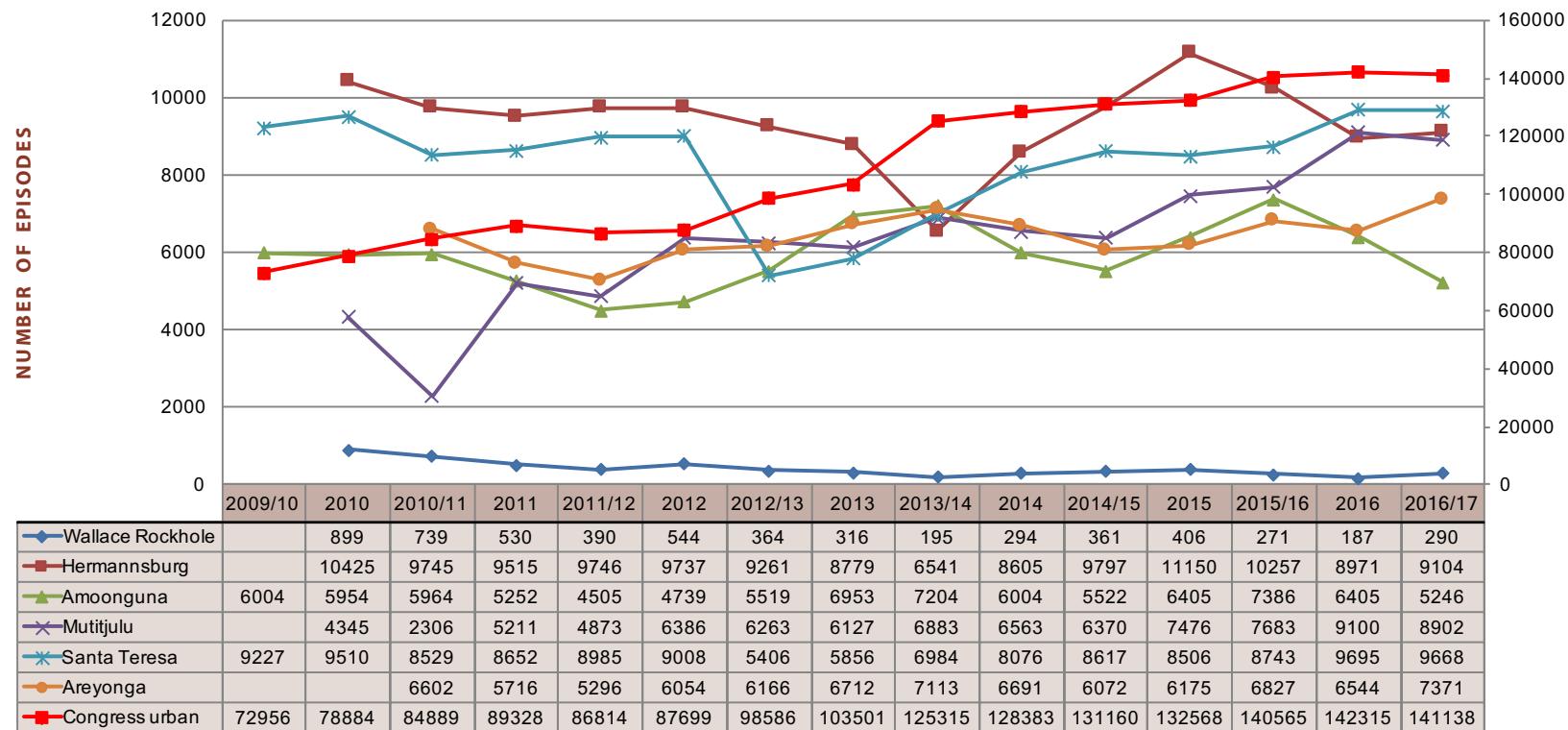
Performance Indicators and the national key performance indicators. This ensures we are able to assess our progress over time in all of services and programs within a continuous quality improvement approach and benchmark our performance against other services in the NT and across the nation.

In this section of the report we have selected some key indicators that highlight some key achievements in the last financial year including episodes of care, childhood anaemia, birth weights, medication dispensing, continuity of care and health checks

### Congress urban and remote clinics anaemic children over time



Congress town and remote clinics total episodes of care over time (includes residents and visitors; Aboriginal and non-Aboriginal)



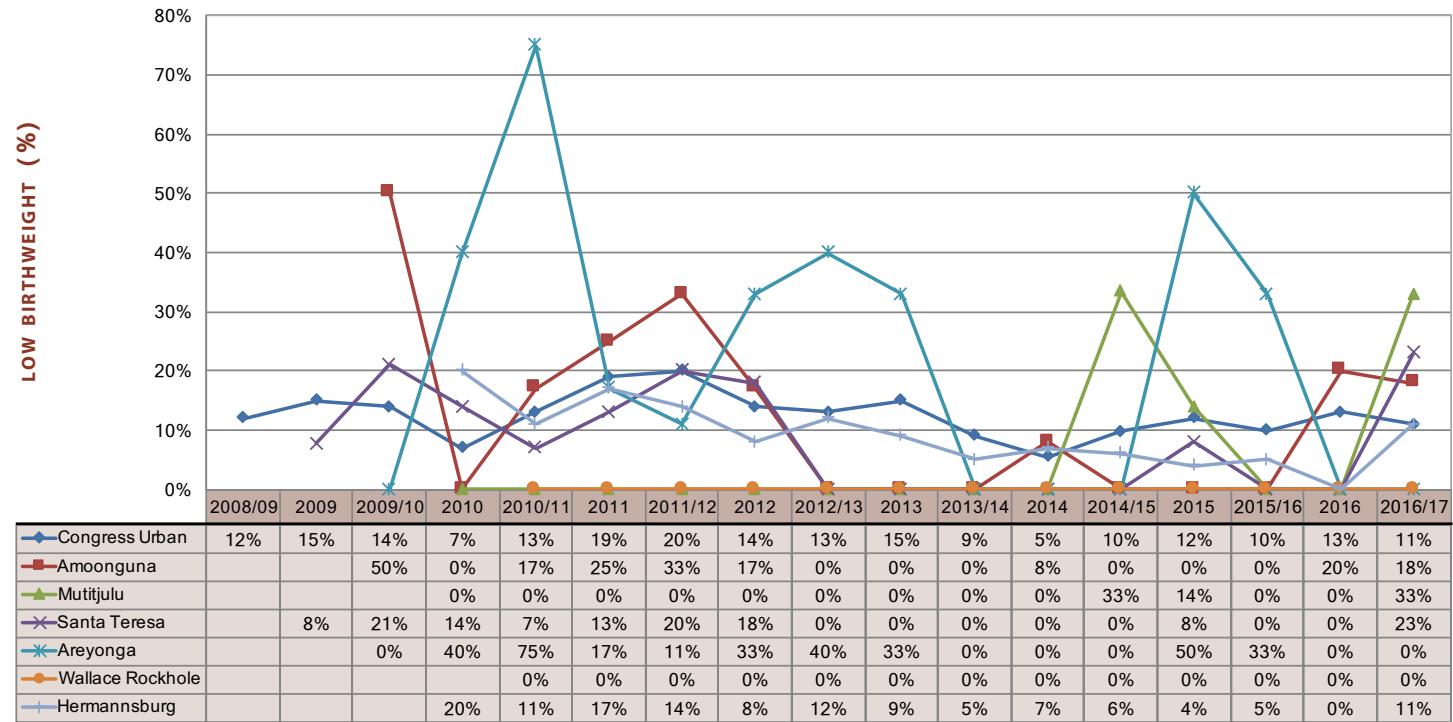
This graph shows the total episodes of care provided by each clinic regardless of Aboriginality or resident status. Most sites have remained stable or increased slightly this period, except for Amoonguna where

the improved coding of episodes of care has resulted in a decrease of episodes of care reported over the past 2 periods. Aboriginal people enjoy for high levels of access to high quality care across all town and remote clinics.

Congress client,  
Deanne Cook and her baby



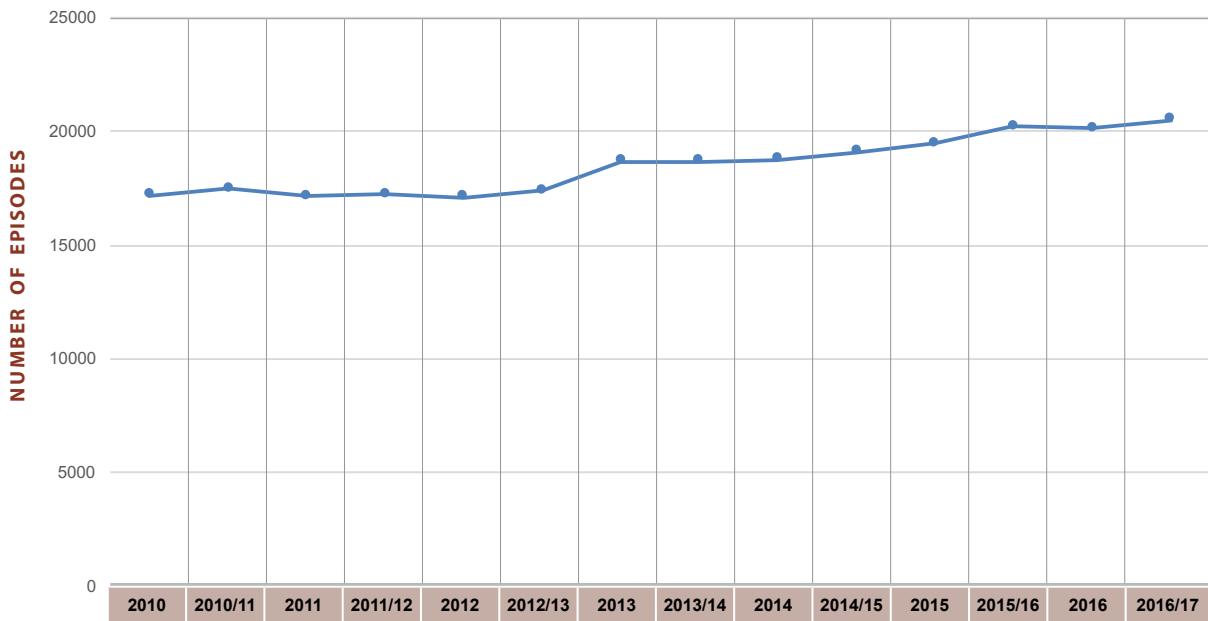
### Congress urban and remote clinics low birthweights over time



This graph shows the percentage of low birthweight babies born each year by community. Congress town has decreased to 11% while Utju and Wallace Rockhole continued to report no low birthweights. The increases at Mutitjulu and Ltyentye Apurte for this indicator relate to only two children at each site, one being a set of twins.

Birth weight has a lifelong impact on health and well-being, especially in the primary prevention of chronic disease in mid-life, so it is vital that we continue to make improvements in this area.

### Congress town episodes of medication dispensing by reporting period



This graph shows the number of dispensing episodes performed for all Congress town sites. This continues to increase steadily and is reflective of an increased demand for regular medications from Congress clients as well as continuing improvements in accessibility,

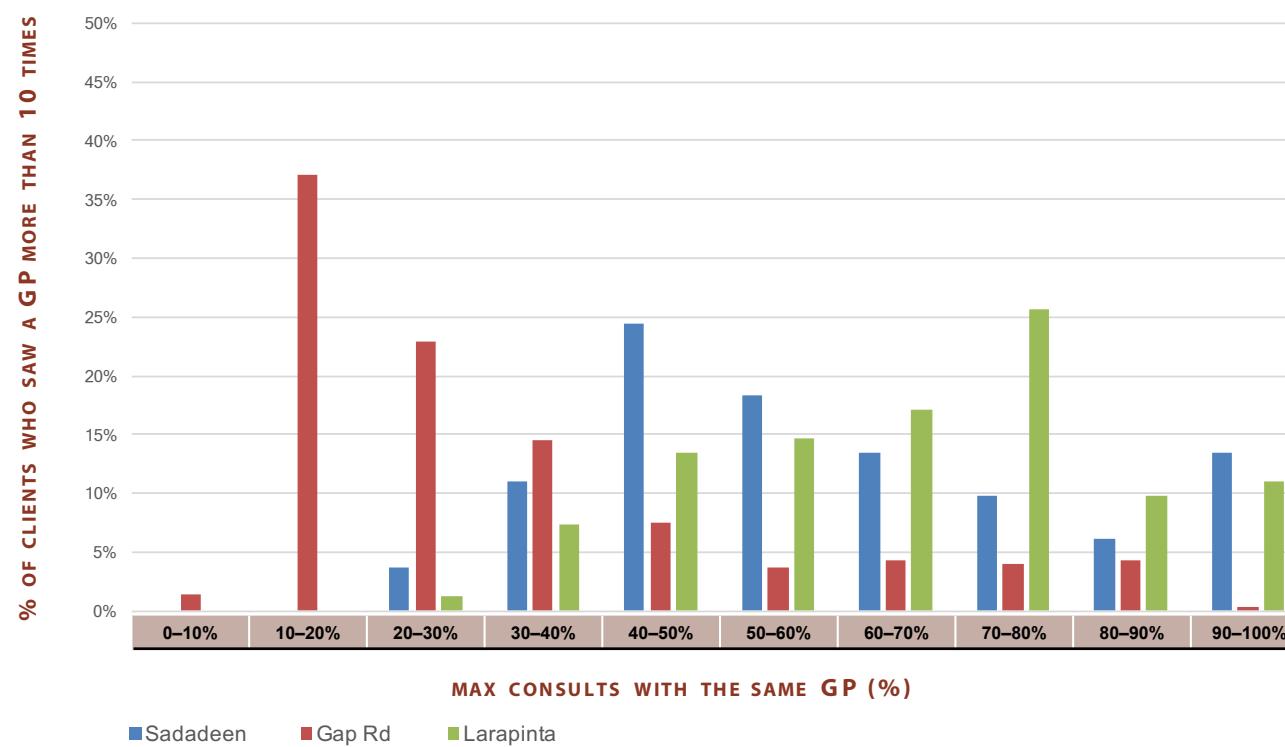
including through the new clinics model which enables medications to be dispensed at the local clinic closer to where clients live.

