



Central Australian  
**Aboriginal Congress**  
ABORIGINAL CORPORATION | ICN 7823

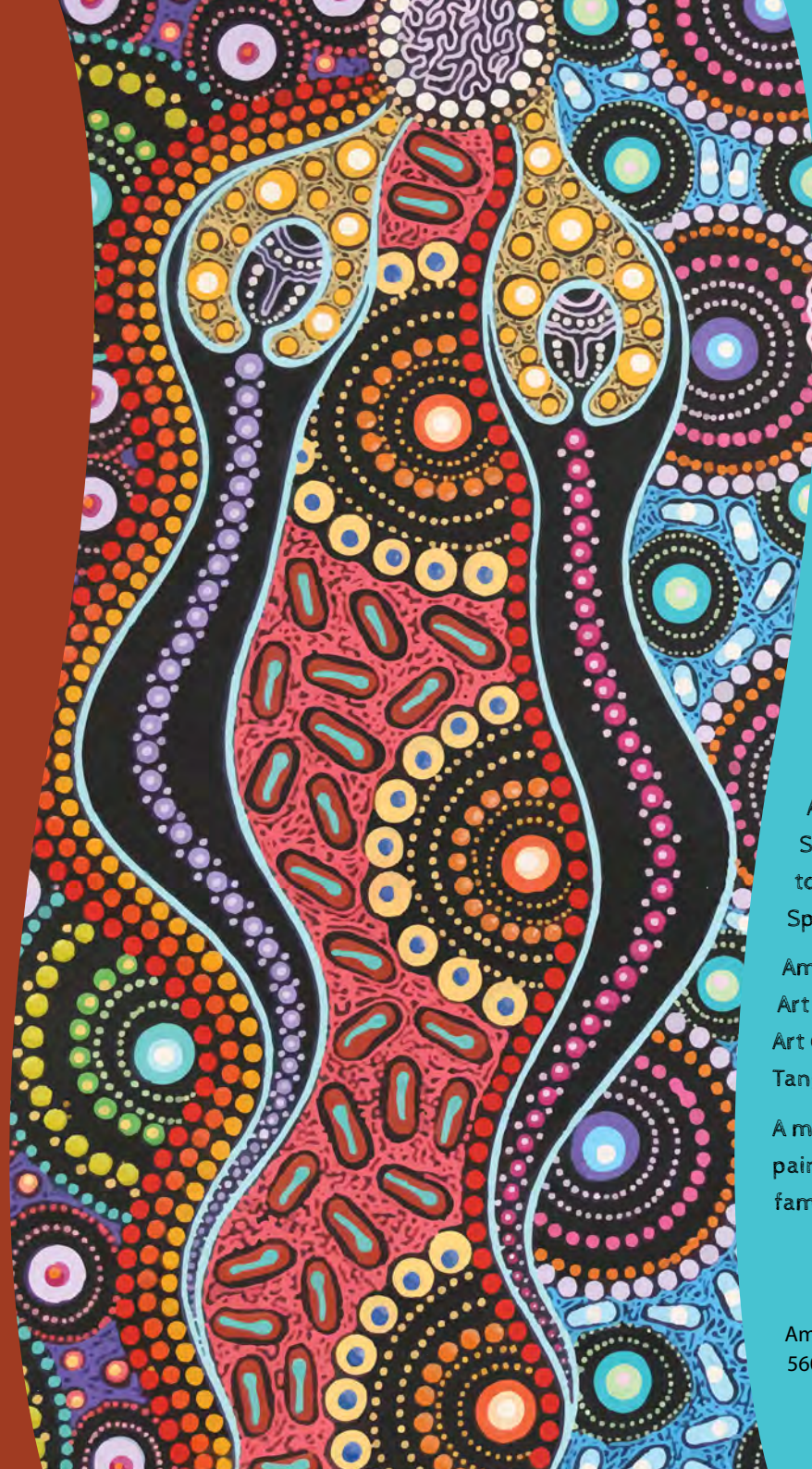
# 2017 ANNUAL REPORT 2018











## Amunda Kngwarre Gorey

We are very proud to feature the work of local artist, Amunda Kngwarre Gorey in this report.