*"There is an increased demand for regular medication from Congress clients..."*





**Continuity of care for chronic disease and high-need patients 2016–17 by clinic**

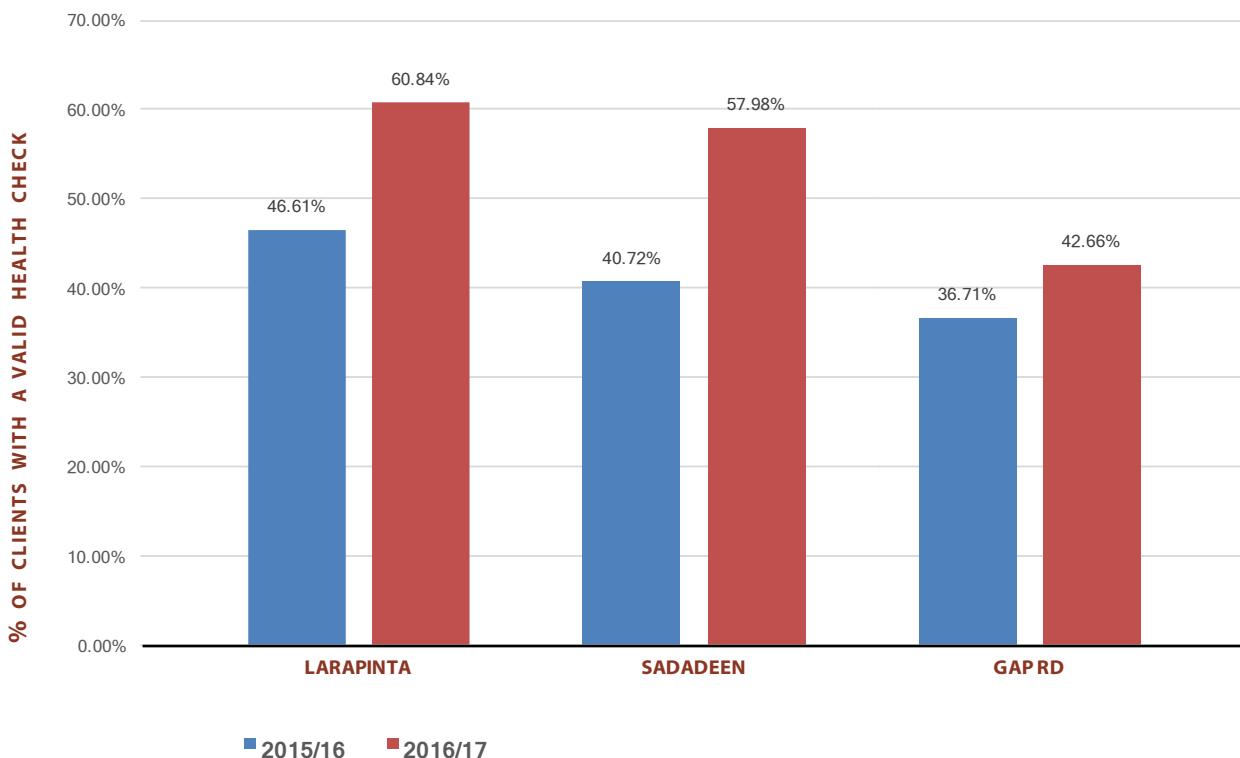


This graph shows the continuity of care rates for chronic disease and high needs patients for Sadadeen, Gap Road and Larapinta clinics. The rates of continuity of care are much lower for the original Gap Road compared to Larapinta and Sadadeen who are providing high rates of continuity of care with many patients seeing the same GP for the majority

of their care. This indicates that the new clinics model has dramatically improved continuity of care as planned which is an important aspect of improved quality service delivery and client outcomes. It also makes the new clinic model more efficient as GPs

see clients they know well and do not have to spend as much time researching the clients past history. We will expect to see similar changes for Gap Road clinic clients as they transition over to this new model of care.

## Adult health checks for clients aged 15 to 54 years

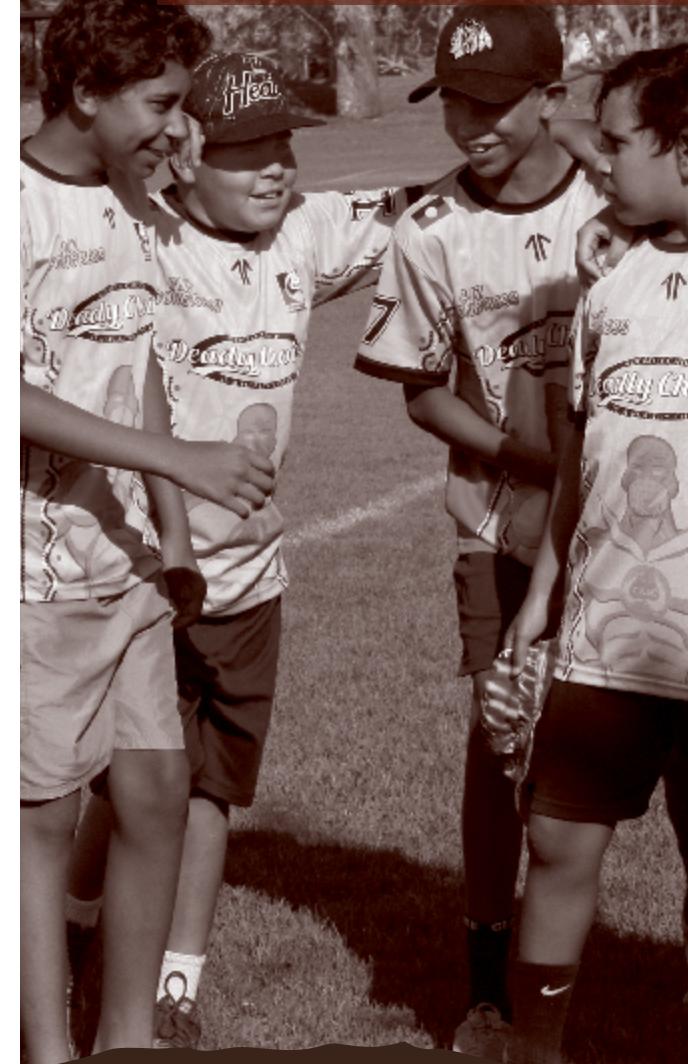


■ 2015/16 ■ 2016/17

*This graph compares the current adult health check rates for residents of Larapinta, Sadadeen and Gap Road health service areas to the rates from the 2015/16 reporting period (prior to the new clinics opening). Health check rates have improved for all sites, but especially for clients living in the Larapinta and Sadadeen*

*areas which can be attributed to the improved clinic service model in the new clinics. The health check rates in the remote clinics overall remains significantly higher than for town so it is pleasing that the new clinics model, which is similar to the remote clinics model, is working.*

Young clients modelling the first round of the Congress Deadly Choices t-shirts



## **Continuous Quality Improvement**

Congress' Continuous Quality Improvement (CQI) team provides ongoing support to Congress health services for standardising specific processes, continuously measuring performance, identifying areas requiring improvement and facilitating implementation to assure ongoing service improvement across all Congress programs.

The CQI team provided Communicare Support and training to all Communicare users. This included training for new staff, continuous monitoring and support, auditing compliance within documentation requirements and access, and provision of advice regarding development of templates and reports within Congress. In addition, the CQI team continued to develop the Communicare system to improve the quality of client file documentation and reporting capacity. There were 2163 helpdesk tickets resolved in the 2016–17 financial year.

CQI presented the National and NT AHKPI reports to Congress clinics. These reports have been used by clinic/program managers to develop new operational plans.

CQI continues to support the section managers and the executive leadership by providing reliable data for evidence based and accurate decision making.

To make better use of data for service improvement, CQI developed a dashboard in Power BI software for Congress town clinics. The dashboard helps executive management and clinic managers to easily access clinic performance data from their computer desktop and to review progress of activities in a timely manner.

The CQI team has provided comprehensive support to the Clinical Governance Committee. During this period, more than 60 clinical incidents and 22 complaints have been reviewed by the CQI Clinical Governance Committee. The root causes behind these incidents were identified and solutions implemented to help avoid recurrence, as well as to support clinical services to perform effectively, reliably and safely.

In order to ensure proper standardisation of services across town and remote clinics, CQI facilitated review and approval of 52 Congress policy and procedure documents.

This also assisted Congress to comply with ISO 9001:2015 and RACGP Standards.

CQI conducted a number of audits to ensure accurate and reliable delivery of clinical and administrative services. CQI conducted the first pilot assessment for developing a standard clinical audit tool, which evaluates quality of client file documentation.

A second pilot on this is currently underway. CQI Completed the first ANFPP audit to

identify means of increasing the uptake of the Australian Nurse Family Partnership Program (ANFPP) and recommendations were

made for closing the gaps in service delivery. In addition, CQI piloted the first mandatory reporting audit aimed at improving quality of documentation by clinicians on mandatory notification under the NT Care and Protection of Children Act. CQI initiated a client satisfaction survey to listen to our clients and collect client feedback for improving quality of services in town and remote clinics. The response from over 400 clients has been recorded to date and an evaluation report will be prepared in August 2017 to identify and prioritise areas requiring improvement.

Congress town and all remote clinics achieved RACGP Accreditation in December 2016 with no qualification.

The CQI team undertook quality training using 6 sigma quality improvement methodologies as well as Communicare administrator training to improve skills for managing Communicare software.

CQI partnered with AMSANT to develop communicare systems and to implement Tele Health System at Mpwelarre and Mutitjulu.

The CQI team and a number of Congress clinicians facilitated and attended the CQI Collaborative held in November 2016 in Alice Springs.

In the next financial year, CQI plans to extend Power BI dashboards to all remote clinics. CQI will be monitoring performance using additional KPIs and more audits including periodic anaemia audits to improve efficiency and effectiveness of Congress service delivery. In addition, CQI plans to organise Quality management training in the clinics to facilitate team based problem solving and service improvement across all Congress services.

## Research

Congress' Research section continues to ensure that all research projects carried out at Congress operate within strict ethics and approval guidelines. A key component of the work undertaken by the Research Section this year has been to increase the capacity of Congress staff and clients to benefit from research conducted at Congress with a strategic move to drive our own research agenda.

The Congress Board's Research Subcommittee reviewed all research projects and provided recommendations to the Congress Board. The subcommittee continued to meet bi-monthly to review all new and existing research projects and to provide strategic direction to the Public Health Division Research Section. The current research team consists of a Research Manager with three Aboriginal Research Officers and a casual pool of Aboriginal Research Assistants engaged as required.

The Research Manager, in consultation with Senior Management, identified the requirement for an independent review of the Research Section. This review was timely as the Research Section has been operational

for two years and during that time the research landscape has evolved, including Congress' capacity to lead its own research. This review has provided Congress with the framework to be a prominent example of meaningful research within the Aboriginal community controlled health sector.

Congress is a founding member of the Central Australian Academic Health Science Centre, a partnership between health services, health/medical

research organisations and educational institutions in Central Australia with the aim of undertaking collaborative work to benefit the health of Central Australians. Through this initiative, a successful submission to the National Health and Medical Research Institute resulted in recognition as a Centre for Innovation in Regional Health this year. This has the opportunity to change the health research landscape in Central Australia and Congress, as the lead partner will be instrumental in leading research over the coming years.

Also this year, Research Officers Roxanne Highfold and Walbira Murray, and Health Promotion Officer Natalee Notsworthy, were successful applicants for a CREATE Fellowship offered by the South

Australian Health and Medical Research Institute in partnership with the Joanna Briggs Foundation. These scholarships support Aboriginal people working within the Aboriginal health sector to undertake a six-month work place, evidence-based, implementation program involving two five-day intensive training workshops at the Joanna Briggs Institute in Adelaide. The Fellowship also involves conducting

a work place evidence implementation project supported by senior academics. By undertaking this fellowship, Congress staff will have the skills and

knowledge to improve health outcomes in their work areas and lead others in this important area of health improvement.

Congress continued to partner with some of Australia's leading research organisations to undertake research across a wide range of issues. Key partners that provided capacity building opportunities for Congress research staff were the University of Melbourne; Menzies School of Health Research; The Kirby Institute, University of New South Wales; Australian National University; South Australian Health and Medical Research Institute and Baker

Heart and Diabetes Institute. Congress' research work continued under existing Memoranda of Understandings with Baker Heart and Diabetes Institute, University of South Australia, Menzies School of Health Research and University of Melbourne.

Two key publications this year were:

- Oral Presentation: Highfold R, Lechleitner K, McCarthy L, Murray W, Silver B. 2017. *Conducting Research In The Remote Aboriginal Context: Experiences Of Aboriginal Researchers In Central Australia*. 15th World Congress on Public Health, 2017 Melbourne Australia.
- Lyon P. 2016. *Aboriginal Health in Aboriginal Hands: Community-controlled Comprehensive Primary Health Care at Central Australian Aboriginal Congress*. Alice Springs. Central Australian Aboriginal Congress.

Over the next year, the Research Section plan to implement the recommendations from the Research Review and look forward to working in partnership with the Academic Health Science Centre and other leading research institutes to improve the way research is conducted in Central Australia. This will ultimately benefit Congress Aboriginal staff and the community that Congress serves.

**Staff members: Donna Lemon,  
Nat Norsworthy and Jenna Pauli  
at Close the Gap Day 2017**

## CLOSETHEGAP



## Health Policy

Led by the CEO under the strategic direction of the Board, and supported by the Chief Medical Officer Public Health, Congress has continued to be influential in health policy development and sector reform. This includes being an active participant in health system redesign and service improvement at local, Territory and nation-wide level, and a strong advocate for primary prevention and the social determinants of health.

Supported by research evidence and data, key topics in this reporting period have included:

### Social determinants of health and primary prevention

A detailed submission was provided to inform the development of the *Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013–2023*.

The submission addressed:

- Connection to family, community, country, language and culture
- Racism
- Early childhood development
- Education and youth

- Employment and income
- Housing, environment and infrastructure
- Interaction with government systems and services
- Law and justice
- Healthy choices
- Food security, and
- Alcohol

### Reducing Alcohol-related harm

Congress provided a suite of recommendations to *Northern Territory Alcohol Policies and Legislation Review, June 2017* to reduce the harmful effects of alcohol at a population-level. Recommendations included regulating supply and access to alcohol through price controls; supporting the banned drinkers register; limiting trading hours; as well as demand and harm reduction measures.

### Remote housing and health

The close link between health and housing is indisputable. In the review of the Remote Housing Review of the *National Partnership Agreement on Remote Indigenous Housing (NPAIRH) and the Remote Housing Strategy (RHS)*, Congress advocated for increased and

ongoing housing investments in remote Aboriginal housing, and that remote housing services should be provided by Aboriginal community-controlled housing organisations.

### Early childhood and young people

Congress has continuously argued for investment in quality, evidence-based early childhood development programs as fundamental to good health and wellbeing in adulthood. After years of lobbying, Congress received \$4m over two years from the Commonwealth Department of Health to deliver a new and innovative bi-cultural Early Childhood Learning Centre for Aboriginal children aged six months to three years living in Alice Springs. Internationally developed, this program has demonstrated long-term health and well-being outcomes.

Congress was also successful in a tender process to work with the NT Department of Education, integrating early childhood and family support services to increase the number of children who are healthy and well prepared for school.

Early childhood and parenting support programs, and the development of a

comprehensive strategy to address Out of Home Care for Aboriginal children in the Northern Territory were also key recommendations of the Congress' submission to *Territory Families' Strategic Plan 2017–2020*.

Congress continued to advocate for the care and support for young Aboriginal people as fundamental to improving the overall health and wellbeing of Aboriginal communities. In our submission to the *Royal Commission into the Protection and Detention of Children in the Northern Territory*, we argued for prevention and diversion approaches, as the most important strategies to deal long-term with the issue of youth detention. For that small number of young people where detention is necessary, the focus should be on therapeutic treatment in smaller residential units rather than punishment in large institutions. Our CEO reiterated this approach at the Commission's hearings in Alice Springs in June 2017.

#### **Government reforms and health system redesign**

Congress provided a number of submissions to key Commonwealth government strategies including the *Australian National*

*Diabetes Strategy 2016–2020* and the *Fifth National Mental Health Plan*. Our key recommendations included the need to incorporate population health, primary preventions strategies into both plans, and that ACCHSs should be supported as the most effective provider of health services to Aboriginal people.

The *Medicare Benefits Schedule (MBS) Review* gave the opportunity to provide a number of recommendations to improve services through incentives, including the redistribution of general practitioners to rural and remote areas.

Our September 2016 submission to the *Review of Pharmacy Remuneration and Regulation* included the recommendation remote pharmacies be paid the full PBS dispensing fee (\$7.02), rather than a \$2.96 handling fee, when they dispense medicines through the Remote Area Aboriginal Health Service Program. This change was implemented by the Federal Government in January 2017.

In 2016 and again in 2017, the Productivity Commission pursued ways to increase competition and contestability in health and community services to remote Aboriginal communities. We argued against increasing competition

of remote health services, noting that it would not improve the quality of services in remote areas or health outcomes. Rather, improvements in Aboriginal health in the Northern Territory have depended on collaborative needs-based planning and the transfer of services to Aboriginal community control through a single provider. The submission outlined the evidence for the effectiveness of ACCHSs in achieving access and health outcomes, relative to mainstream services.

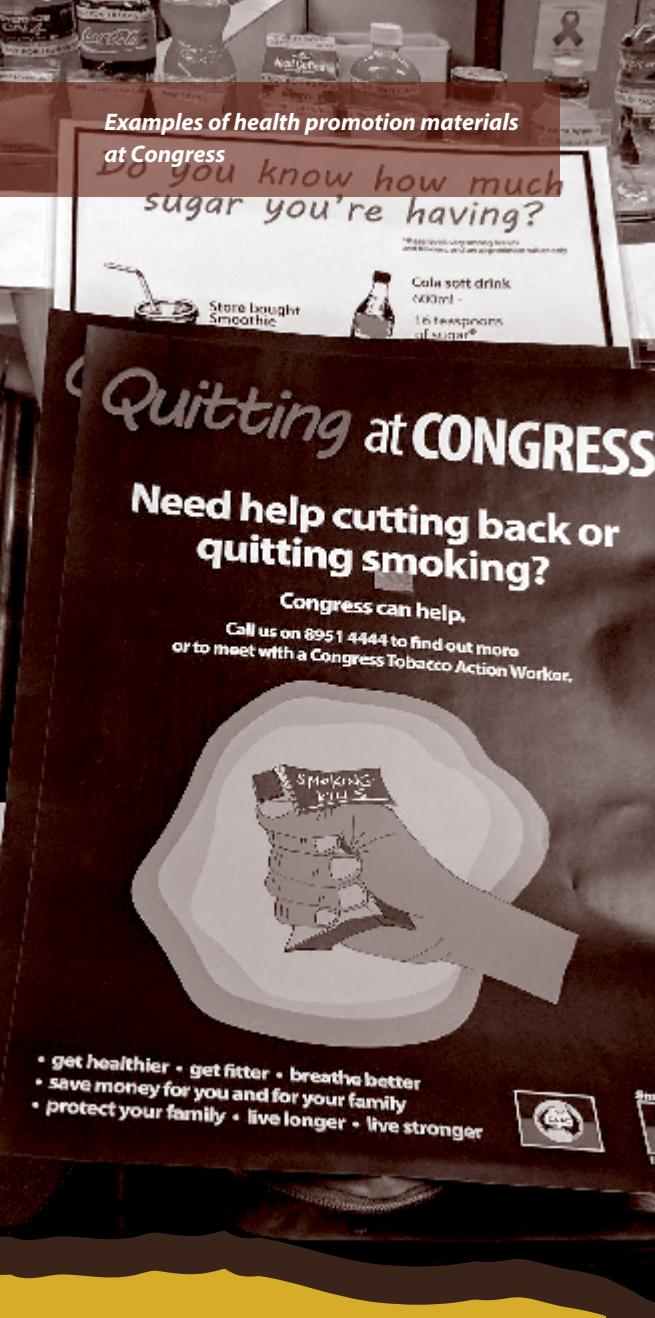
Congress also contributed to the development of Commonwealth performance frameworks using the ACCHS model as an exemplar for accountability and continuous quality improvement. This work included the Department of Health's *Redesigning the Practice Incentive Program (PIP)* and the proposal to combine the *National Health Performance Framework and the Performance and Accountability Framework*.

A comprehensive list of Congress' current and historic submissions can be found at [www.caac.org.au/aboriginal-health](http://www.caac.org.au/aboriginal-health)

**Staff members: Glenn Clarke and Glenn Smith at Close the Gap Day 2017**

**CLOSE THE GAP**





Examples of health promotion materials at Congress

## Health Promotion

The Health Promotion Section was formed in May 2016 and has continued to build and strengthen their work within the community with a strong focus on anti-smoking and the Congress Community Health Education Program (CCHEP).

The No Smokes team was fully staffed at the end of this financial year. Congress was also successful in retaining funding to roll out a Tobacco Action Worker to focus on supporting clients to remain smoke free on release from the Alice Springs Correctional Centre. The team has worked to deliver key non-smoking messages to the community covering the all aspects of the program. These include community engagement, smoke free environments, building capacity to support quitting and increasing referrals to appropriate support.

Eighteen community events were attended throughout the financial year, and the team engaged community members through surveys, educational materials and the Smokerlyser. Community members indicating a desire to quit at the community events were referred on to Tobacco Action Workers or Quitline. The team also has been following up clients who indicated

that they are wanting to quit smoking during their routine adult health check. The team undertook training in the Deadly Choices education program. Delivery commenced in April 2017 with 83 students, across four schools having completed the program to date. Forty-six local organisations were approached in relation to their Smoke Free policies. Assistance was offered to draft policies and put measures in place to promote these policies and ensure compliance.

The CCHEP team continued to deliver to schools in the Alice Springs region, six schools and 149 participants were engaged in the program. In late 2016, the team spent two weeks engaged with 30 students at Ltyentye Apurte covering year levels 4–11. The team has been working to put evaluation measures in place surrounding the program, to create a stronger evidence base around the program's efficacy. Twenty educators/health workers/community workers received the training to be able to deliver CCHEP within their communities and/or roles. Additionally, the team travelled to Maningrida to deliver training to 12 community members and workers in this region.

Towards the end of this financial year, Congress partnered with the Central Australian Football Club and Australian Drug Foundation to broaden the reach of the Right Tracks program. The program, originally run by volunteers through the CAFL Redtails/Pinktails uses sport as a platform to engage participants in healthy lifestyle messaging including no smoking, safe use of alcohol and non-violence. The program encourages participants into education, employment and to leadership within their communities.

We are now ready to introduce social media to the health promotion mix, getting set to use the platform to provide key health messages, especially to young people.

Funding for Tacking Indigenous Smoking has been renewed for the next 12 months and team will continue to provide targeted No Smokes health promotion to Alice Springs and the surrounding remote communities. Key activities set to take place include education sessions at the prison, a TV and radio advertising campaign, increased reach of the Right Tracks program, a review of CCHEP and the launch of a Congress social media presence.

# Human Resources Division Report

A skilled and committed workforce make a significant positive impact on the provision of services to Congress clients. Congress is also committed to taking action on social and cultural determinants of health by providing equitable access employment and educational opportunities and to promote, through employment, leading a healthy life free of racism.

The Human Resources Division provides human resources, training and development, recruitment, employee relations, organisational development, work health and safety and injury management services that support the Congress workforce.

## Workforce Profile

As at 30 June 2017 Congress employed 387 staff in full-time, part time and casual roles, and increase from 312 at 30 June 2016.

**Workforce headcount as at 30 June 2017 by equivalent salary level and Aboriginal and Non-Aboriginal staffing levels (includes full time, part time and casual staff):**

General Officer Level	Summary of included roles	Aboriginal	Non-Aboriginal	Total
<b>Level 1-2</b>	Entry level transport roles, on call support worker, cadetship	31 (61%)	20	51
<b>Level 3-5</b>	Early childhood education, start and mid-career AHPs, ALO roles and support staff levels	97 (85%)	17	114
<b>Level 6-7</b>	Experienced AHPs and AOD workers, front line supervisors, experienced admin and support staff, new graduate RN and allied health	49 (70%)	21	70
<b>Level 8 and above</b>	Management roles, team leader roles, GPs, tertiary qualified roles, allied health staff, experienced RNs, teachers.	21 (14%)	131	152
<b>Total</b>		<b>198 (51%)</b>	<b>189 (49%)</b>	<b>387</b>

**Full-time equivalent employed as at 30 June 2017, workforce full time equivalent by Aboriginal and Non-Aboriginal staffing levels:**

Full time Equivalent	All roles includes full time, part time and casual staff	Aboriginal	Non-Aboriginal	Total
		<b>170.7 (49%)</b>	<b>177.4 (51%)</b>	<b>348.1</b>



## Workforce by profession as at 30 June 2017:

Profession	Headcount total
<b>General Practitioner</b>	27
<b>General Practitioner Registrar</b>	9
<b>Nurses / Midwives</b>	63
<b>Allied Health</b> Includes psychologists, social workers, podiatrists, dieticians	19
<b>Aboriginal Health Practitioners and Aboriginal Health Practitioner Trainees</b>	25
<b>Early Childhood Educators</b>	21
<b>General Officer</b> Includes Aboriginal liaison officers, AOD care workers, health promotion, transport officers, client service officers, research assistants, youth workers, asset, fleet and cleaning, administration and business Support (client services, IT, HR, accounts, records management)	175
<b>General Officer</b> Level 8 and above Includes technical roles, professional roles (risk, quality, finance, information management, communications, human resources, research), teachers, management roles, executive leadership roles	48
<b>TOTAL</b>	<b>387</b>

## Workforce Engagement and Development

Workforce Engagement and Development is a priority of the Congress Strategic Plan 2015–2018, which specifically sets out to address development needs of our Aboriginal workforce and strengthen our internal people and business systems, through good leadership.

**The Workforce Engagement and Development Plan sets out seven focus areas.** The plan applies to all staff and recognises 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 on initiatives of the Workforce Engagement and Development Plan, especially activities that focus on career planning for Congress' Aboriginal workforce, commitment to cultural safety

and competency for the entire workforce and streamlining Congress' recruitment processes.

### 1. Increase percentage of Aboriginal employees across entire workforce

Key Workforce Engagement and Development Achievements in 2016–2017:

- Increase in Aboriginal employment from 46% as at June 2016 to 51% as at 30 June 2017.
- Increased the number of Aboriginal people holding Leadership roles from 9 as at 30 June 2016 to 15 as at 30 June 2017.
- Cleaning contract bought in-house in July 2016. As at 30 June 2017 67% Aboriginal Employment in this team.
- Aboriginal Health Practitioner training program intake in November 2016 has created 13 full-time trainee positions across Alice Springs and remote clinics. Retention of trainees has been excellent.
- Alice Springs clinics review saw the opening of two new clinics in Larapinta and Sadadeen and revised client flow at Gap Road clinic that includes more opportunities to employ Aboriginal

Health Practitioners, graduate nurses and enrolled nurses and more leadership development opportunities.

- New 50-place Early Learning Centre opened in March 2017. As at 30 June 2017, 80% of centre staff are Aboriginal and cover main central Australian languages spoken by clients. Five staff undertaking studies in Early Childhood Education.

**The Cadetship program** which offers full time undergraduate university students wages and covers cost of text books while they study and paid full time work with Congress during semester breaks. In 2016–2017 the program expanded from one cadet in 2015–2016 to four cadets in 2016–2017.

Cadetship	Number of Cadets
<b>Nursing</b> (Bachelor of Nursing)	2
<b>Psychology</b> (Bachelor of psychological science and Bachelor of Social Science/Psychology)	2
<b>Total</b>	<b>4</b>

### **The Traineeship program continued.**

As at 30 June 2017, 17 Aboriginal people were engaged in new and existing traineeship arrangements in areas including management, trainee Aboriginal health practitioner, early childhood education, dental assistant, human resources, administration, tobacco health promotion, alcohol and other drugs case work.

## **2. Professional Development**

### **Career opportunities**

Professional development aims to provide career opportunities for Congress staff. For the 12 months leading up to 30 June 2017, 22% of recruitment activity was prompted due to internal transfers and promotions of existing staff.



**Staff Member: Cassie Boyle**

### **Study support**

As at 30 June 2017 approved study support was being provided to 71 staff (comprising of 46 Aboriginal staff, 25 Non-Aboriginal staff) to commence or continue to undertake formal studies that lead to a qualification:

<b>Level of Study</b>	<b>Number of Staff undertaking</b>
Certificate III	8
Certificate IV	23
Diploma	17
Advanced Diploma	1
Bachelor	12
Graduate Certificate	4
Graduate Diploma	1
Masters	5
<b>Total</b>	<b>71</b>

### **General Practitioner Training Program**

Congress partners with Northern Territory General Practice Education (NTGPE) and continues to offer between 10 and 16 opportunities for GP registrar positions each year. Persons undertaking these roles are General Practitioner registrars training to become fully registered GPs.

### **Confidentiality and privacy training**

Through a partnership with Central Australian Remote Health Development Service, Congress has designed and delivered tailored confidentiality and privacy training compulsory for all staff. During the process an internal facilitator has also been trained to be able to deliver the program in the future.



### **2017 Northern Territory Training Awards Finalist**

During the reporting period Congress was announced as a finalist in the 2017 Northern Territory Training Awards. This achievement recognises everyone across Congress who is involved in training, educating, mentoring, supporting staff and trainees to undertake training and study, as well as those putting in the hard work to grow themselves professionally through training and further education and the ASAC committee for input for the guidance on workforce training and development.

## **3. Management and Leadership Development**

As at 30 June 2017, the number of Aboriginal staff holding leadership roles had grown to 15, up from 9 from 2015-2016, representing 29% of leadership roles at Congress being held by Aboriginal people. During the reporting period managers and leaders have accessed professional development to support them in their roles including:

- One-on-one Leadership coaching with a professional coach.
- Formal Management studies including, three Managers who undertook the Diploma of Management and Leadership.
- *Employment Law Masterclass for Managers* attended by 25 managers in 2017.
- “HR for leaders” monthly one hour sessions on key topics, allows leadership and HR to continue to reinforce workforce engagement and development messages e.g. attendance, training, leave management, health and safety, recruitment.

#### **4. Workforce performance reporting and engagement data**

##### **Workforce performance reporting**

In 2016–2017 monthly performance reporting commenced for work areas. The reports are provided to the Congress leadership (including the board) and report on:

- Aboriginal workforce numbers
- turnover
- tenure
- attendance
- recruitment efficiency and status (also reported weekly)
- professional development
- employee relations and work health and safety management
- compliance with existing mandatory health registration and other employment requirements, for example licensing and employment checks

**An all staff engagement survey** was undertaken in 2016 and will be repeated annually. Survey design and collection was supported by Congress Aboriginal research team which provide an alternative

to completing the form online, which encouraged responses from casuals, bus drivers, and staff on the floor such as childcare, as well as travelling to all our sites include the remote sites to assist them to complete the survey. An action plan to address items raised in the survey is in place. Key highlights:

- Congress achieved 72% participation across entire workforce
- 74% of our staff are engaged
- 88% of staff are happy to work at Congress and 80% of staff recommend Congress as a good place to work
- 89% of staff have confidence in the care and service Congress provides clients
- 83% of staff feel culturally safe at work,
- 83% of staff feel physically safe at work



**Staff members: Jolene Preece and Darrelle Windsor**

#### **5. Aboriginal Health Practitioners**

##### **Workforce planning**

Addressing sector shortages, in 2016–17 Congress increased investment in Aboriginal Health Practitioner development by creating training opportunities through designing health promotion and smoking cessation roles, so that the roles provide these staff with formal training.

##### **The Aboriginal Health Practitioner training**

**program** was supported by two clinical educators. Fourteen full-time Aboriginal Health Practitioner trainee positions were created across Alice Springs and remote clinics. All current and existing AHP trainees completed a three week orientation program, inducted and commenced Cert IV studies with Batchelor institute completing two week block placements. Trainees were rostered across 15 Congress sites and external organisations, for example attending the local nursing home. This ensures exposure to broad aspects of the roles including clinical, health promotion, men's health, child health, women's health, mental health quality improvement, public health. Retention in the program has been excellent.

#### **6. Cultural awareness and commitment to Aboriginal employment by all staff**

**Cultural Safety Framework** developed by Aboriginal Staff Advisory Committee, the framework supported by a set of local Cultural Protocols to guide service delivery which all Congress staff need to know about to support culturally safe care.

**The Cultural Safety Framework** defines:

- what cultural safety means at Congress
- why it is important for the organisation and our clients
- some underlying principles to inform culturally safe practice at Congress,
- processes for monitoring and evaluating cultural safety at Congress

**Cultural awareness and induction.** The Aboriginal Staff Advisory Committee continued to facilitate a Central Australian Aboriginal Cultural Awareness Orientation Program, delivered by members of the Committee and firmly placing control of this important initiative in the hands of leading Aboriginal staff with cultural authority and compulsory for all new starters.



Aboriginal Health Practitioner trainees, November 2016

## 7. Representation of Aboriginal people in recruitment processes

Congress continued to apply streamlined recruitment process making our jobs attractive to Aboriginal people and non-Aboriginal people. Congress encouraged staff referrals in recognition of the community relationships and encouraging existing staff to apply for internal transfers and promotions as a way to promote development. Aboriginal people are on every selection panel and for remote roles, a member appointed by the community board is on the panel.

### Recruitment achievements:

- For the period from August 2016 to June 2017, 64% of positions filled had offers made within 8 weeks of vacancy notification to HR, compared to 36% from August 2016 to December 2016.
- During 2016–2017, 128 Aboriginal people started employment with Congress.
- As at 30 June 2017, Congress employed 54 more Aboriginal people than at 30 June 2016.
- Congress had a strong presence at the Careers Expo in Alice Springs and continued to promote the benefits and career opportunities Congress offers.

In 2016 Congress introduced the *Hire Purpose Employment program*, which provides paid part-time employment for short period,

allocated for persons referred by a psychologist who meet the entry criteria that would benefit from the stability of employment as part of their drug and/or alcohol rehabilitation program. During the paid placement, the participant is supported to seek more permanent employment. There has been one participant for the program to date and the program is planned to expand participation to other groups with special needs in the future.

## External Presentations

The Human Resources division presented at two conferences:

*"Aboriginal careers in Aboriginal hands – An Aboriginal health service approach to building a strong health workforce"* at the Australian Human Resource Institute Northern Territory Conference in March 2017.  
*"Tools for Strengthening Workforce Engagement and Development"* at the 2016 Northern Territory Continuous Quality Improvement Collaborative Forum run by the Aboriginal Medical Services Alliance Northern Territory in October 2016.

## Employee Relations

Terms and conditions of Congress' employees are determined by an Enterprise Agreement made under the Fair Work Act 2009. The Central Australian Aboriginal Congress Aboriginal Corporation Enterprise Agreement 2014–2017 commenced in January 2015 and has a nominal expiry date of 30 June 2017 but continues until replaced.

In February 2017 Congress commenced negotiations with bargaining representatives with the intent of making a new Enterprise Agreement that proposes to:

- Retain key employment conditions currently enjoyed by our staff including competitive salaries and leave benefits
- Guarantee wage increases during its term
- Introduce a number of new and innovative provisions that will help us deliver better client service and improve staff attraction and retention including:
  - » ability to offer fly-in/fly-out style conditions for remote based health practitioner roles,

- » paid leave to support staff experiencing domestic violence
- » cadetship conditions
- » midwifery group practice conditions
- » access to Congress medical services for staff and their immediate families at no cost as per the policy.

As at 30 June 2017 negotiations had progressed significantly and Congress expects to be asking staff to vote on the proposed agreement in early 2017–2018.

## Work Health and Safety

### Work Health and Safety Commitment

Congress is committed to providing safe workplaces. Congress safeguards the health, safety and wellbeing of our people, our clients, visitors and others who work for us and with us. Our people's involvement and commitment to safe work make Congress successful.

We will:

- » identify and manage health and safety hazards and risks
- » report and investigate hazards and incidents
- » support our people to return to work after injury or illness

We do this by:

- » Implementing safe systems of work which meet legislative requirements. The responsibilities and system framework are outlined in Congress' WHS management arrangements.
- » Consulting with and educating employees in safe work practices and their responsibility to work safely.
- » Measuring and evaluating health and safety performance
- » Identifying risks and implementing controls to reduce risk to as low as reasonably practicable.
- » Encouraging safety leadership throughout our organisation and celebrating safety achievements.

### Remote Worker Safety and Wellbeing

In 2016–17 Congress continued to enhance its outreach, remote and isolated worker safety arrangements.

Key actions undertaken include:

- Introduction of on-call support worker positions in remote clinic locations improve cultural, community and staff safety. On-call Support workers introduced in remote communities called "Malpa Workers" in Utju and Mutitjulu ("walk together"). Since this has been introduced, apart from obvious improvement in staff and community safety, the benefits of having a local person, often with languages skills accompany the health practitioner to call outs improves the quality of care we are able to provide.
- Development of Outreach, Remote and Isolated Work Safety Policy and Safe Work Procedures that support Congress' commitment to:
  - » All after hours call outs in remote communities to be accompanied. No worker will be expected to work solo whilst attending call outs/



# Human Resources Division Report

# Responsibility

Resourceful

Relationships

Respect

Responsibility

Equity and Social Justice

Resourcefulness

Respect

Possibility, Integrity, and Forcefulness

Responsibility

Recognition

Relationships

Resourcefulness

Relationships

Responsibility and Social Justice

Resourcefulness

Respect

Equity and Social Justice

Resourcefulness

Respect

Social Responsibility

Resourcefulness

- home visits/community visits during usual business hours if they feel uncomfortable or unsafe.
- » Establishment of systems to ensure that staff whereabouts on call outs/ home visits/ community visits are monitored with an escalation procedure if they don't check in as expected.
- » A zero tolerance to aggression (considering and dealing with medical causes of aggressive behaviours whilst maintaining staff safety.)
- » Workers will receive training appropriate to their role for cultural orientation and orientation to safe work procedures.
- » Adequate allocation of resources to ensure compliance with this policy and procedure.
- Fly-in-fly-out style conditions. These were successfully trialed in for some remote health practitioner roles, with various set rosters available. This arrangement aims to improve wellbeing and safety and promote rest and recreation, and a better client service.

- 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, continue to be upgraded along with provision of additional satellite phones and training.
- Security of facilities. Many remote properties continued to have their security upgraded during the reporting period or is scheduled 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.

### 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 Safety Committee.

#### Dates for Safety Committee meetings

September 2016

November 2016

March 2017

May 2017

### Key Work Health and Safety Achievements in 2016–2017:

- Work Health and Safety Commitment Statement and Work Health and Safety Management Arrangements refreshed in 2017.
- WHS for Officers training provided to Congress board members again in 2017.
- Training on managing and responding to vicarious trauma provided to staff in 2017.
- Remote Worker Safety review items completed including employment of On-call Support workers / Malpa workers and updated Outreach, Remote and Isolated Work Safety Policy and Safe Work Procedures.

- There were no provisional improvement notices issued under Section 90 of the Work Health and Safety (National Uniform Legislation) Act (NT).

There were no reportable incidents made to the regulator under Section 35 of the Work Health and Safety (National Uniform Legislation) Act (NT).

## **Business Services Division Report**

**The Business Services Division provides corporate support services to all Congress health services and programs.**

**Congress' Business Services Division includes Finance, Information & Communications Technology Information and Records Management, Quality, Compliance and Risk Management, Assets and Maintenance, and Communications.**

This financial year, key areas of focus for the division were to continue to embed processes for reporting on all financial and non-financial key performance indicators and continuing to review all current processes to achieve continuous quality improvement.

During the year, the Business Services Division took on a few additional functions, including accreditation for childcare and accreditation for RACGP (AGPAL) and procurement and stock control. There were also a few changes within the team structure, including the combination of Information Technology and Records into one section under a new Chief Information Officer, the addition of a Graphic Designer, insourcing of Cleaning Services under the Assets Team and move of vehicle management from Assets into Finance. These changes were intended to streamline operations and ensure that each area was properly resourced.

The 2016/17 financial year marked another strong year within the Business Services Division; some of these achievements are listed below:

### **Strategic Developments**

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

- The Building and Facility review:
  - » Establishment of two satellite clinics, one at Sadadeen and one at Larapinta.
  - » After extensive business case planning and modelling, Congress made an offer on a building (the Memo Club) which is intended to centralise all non-clinical services into one building, resulting in savings as well as improved efficiency. This project continues on into the new financial year.
  - » After considering a number of sites for the Northside Clinic, a suitable site has been found and a business paper will be presented to the Board in the new financial year to seek approval.
- The Pharmacy Business Plan and Application:
  - » Considerable work has been put into preparing a comprehensive business plan and application for a Congress owned pharmacy.
  - » Approval for a pharmacy has been received from the

NT Health Minister as well as the NT Pharmacy Premises Committee.

» Congress has lodged an application with the ACPA (Australian Community Pharmacy Authority) and the CTH Minister and was declined, however, has received advice to lodge a new application, which will be done in the next financial year.

### **Finance**

Work continued within the Finance team on improving financial reporting to meet monthly and upcoming reporting obligations. The continuation of Congress' 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 the asset management system, Hardcat. This required all assets to be barcoded and regular audits to be conducted. This was followed on by completing an agreement for the maintenance of all medical equipment, saving 10% as well as a process of capturing

all maintenance requirements (for assets) within Hardcat. It is intended that Congress will be able to develop this system further, with the intention of shifting to a proactive maintenance schedule as well as developing asset management plans which will project asset replacement needs.

Significant progress has been made on the implementation of a new biometric payroll scanning system, Riteq, to automate a large portion of the timesheet checking and the importation process. It is expected that this will 'go live' in the new financial year.

Work on the procurement policy and tendering framework resulted in the adoption of the program Tenderlink as well as significant savings on the renegotiation of supply contracts, including in particular medical supplies.

The annual financial statements were once again prepared without any qualifications, and the management letter items raised by the Auditor reflected the maturity reached within the Business Services Division.

## Quality and Risk

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

Significant steps were made in the last financial year on ensuring that Congress achieves best practice, risk, incident, feedback and compliance systems:

- The implementation and training regarding Riskman was ongoing with a strong organisational awareness being achieved. Usage of the system continued to increase and is now widely used.
- A feedback management system was introduced with feedback boxes installed in each client area. The system is now well used and is accompanied by a strong policy and procedure.
- A legislative compliance database, from Health Legal, is currently being integrated with our Riskman system, and will be rolled out early in the new financial year.
- The incident reporting system has continued to improve and management of incidents has been strong.
- Congress 'passed' the AS/ANZ ISO9001:2008 (Quality Management

System) surveillance audit, which was a very welcome achievement, building on the initial accreditation in the prior financial year.

- A number of risk management workshops and training sessions were held which continued to improve the organisational understanding of risk management.

The Risk Management team was expanded in the last financial year with the certification under Australian General Practice Accreditation Limited (AGPAL) and Child Care accreditation, being transferred into this section. Two additional staff members were appointed to oversee each of these areas. After the financial year, both Satellite Clinics were accredited under AGPAL and during the year, significant progress has been made in accrediting both the Congress Child Care Centre and Early Childhood Learning Centre.



## Information & Communication Technology (ICT)

The past 12 months has seen a period of stabilisation for IT as we learn from the new hosted structures for Larapinta, Sadadeen and Ntaria, the challenges of upgrading the email environment and the massive changes in cost structures and machine performance in the cloud. All of the traditional solutions are out the window and cloud based solutions using Microsoft, Amazon, VMWare and Veeam are here to stay.

These changes in technology and market place cost structures have meant IT has had to make some minor changes to the ICT Strategic Plan.

The first change has been for Microsoft Office products using the Office 365 cloud framework becoming much more economic than running them on your own network. Congress will now be moving to Microsoft Office 365 which includes Word, Excel etc (Office 365), email (Exchange) and Intranet (Sharepoint) to Office 365 and this is now underway.

The second change was for IT to become much more proactive in managing the performance of important applications that run on our own infrastructure. This included initially all the SQL databases we have on our servers like RiskMan, Intranet, iPOS, Sage etc. Maintenance programs for these have been introduced and we are already seeing performance improvements in response times. We are now considerably down the pathway of a substantial improvement in the performance of the Communicare databases. We have sought outside expertise to identify the changes needed to improve the performance of Communicare and are in the final testing stages of initial and regular maintenance programs and machine performance requirements that will see substantial improvements in response and enquiry times.

The third change has been to upgrade the importance of security in managing access to our systems. Over the next few years as more suppliers and customers need access to Congress computer resources there will be a very big need for us to provide access quickly and easily and make sure that all of our structure, data and software are

safe and secure. Effectively we now provide external stakeholders with their own network (vlan) within our network. Work for the first two of these, Fred Pharmacy Network and Ronin Security Network have been designed and installed. Other major projects in this area are visiting specialists access to Communicare, printers and Internet, Guest access and payroll fingerprint scanning for the new payroll system.

Even with all these activities underway the long and challenging job to refresh all of the Congress IT infrastructure has well and truly begun.

The first half of this financial year has been comprehensive reviews of:

- Building the new IT infrastructure design incorporating cost effective cloud alternatives.
- Server room logistics including security, power supply, redundancy and UPS.
- Servers and storage including requirements for much better performance by core software applications including Communicare.

- Network security performance and logistics.
- Wifi security and performance.
- Telephony performance and failover systems.
- Performance of key business software particularly Communicare.

We are ready now to start upgrading the infrastructure in line with client, staff and stakeholder expectations.

The ICT and Records Management teams were consolidated in the last financial year to improve synergy

between the teams. Both teams were consolidated under the management of a new Chief Information Officer.

During the year, work continued on the implementation of the three (3) year IT strategic, including work on:

- Strengthening the 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.

A significant amount of work remains to be done in the coming years; however, a number of achievements were accomplished in the last financial year:

- Appointment of highly qualified new Chief Information Officer.
- Setup of Sadadeen Clinic, Larapinta Clinic and Teppa Hill as new sites in the IT environment, including cabling, connections, computers, phones etc.

- Significant improvements in the stability of the IT environment, including improvements in the operation of Communicare and the implementation of corporate level engagement with Communicare.

## Records and 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.

Records are currently undergoing a review of how when and where our records are stored given that we are required to store many of them for life. This includes a comprehensive audit of all our manual records and an investigation into the costs of a number of alternative storage methods including scanning all the paper records into electronic storage systems.

Major projects during the year included completing the SharePoint Controlled

Document Register and building the SharePoint Intranet ready for testing in preparation for ISO9001:2008 and AGPAL accreditation.

The Mail Management Procedure was implemented late in the financial year i.e. all incoming and outgoing Congress mail records are now captured into HPE Records Manager and sent to staff electronically.

## Assets and Maintenance

The Asset and Maintenance team finalised the Sadadeen (240m<sup>2</sup>) and Larapinta Clinic (350m<sup>2</sup>) in August last year, which was a major achievement for Congress. Two houses were also renovated during the year, one in Utju and one in Santa Teresa providing improved accommodation for visiting and local staff.

A significant amount of work was conducted on Teppa Hill preschool to have it operational within months of the building being handed over to Congress. The site opened 20 March 2017 which was a major achievement.

Cleaning was sourced resulting in big increase in Aboriginal employment within the Business Services Division as well as a significant improvement in service levels. The intention is to

develop a cleaning business through a business incubator approach and work will continue on this front into the next year.

A significant amount of work has been conducted in the last financial year on improving systems around asset management and Hardcat asset audits have been conducted on all sites, including barcoding of all assets.

## 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 Close the Gap Day. Congress also participated in the Alice Springs NAIDOC Committee and White Ribbon Day event.

Congress has been actively engaged with local and national media throughout the year, contributing to discussion on reducing alcohol related harm, responding to the mistreatment of youth in the NT youth detention system, and advocating for the power of Aboriginal community controlled health services in leading the way towards improvements in Aboriginal Health.

Looking forward, the Communications team are working to establishing Congress' presence on social media, an exciting prospect for continuing important advocacy, health and service promotion activities on a contemporary, national stage.



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## Directors' Report for the year ended 30 June 2017

Your directors present this report on the corporation for the financial year ended 30 June 2017.

### Changes in state of affairs

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

### Principal activities

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

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

### Short and long term objectives

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

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

### Measurement of performance

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

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

## Directors and Directors' Meetings

Name of Director	Period of tenure	Qualifications, experience and special responsibilities	Meetings attended
William Tilmouth	1st July 2016 to 30th June 2017	Chairperson	10
Joseph Hayes	1st July 2016 to 30th June 2017	Board Member	12
Chanston Paech	1st July 2016 to 6th October 2016	Board Member	1
Roseanne Healy	1st July 2016 to 3rd May 2017	Company Secretary	7
Mark Wenitong	1st July 2016 to 28th February 2017	Medical	1
Steven Rossingh	1st July 2016 to 6th October 2016	Finance	3
Graham Dowling	1st July 2016 to 30th June 2017	Board Member	11
Ricky Mentha	1st July 2016 to 30th June 2017	Board Member	10
Marjorie Lindner	1st July 2016 to 25th November 2016	Board Member	2
Kerrynne Liddle	1st July 2016 to 3rd June 2017	Governance	10
Leanne Milligan	20th January 2017 to 30th June 2017	Finance	7
Sheralee Taylor	25th November 2016 to 30th June 2017	Board Member	7
Nicolette Dunn	25th November 2016 to 30th June 2017	Board Member	4
Peter O'Mara	8th June 2017 to 30th June 2017	Medical	0

There were 12 meetings of the board of directors held during the year.

## Board Committees

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

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	4	6	6	7	3	3	
Joseph Hayes		1				4	
Chanston Paech	1	0					
Roseanne Healy			4	6			
Mark Wenitong			0	1			
Steven Rossingh	0			1			
Graham Dowling	4	3			2		
Ricky Mentha		1	3			4	
Marjorie Lindner							1
Kerrynne Liddle				5			0
Leanne Milligan	3			1			
Sheralee Taylor		1			1		1
Nicolette Dunn					1		1
Peter O'Mara							

During the year, there were six (6) meetings of the finance, risk & audit subcommittee, six (6) meetings of the clinic subcommittee, seven (7) meetings of the governance subcommittee, six (6) meetings of the research subcommittee, three (3) meetings of the HR subcommittee, four (4) meetings of the male health subcommittee and two (2) meetings of the women's health subcommittee.

## Secretary

The corporation secretary is Ms. Stephanie Campbell.

## Subsequent Events

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

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

## Environmental regulations

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

## Auditor independence

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



Chairperson

05 October 2017

## Auditor's Independence Declaration



RSM Australia Pty Ltd

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GPO Box 200 Canberra ACT 2601

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F +61(0) 2 6217 0401

[www.rsm.com.au](http://www.rsm.com.au)

### AUDITOR'S INDEPENDENCE DECLARATION

As lead auditor for the audit of the financial report of Central Australian Aboriginal Congress Aboriginal Corporation for the year ended 30 June 2017, I declare that, to the best of my knowledge and belief, there have been no contraventions of:

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

**RSM AUSTRALIA**  
Chartered Accountants



Canberra, Australian Capital Territory  
Dated: 5<sup>th</sup> October 2017

**R MILLER**  
Director

### THE POWER OF BEING UNDERSTOOD AUDIT | TAX | CONSULTING

RSM Australia Pty Ltd is a member of the RSM network and trades as RSM. RSM is the trading name used by the members of the RSM network. Each member of the RSM network is an independent accounting and consulting firm which practices in its own right. The RSM network is not itself a separate legal entity in any jurisdiction.  
RSM Australia Pty Ltd ACN 009 321 377 and Birdaco Practice Trust ABN 65 319 382 479 trading as RSM  
Liability limited by a scheme approved under Professional Standards Legislation

**Statement of Profit and Loss and Other Comprehensive Income for the year ended 30 June 2017**

	Notes	2017 \$	2016 \$
Grants and Contributions provided	2	37,540,474	35,427,800
Medicare & practice incentive payment income	3	6,101,692	4,748,162
Investment income	4	423,934	513,320
Other operating revenues	5	879,537	562,713
Net gain on disposal of assets		2,701	30,000
		<b>44,948,338</b>	<b>41,281,995</b>
<b>OPERATING EXPENSES</b>			
Employee benefits expenses	6	32,502,368	27,827,297
Interest charges		7,646	3,675
Depreciation & amortisation	16,17	1,002,803	857,490
Medical supplies & program expenses	7	2,888,801	3,591,912
Motor vehicle & travel expenses	8	1,958,742	1,820,249
Rent & occupancy expenses	9	2,312,974	2,674,773
Minor equipment expenditure	10	270,094	491,564
Other operating expenses	11	2,996,072	2,643,330
		<b>43,939,500</b>	<b>39,910,290</b>
<b>SURPLUS (DEFICIT) FOR THE YEAR</b>		<b>1,008,838</b>	<b>1,371,705</b>
Other comprehensive income		–	–
<b>Total comprehensive income</b>		<b>1,008,838</b>	<b>1,371,705</b>

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

**Statement of Financial Position for the year ended 30 June 2017**

	Notes	2017 \$	2016 \$
<b>CURRENT ASSETS</b>			
Cash and cash equivalents	12	20,297,500	18,439,292
Other current assets	13	428,504	45,342
Trade and other receivables	14	590,924	659,952
<b>Total current assets</b>		<b>21,316,928</b>	<b>19,144,586</b>
<b>NON CURRENT ASSETS</b>			
Investments	15	2	2
Property, plant and equipment	16	6,843,198	6,407,903
Intangible assets	17	82,844	223,312
<b>Total non current assets</b>		<b>6,926,044</b>	<b>6,631,217</b>
<b>Total assets</b>		<b>28,242,972</b>	<b>25,775,803</b>
<b>CURRENT LIABILITIES</b>			
Trade and other payables	18	1,404,931	1,959,688
Employee benefits	19	4,517,129	3,429,767
Grants received in advance	20	–	620,520
Unexpended grants	22	4,767,424	3,142,575
<b>Total Current Liabilities</b>		<b>10,689,484</b>	<b>9,152,550</b>
<b>NON-CURRENT LIABILITIES</b>			
Employee benefits	19	444,481	523,084
<b>Total Non-current Liabilities</b>		<b>444,481</b>	<b>523,084</b>
<b>Total Liabilities</b>		<b>11,133,965</b>	<b>9,675,634</b>
<b>Net assets</b>		<b>17,109,007</b>	<b>16,100,169</b>
<b>EQUITY</b>			
Accumulated funds		3,334,881	3,171,976
Reserve funds		13,774,126	12,928,193
<b>17,109,007</b>		<b>16,100,169</b>	

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

## Statement of Changes in Equity for the year ended 30 June 2017

	Accumulated surpluses \$	Medicare reserves \$	Other reserves \$	Total \$
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 surpluses	(94,294)	648,375	(554,079)	2
Total comprehensive income for the year	1,371,705	–	–	1,371,705
<b>Balances at the beginning of the current year</b>	<b>3,171,976</b>	<b>5,224,703</b>	<b>7,703,490</b>	<b>16,100,169</b>
Transfers to/from reserves from accumulated surpluses	845,933	(2,610,823)	3,456,756	–
Total comprehensive income for the year	1,008,838	–	–	1,008,838
<b>Balances at the end of the current year</b>	<b>3,334,881</b>	<b>2,613,880</b>	<b>11,160,246</b>	<b>17,109,007</b>

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

## Statement of Cash Flows for the year ended 30 June 2017

	Notes	2017 \$	2016 \$
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
<b>Payments</b>			
Employee costs		(31,493,609)	(27,802,886)
Materials, contracts and other costs		(11,375,702)	(11,660,740)
Interest paid		(7,646)	(3,675)
<b>Receipts</b>			
Receipts from activities		7,144,769	5,218,357
Interest received		437,334	524,646
Receipts from funding bodies		38,450,291	34,201,529
<b>Net cash provided by operating activities</b>		<b>3,155,437</b>	<b>477,231</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
Payments for property, plant & equipment		(1,298,780)	(1,946,362)
Payments for intangibles		(1,150)	(140,268)
Proceeds on sale of assets		2,701	30,000
<b>Net cash used in investing activities</b>		<b>(1,297,229)</b>	<b>(2,056,630)</b>
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>			
Capital grants received		–	775,000
<b>Net cash provided by financing activities</b>		<b>–</b>	<b>775,000</b>
Net increase (decrease) in cash held		1,858,208	(804,399)
Cash at beginning of the year		18,439,292	19,243,691
<b>Cash at end of the year</b>	<b>12</b>	<b>20,297,500</b>	<b>18,439,292</b>

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

## Notes to the Financial Statements for the year ended 30 June 2017

### 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:

14 Leichhardt Terrace 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 services, programs and projects conducted through the year were:

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

#### 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.

##### 1a. 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 amending accounting standards and interpretations adopted

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

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

#### 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 may be significant to the financial statements are disclosed below.

#### 1b. Revenue recognition policy

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

- It is probable that grant funding will be used for the designated purpose;
- Control has been obtained over the grant income; and
- 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

## Notes to the Financial Statements for the year ended 30 June 2017

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

### **1c. 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.

### **1d. Superannuation**

Employee superannuation entitlements are principally provided through HESTA and Australian Super.

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

### **1e. Employees**

Number of employees	2017	2016
Full time equivalent employees	333	265
Number of employees	387	312

### **1f. 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.

### **1g. Goods and Services Tax**

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

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

Cash flows are included in the statement of cashflows on a net 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.

### **1h. Fixed assets**

#### *Land*

Land is valued at cost. Independent valuations are periodically performed to ensure the carrying value is not greater than the realisable value of the asset.

The last independent valuation was performed in 2015 by Integrated Valuation Services (NT). Each year, management will exercise their discretion to determine whether there has been any movement in property values to ensure any significant decreases in value are not overlooked.

### **Property, Plant & Equipment**

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:

	2017 (YEARS)	2016 (YEARS)
Buildings	10 – 20	10 – 20
Plant and Equipment	5 – 10	5 – 10
Motor Vehicles	5 – 10	5 – 10
Computer Software	3	3

**1i. 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.

**1j. 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.

**1k. Cash and cash equivalents**

Cash and cash equivalents includes cash on hand, deposits held at call with financial institutions, other short-term, highly liquid investments with original maturities of three 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.

**1l. 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.

**1m. 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.

**1n. Nature and purpose of reserves**

**Asset replacement reserve**

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

**Medicare reserve**

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

**Practice incentive payments reserve**

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

**1o. 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 and
- 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

## Notes to the Financial Statements for the year ended 30 June 2017

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 non-derivative 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 non-derivative 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 twelve months at 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 & Contributions Provided**

	<b>2017 \$</b>	<b>2016 \$</b>
<b>AUSTRALIAN GOVERNMENT FINANCIAL ASSISTANCE</b>		
Department of Health	25,219,174	23,884,797
Department of Social Services	892,244	940,873
Department of Prime Minister and Cabinet	3,643,440	3,023,470
Department of Education and Training	705,200	616,686
<b>Total Australian Government Financial Assistance</b>	<b>30,460,058</b>	<b>28,465,826</b>
<b>NORTHERN TERRITORY GOVERNMENT FINANCIAL ASSISTANCE</b>		
Department of Health	1,828,712	1,779,922
Department of Children and Families	925,914	844,487
Department of The Chief Minister	–	289,925
<b>Total Northern Territory Government Financial Assistance</b>	<b>2,754,626</b>	<b>2,914,334</b>
<b>OTHER FINANCIAL ASSISTANCE</b>		
Northern Territory General Practice Education Ltd	1,385,759	1,197,771
Northern Territory PHN	2,562,757	1,596,792
headspace	–	812,716
Other grants	377,274	440,361
<b>Total Other Financial Assistance</b>	<b>4,325,790</b>	<b>4,047,640</b>
<b>3. Medicare Income and Practice Incentive Payments</b>		
Medicare income	4,706,897	3,940,769
Practice incentive payments	1,394,795	807,393
<b>Total Medicare Income and Practice Incentive Payments</b>	<b>6,101,692</b>	<b>4,748,162</b>

**Notes to the Financial Statements for the year ended 30 June 2017**

**4. Investment Income**

	2017 \$	2016 \$
Interest income	423,934	513,320
<b>Total Investment Income</b>	<b>423,934</b>	<b>513,320</b>

**5. Other Operating Revenues**

Fees received	459,411	442,252
Rent received	28,759	31,560
Other receipts	391,367	88,901
<b>Total Other Operating Revenues</b>	<b>879,537</b>	<b>562,713</b>

**6. Employee Benefits Expense**

Fringe benefits tax	119,368	(7,306)
Salaries	28,398,807	24,586,167
Superannuation	3,130,049	2,032,744
Workcover insurance	394,805	609,422
Income protection insurance	215,989	286,383
Employee recruitment and relocation	47,876	73,391
Employee training and development	195,474	246,496
<b>Total Employee Benefits Expense</b>	<b>32,502,368</b>	<b>27,827,297</b>

**7. Medical Supplies and Program Expenses**

	2017 \$	2016 \$
Contract staff	1,332,421	2,017,746
Equipment maintenance	227,345	279,481
Medical supplies	639,468	608,782
Program consumables	397,604	266,239
Meeting expenses	48,356	32,820
Communicare licence and other subscriptions	243,607	386,844
<b>Total Medical Supplies and Program Expenses</b>	<b>2,888,801</b>	<b>3,591,912</b>

**8. Motor Vehicle and Travel Expenses**

Motor vehicle – fuel and oil	225,448	205,733
Motor vehicle – repairs and maintenance	170,588	164,167
Motor vehicle – leasing	904,680	811,507
Motor vehicle – insurance and registration	81,231	127,269
Motor vehicle – hire	11,087	10,148
Travel – fares and accommodation	407,396	350,126
Travel allowance	158,312	151,299
<b>Total Motor Vehicle and Travel Expenses</b>	<b>1,958,742</b>	<b>1,820,249</b>

**9. Rent and Occupancy Expenses**

Rent and rates	1,060,961	1,131,264
Electricity, water and gas	380,738	479,034
Cleaning	195,577	554,472
Maintenance to buildings	372,165	322,833
Security	236,339	111,926
Waste management	67,194	75,244
<b>Total Rent and Occupancy Expenses</b>	<b>2,312,974</b>	<b>2,674,773</b>

## Notes to the Financial Statements for the year ended 30 June 2017

### 10. Minor Equipment Expenditure

	2017 \$	2016 \$
Buildings	12,889	138,476
Office furniture & equipment	51,934	81,297
Computers	131,368	184,232
Motor vehicles	462	–
Plant & equipment	73,441	87,559
<b>Total Minor Equipment Expenditure</b>	<b>270,094</b>	<b>491,564</b>

### 11. Other Operating Expenses

Computers, communications and technology	752,427	712,587
Equipment leasing	336,689	288,840
Insurances	182,613	157,861
Telecommunications costs	347,326	365,447
Consulting	365,120	420,066
Advertising and promotion	563,971	321,313
Administrative costs	255,427	214,978
Sundry expenses	192,499	162,238
<b>Total Other Operating Expenses</b>	<b>2,996,072</b>	<b>2,643,330</b>

### 12. Cash and Cash Equivalents

Cash on hand	4,200	4,000
Cash at bank	7,293,300	6,435,292
Cash on investment	13,000,000	12,000,000
<b>Total Cash and Cash Equivalents</b>	<b>20,297,500</b>	<b>18,439,292</b>

### 13. Other Current Assets

	2017 \$	2016 \$
Bonds paid	45,342	45,342
Prepayments	383,162	–
<b>Total Other Current Assets</b>	<b>428,504</b>	<b>45,342</b>

### 14. Trade and Other Receivables

Trade debtors	620,911	685,295
Provision for impairment	(29,987)	(25,343)
<b>Total Trade and Other Receivables</b>	<b>590,924</b>	<b>659,952</b>

Trade receivables are non-interest bearing and are generally on 7 day terms and are expected to be settled within 12 months. The aging of trade receivables at 30 June 2017 is detailed below:

	2017 Gross \$	2017 Allowance \$	2016 Gross \$	2016 Allowance \$
Not past due	477,982	–	467,228	–
Past due: 0 – 30 days	14,617	–	25,337	–
Past due: 31 – 60 days	2,134	–	13,015	–
Past due: 61 – 90 days	1,148	(170)	5,782	–
Past due: 90 days and over	125,030	(29,817)	173,933	(25,343)
	<b>620,911</b>	<b>(29,987)</b>	<b>685,295</b>	<b>(25,343)</b>

### 15. Investments

In the 2013–14 Financial Statements, an investment in Centrecorp Aboriginal Investment Corporation Pty Ltd was incorrectly disposed. This was assumed disposed along with another larger investment in CAAH Nominees Pty Ltd at the time. The continued existence of this investment has been clarified and this has been returned in these Financial Statements. The amendment has been initially made in the comparative disclosures and carried forward to the current year accounts.

	2017 \$	2016 \$
Shares in Centrecorp Aboriginal Investment Corporation Pty Ltd	2	2

**Notes to the Financial Statements for the year ended 30 June 2017**

<b>16. Property, Plant and Equipment</b>	<b>Land &amp; Buildings</b>	<b>Motor Vehicles</b>	<b>Office Equipment</b>	<b>Office Furniture</b>	<b>Plant &amp; Equipment</b>	<b>Total</b>
	\$	\$	\$	\$	\$	\$
Balance at start 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	486,004
Disposals	–	(739,697)	–	–	–	(739,697)
<b>Balance at end of prior year</b>	<b>11,268,261</b>	<b>574,082</b>	<b>418,366</b>	<b>231,644</b>	<b>769,886</b>	<b>13,262,239</b>
Additions	669,220	100,993	–	35,802	154,158	960,173
Work in progress	49,286	–	–	–	289,321	338,607
Disposals	(3,297,409)	(10,000)	(121,879)	(91,215)	(140,678)	(3,661,181)
<b>Balance at end of current year</b>	<b>8,689,358</b>	<b>665,075</b>	<b>296,487</b>	<b>176,231</b>	<b>1,072,687</b>	<b>10,899,838</b>
<b>Accumulated Depreciation</b>						
Balance at start 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)
<b>Balance at end of prior year</b>	<b>5,342,710</b>	<b>465,702</b>	<b>345,641</b>	<b>226,590</b>	<b>473,695</b>	<b>6,854,336</b>
Charge for the year	657,110	46,909	45,055	7,146	104,965	861,185
Accumulated on disposals	(3,297,409)	(10,000)	(121,879)	(88,916)	(140,678)	(3,658,882)
<b>Balance at end of current year</b>	<b>2,702,411</b>	<b>502,611</b>	<b>268,817</b>	<b>144,820</b>	<b>437,982</b>	<b>4,056,640</b>
<b>Net Book Value</b>						
Balance at start of current year	5,925,551	108,380	72,725	5,054	296,192	6,407,903
<b>Balance at end of current year</b>	<b>5,986,947</b>	<b>162,464</b>	<b>27,670</b>	<b>31,411</b>	<b>634,705</b>	<b>6,843,198</b>

**Notes to the Financial Statements for the year ended 30 June 2017**

	Computer Software	\$
<b>17. Intangible Assets</b>		
<b>Gross Carrying Amount</b>		
Balance at start of prior year	284,418	
Additions	80,068	
Work in progress	60,200	
Disposals	–	
<b>Balance at end of prior year</b>	<b>424,686</b>	
Additions	1,150	
Work in progress	–	
Disposals	–	
<b>Balance at end of current year</b>	<b>425,836</b>	
<b>Accumulated Depreciation</b>		
Balance at start of prior year	86,390	
Charge for the year	114,984	
Accumulated on disposals	–	
<b>Balance at end of prior year</b>	<b>201,374</b>	
Charge for the year	141,618	
Accumulated on disposals	–	
<b>Balance at end of current year</b>	<b>342,992</b>	
<b>Net Book Value</b>		
Balance at start of current year	223,312	
<b>Balance at end of current year</b>	<b>82,844</b>	

	2017 \$	2016 \$
Trade and other payables	1,392,682	2,021,024
GST/FBT payable	12,249	(61,336)
	<b>1,404,931</b>	<b>1,959,688</b>
<b>19. Employee benefits</b>		
<b>Current Liabilities</b>		
Annual leave	2,092,106	1,847,059
Long service leave	1,264,277	1,269,919
Accrued salary & wages	1,160,746	312,789
<b>Total Current Liabilities</b>	<b>4,517,129</b>	<b>3,429,767</b>
<b>Non Current Liabilities</b>		
Long service leave	444,481	523,084
<b>Total Non Current Liabilities</b>	<b>444,481</b>	<b>523,084</b>
	<b>4,961,610</b>	<b>3,952,851</b>
<b>20. Grants Received in Advance</b>		
Advanced receipts for programs to be conducted in the following Financial Year are as follows:		
• Commonwealth Department of Health	–	–
• Northern Territory Government	–	363,636
• Other	–	180,084
	<b>–</b>	<b>620,520</b>

## Notes to the Financial Statements for the year ended 30 June 2017

### 21. Operating Leases

<b>a. Vehicle Operating Leases</b>	<b>2017 \$</b>	<b>2016 \$</b>
Payable within 12 months	645,294	612,733
Payable 12 months to 5 years	524,728	381,804
	<b>524,728</b>	<b>994,537</b>

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>b. Equipment Operating Leases</b>	<b>2017 \$</b>	<b>2016 \$</b>
Payable within 12 months	70,562	276,466
Payable 12 months to 5 years	52,441	110,893
	<b>123,003</b>	<b>387,359</b>

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.

<b>c. Premises Operating Leases</b>	<b>2017 \$</b>	<b>2016 \$</b>
Payable within 12 months	1,068,417	925,466
Payable 12 months to 5 years	374,793	459,645
	<b>1,443,210</b>	<b>1,385,111</b>

The premises lease commitments are non-cancellable operating leases contracted generally for a 5 year term. As at 30 June 2017, two leases have expired and are operating on a monthly tenancy and one was due to expire on 31 July 2017. For the expired leases, we have included 12 months of the current arrangement in the disclosures above, whilst the lease that expired 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.

### 22. Statement of Unexpended Grants

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:

<b>Commonwealth Department of Health</b>	<b>2017 \$</b>	<b>2016 \$</b>
Early Childhood Learning Centre	905,740	–
Australian Nurse Partnership Program	522,533	161,045
Tackling Indigenous Smoking	334,900	460,900
Remote Training Program	310,508	156,694
Alcohol Action Initiative – Right Tracks	139,377	–
Connected Beginnings	41,700	–
Bringing Up Great Kids Program	6,258	6,258
Strive WAHAC	2,000	2,000
Mutitjulu Capital Works (Clinic Refurbishment)	–	37,162
Amsant Consultancy MEHR	–	7,187

### Department of Prime Minister and Cabinet

Substance Use	545,495	504,345
Stolen Generation Link up Service	333,589	354,545
Community Wellbeing & Violence Intervention	101,036	76,713
Economic Development and Participation Governance	83,333	83,333
Pre-School Readiness Program	82,156	26,565
Targeted Family Support Service	16,971	16,971
Mutitjulu Drug Action Week Activities	–	7,550
WAHAC Drug Action Week Activities	–	3,992
WAHAC Alcohol and Other Drugs Program	–	81,868
Santa Teresa Professional Counsellors	–	121,667

## Notes to the Financial Statements for the year ended 30 June 2017

*[Note 22 continued]*

Department of Social Services	2017 \$	2016 \$
Royal Commission Youth Detention Service	255,237	–
Intensive Family Support Service	110,881	46,258
IFSS – Service Enhancement One – Off Funding	80,000	80,000
ICSS Support Plan	7,531	55,531
Emergency Relief	–	2,986

### Department of Health NT

Safe and Sober Program	43,317	43,317
Santa Teresa Primary Health Care	34,967	34,967
Alcohol Action Initiative – Right Tracks	27,875	–
Sexual Health & Blood Borne Virus Program	23,291	16,123
Community Health Education DHF Program	16,004	16,004
Health Promotion Sports Weekend	4,000	4,000
Ltyentye Apurte – SEWB	–	10,275
TFSS Part A & B	–	20,439
Alcohol & Other Drugs Aftercare	–	8,997
National Youth Week	–	6,331

### Northern Territory PHN

headspace Refurbishment	244,582	308,531
Home Support Program – Nursing Care	71,465	18,346
After Hours Services – Alice Springs Hospital	18,729	–
Chronic Disease Care Coordinators	17,906	17,906
headspace	11,837	70,038
Care Coordinator	–	–
Allied Psychological Services (ATAPPS)	–	8,729

*[Note 22 continued]*

Department of Education & Training	2017 \$	2016 \$
Childcare Governance Improvement Project	5,000	5,000
<b>Fred Hollows Foundation</b>		
Trachoma – Ntaria Based Workers	27,760	27,759

### Other

After Hours Youth Service	123,250	70,243
MOST (More Options for STI Testing ) – Research	92,921	66,793
Alcohol Action Initiative – Right Tracks	37,167	–
CASSE Men's Shed Project	22,129	–
HSTAC	18,182	–
Youth Health Trajectories Study	15,022	11,630
MY Health Record Engagement & Registration	13,653	13,653
Self-Harm Coding Communicare Review	11,028	11,028
Research Officer	3,326	1,594
Yarn Safe Grant	2,768	2,768
Smart Start for Kids – I can program	2,000	2,000
Retinal Research	–	28,105
Youth Activity Fund	–	3,329
Depression Tool Validation Study	–	10,018
Family Planning NT – headspace	–	11,082
	<b>4,767,424</b>	<b>3,142,575</b>

## Notes to the Financial Statements for the year ended 30 June 2017

### 23. Directors' Remuneration

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

	2017 \$	2016 \$
<b>Directors' fee payments during the year</b>	108,929	54,169

#### The Directors during the financial year were:

**William Tilmouth (President)**

**Joey Hayes**

**Graham Dowling**

**Ricky Menth**

**Leanne Milligan**

**Sheralee Taylor**

**Nicolette Dunn**

**Roseanne Healy**

**Kerryne Liddle**

**Mark Wenitong**

**Steven Rossingh**

**Chanston Paech**

**Marjorie Lindner**

**Peter O'Mara**

Remuneration Level	2017	2016
From \$0 to \$5000	7	9
From \$5,001 to \$10,000	2	3
From \$10,001 to \$20,000	4	0
From \$20,001 to \$40,000	1	1

### 24. Key Management Personnel Compensation

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

2017 \$	2016 \$
<b>Short term employee benefits</b>	1,074,398

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

#### 2016

**Ms Donna Ah Chee**

(period 1 July 2015 to 30 June 2016)

**Dr John Boffa**

(period 1 July 2015 to 30 June 2016)

**Mr Eric Brown**

(period 31 August 2015 to 30 June 2016)

**Ms Tracey Brand**

(period 1 July 2015 to 30 June 2016)

**Ms Kim Manner**

(period 1 July 2015 to 30 June 2016)

2017
<b>Ms. Donna Ah Chee</b> (period 1 July 2016 to 30 June 2017)
<b>Dr John Boffa</b> (period 1 July 2016 to 30 June 2017)
<b>Mr Eric Brown</b> (period 1 July 2016 to 30 June 2017)
<b>Ms Tracey Brand</b> (period 1 July 2016 to 30 June 2017)
<b>Ms Kim Manner</b> (period 1 July 2016 to 30 June 2017)

### 27. Superannuation Liability

Central Australian Aboriginal Congress Aboriginal Corporation has identified an issue that has resulted in an underpayment of Superannuation Guarantee contributions over a number of years. Included in the Accrued Salary and Wages in Note 19 of these accounts, is an amount of \$713,164 which represents management's estimate of the potential liability. Advice has been sought to clarify the position and the liability estimate. There does exist a contingent liability should the actual amount payable exceed the amount provisioned within the accounts. Central Australian Aboriginal Congress upon receipt of the advice and determination of the actual amount payable shall commence communication with all stakeholders to ensure the rectification of this issue is as smooth as possible.

### 28. Auditors' Remuneration

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

2017 \$	2016 \$
<b>Audit or review services</b>	26,435
<b>Other services</b>	14,500
<b>40,935</b>	<b>27,655</b>

# Financial Statements 2016/17

## Notes to the Financial Statements for the year ended 30 June 2017

### 29. Changes to Medicare Reserve

During the last year, Central Australian Aboriginal Congress has received advice from the Commonwealth Department of Health clarifying that there are differences in the allowable use of funds derived from Medicare benefits and those funds derived from Practice Incentive Payment income. Traditionally, both these income types have been held in the one reserve account. These reserves have now been split and the Practice Incentive Payment reserve has been disclosed under "Other Reserves" in the Statement of Changes in Equity. Congress has again applied most of the current year Medicare receipts to the employment of General Practitioners and other primary healthcare focused resources. In the interests of full disclosure, the opening Medicare reserve balance of \$5,224,703 comprises:

	<b>Medicare Reserve</b>	<b>Payment Practice Incentive Reserve</b>
<b>Balance as at 30 June 2016</b>	<b>2,403,392</b>	<b>2,821,311</b>

### 30. Property Acquisition

On 6 December 2016, Central Australian Aboriginal Congress Aboriginal Corporation entered a conditional contract with Centrecorp Aboriginal Investment Corporation Pty Ltd for the purchase of a Commercial Property located at 127 Todd Street, Alice Springs. This acquisition, together with the subsequent redevelopment required, will bring non clinical programs occupying leased premises around Alice Springs together into one location providing Congress savings on a significant leasing cost. One of the key conditions of this purchase remains outstanding balance date and so the contract is not unconditional. As at the date of signing of these accounts, Centrecorp Aboriginal Investment Corporation Pty Ltd have been unable to meet this condition and so the purchase is yet to be reflected in these accounts.

### 31. 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 monitor the Corporation'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 time frames.

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 counter party 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 \$20,293,300 and the Corporation has reduced this risk by holding it across 4 banking institutions being National Australia Bank, Beyond Bank, Bendigo and Adelaide Bank and AMP Bank.

The Corporation does not have any material credit risk exposure.



## Notes to the Financial Statements for the year ended 30 June 2017

### 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 or future cash flows of a financial instrument will fluctuate because of changes in interest rates. The Corporation manages its interest rate risk by maintaining floating rate cash and having no debt.

At balance date, the Corporation had the following assets exposed to variable interest rate risk:

SENSITIVITY ANALYSIS	2017 \$	2016 \$
<b>Financial Assets</b>		
Cash at bank	20,293,300	18,435,292

The tables below detail the interest rate sensitivity analysis of the Corporation at balance date, holding all variables constant. A 100 basis point change is deemed to be a possible change and is used when reporting interest rate risk:

EFFECT ON PROFIT AND LOSS	2017 \$	2016 \$
Cash at bank + 1%	202,933	184,353
Cash at bank - 1%	(202,933)	(184,353)

EFFECT ON EQUITY	2017 \$	2016 \$
Cash at bank + 1%	202,933	184,353
Cash at bank - 1%	(202,933)	(184,353)

The table below reflects the undiscounted contractual settlement terms for the financial instruments of a fixed period of maturity, as well as management's expectations of the settlement period for all financial instruments:

FINANCIAL INSTRUMENTS	Notes	2017 \$	2016 \$
<b>Financial assets – cash flows realisable</b>			
Cash and cash equivalents	12	20,297,500	18,439,292
Trade and other receivables	13,14	1,019,428	705,294
<b>Total</b>		<b>21,316,928</b>	<b>19,144,586</b>
<b>Financial liabilities due for payment</b>			
Trade and other creditors	18	1,404,931	1,959,688
Other liabilities	19, 20, 22	9,284,553	7,192,862
<b>Total</b>		<b>10,689,484</b>	<b>9,152,550</b>

## Notes to the Financial Statements for the year ended 30 June 2017

WITHIN ONE YEAR	Notes	2017 \$	2016 \$
<b>Financial assets – cash flows realisable</b>			
Cash and cash equivalents	12	20,297,500	18,439,292
Trade and other receivables	13,14	1,019,428	705,294
<b>Total</b>		<b>21,316,928</b>	<b>19,144,586</b>
<b>Financial liabilities due for payment</b>			
Trade and other creditors	18	1,404,931	1,959,688
Other liabilities	19, 20, 22	9,284,553	7,192,862
<b>Total</b>		<b>10,689,484</b>	<b>9,152,550</b>

The carrying amount of assets and liabilities is equal to their net fair value.

The following methods and assumptions have been applied:

### Recognised financial instruments

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

## Directors' Declaration for the year ended 30 June 2017

*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 2017 and of its performance for the financial year ended on that date; and
  - b. comply with Australian Accounting Standards (including the Australian Accounting Interpretations).
2. In the Directors' opinion there are reasonable grounds to believe that the corporation will be able to pay its debts when they become due and payable.
3. The Directors are satisfied that
  - a. the grant funds provided have been used for the agreed purpose and that all terms and conditions of the grants have been complied with;
  - b. the attached financial statements are compiled accurately from the financial records and data of the corporation;
  - c. adequate provision has been made for legitimate future statutory and other liabilities of the corporation including, but not limited to taxation liabilities, accumulated staff leave entitlements and replacement of assets, except for land & buildings;
  - d. appropriate and adequate insurance has been maintained throughout the year;
  - e. the corporation has discharged its statutory obligations in relation to taxation, insurance, employee entitlements and the lodgement of statutory returns;
  - f. the financial controls in place within the corporation are adequate; and
  - g. the administration expenses and overhead costs of the corporation were reasonably apportioned across all sources and funds.

Signed in accordance with a resolution of the Directors.

Signed at Alice Springs this 5th day of October 2017:

Chairperson

## Independent Auditor's Report



RSM Australia Pty Ltd

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### INDEPENDENT AUDITOR'S REPORT

#### TO THE MEMBERS OF

#### CENTRAL AUSTRALIAN ABORIGINAL CONGRESS ABORIGINAL CORPORATION

##### Opinion

We have audited the financial report, being a general purpose financial report, of Central Australian Aboriginal Congress Aboriginal Corporation (the Corporation), which comprises the statement of financial position as at 30 June 2017, the statement of comprehensive income, the statement of changes in equity and the statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and the directors' declaration.

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

- (i) giving a true and fair view of corporation's financial position as at 30 June 2017 and of its financial performance for the year then ended; and
- (ii) complying with Australian Accounting Standards – Reduced Disclosure Requirements as described in Note 1.

##### Basis for Opinion

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

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

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

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RSM Australia Pty Ltd is a member of the RSM network and trades as RSM. RSM is the trading name used by the members of the RSM network. Each member of the RSM network is an independent accounting and consulting firm which practices in its own right. The RSM network is not itself a separate legal entity in any jurisdiction.

RSM Australia Pty Ltd ACN 009 321 377 aff Birralco Practice Trust ABN 65 319 382 479 trading as RSM

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### Other Information

The directors are responsible for the other information. The other information comprises the information included in the Corporation's annual report for the year ended 30 June 2017, but does not include the financial report and the auditor's report thereon.

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

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

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

### Responsibilities of the Directors for the Financial Report

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

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

### Auditor's Responsibilities for the Audit of the Financial Report

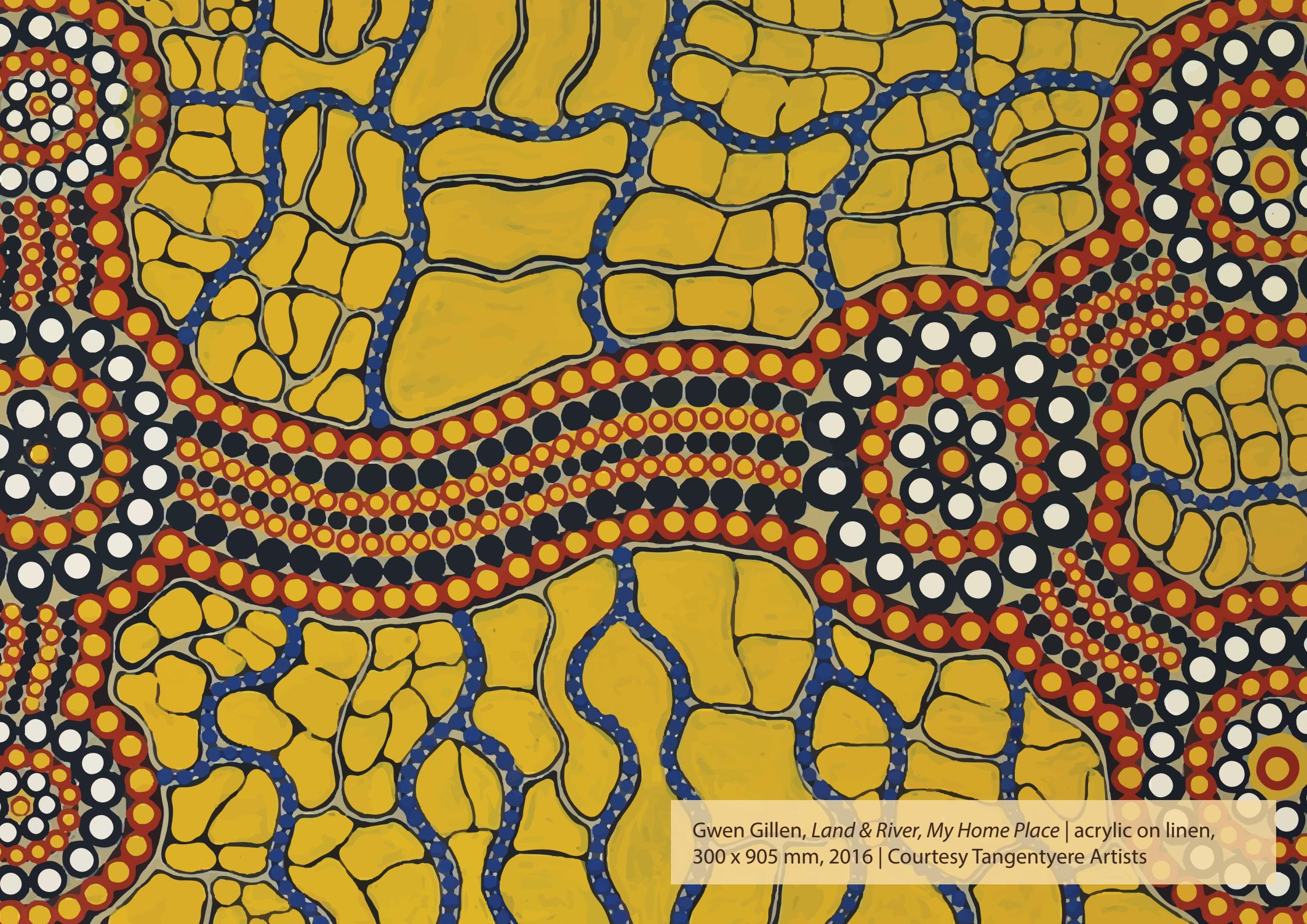
Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that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

A further description of our responsibilities for the audit of the financial report is located at the Auditing and Assurance Standards Board website at: [http://www.ausab.gov.au/auditors\\_responsibilities/a4.pdf](http://www.ausab.gov.au/auditors_responsibilities/a4.pdf). This description forms part of our auditor's report.

RSM AUSTRALIA  
Chartered Accountants

  
R MILLER  
Director

Canberra, Australian Capital Territory  
Dated: 6<sup>th</sup> October 2017



Gwen Gillen, *Land & River, My Home Place* | acrylic on linen,  
300 x 905 mm, 2016 | Courtesy Tangentyere Artists



Central Australian  
Aboriginal Congress  
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