Amunda was born in Melbourne but has lived most of her life in Santa Teresa, Central Australia. Her mother, also an artist, is from Victoria and her father is an Eastern Arrernte man.

Growing up, Amunda was exposed to many forms of art including pottery, tie-dying, Batik, painting and drawing.

After completing boarding school at St Johns College, Darwin, she returned to Santa Teresa before moving to Alice Springs.

Amunda worked with the Irrekerlentyre Art Centre in Alice Springs and Keringke Art Centre, Santa Teresa before joining Tangentyere Artists in 2009.

A mother of three children, Amunda paints at home surrounded by her family whilst listening to music.

Amunda Gorey, *Family* | acrylic on canvas, 560 x 375mm, 2018 | ©Amunda Gorey

*Amunda Gorey*  
: Aug' 2018 :

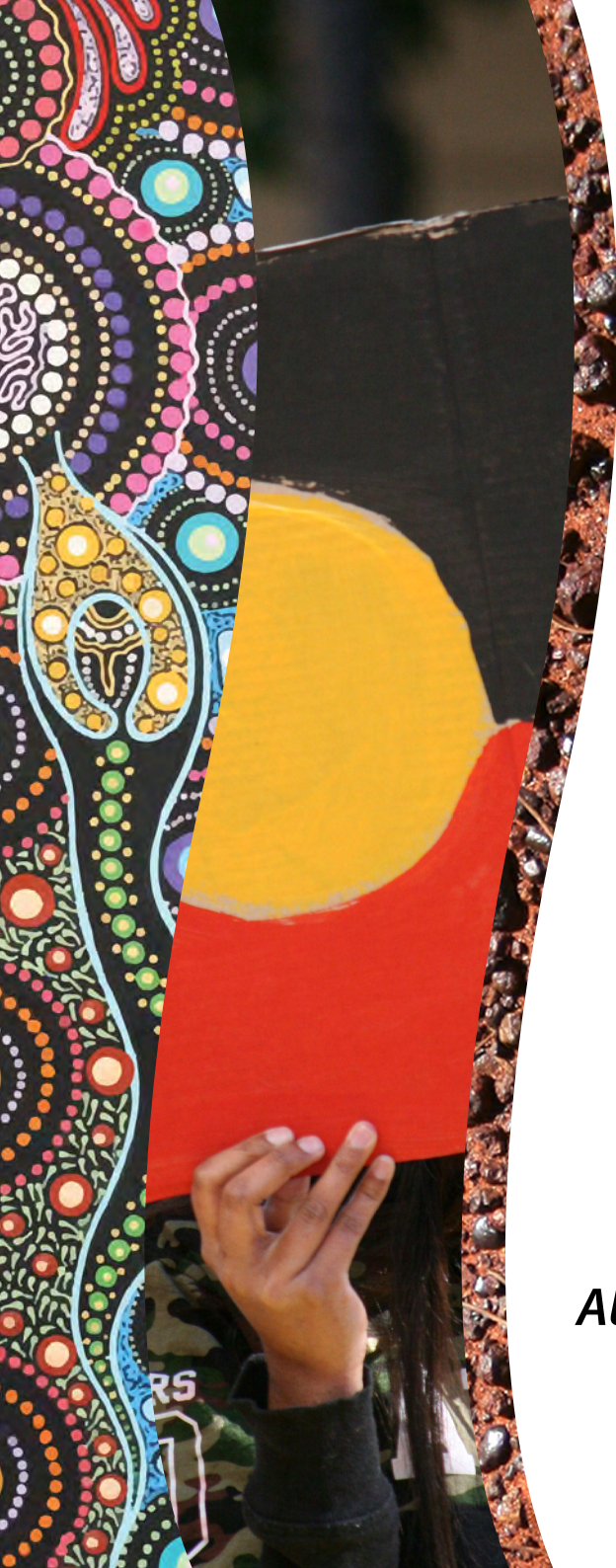
## “FAMILY”

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This painting is about family, the kinship and how people relate to each other, the country & song and dance through the kinship system







*Aboriginal health  
in Aboriginal hands.*



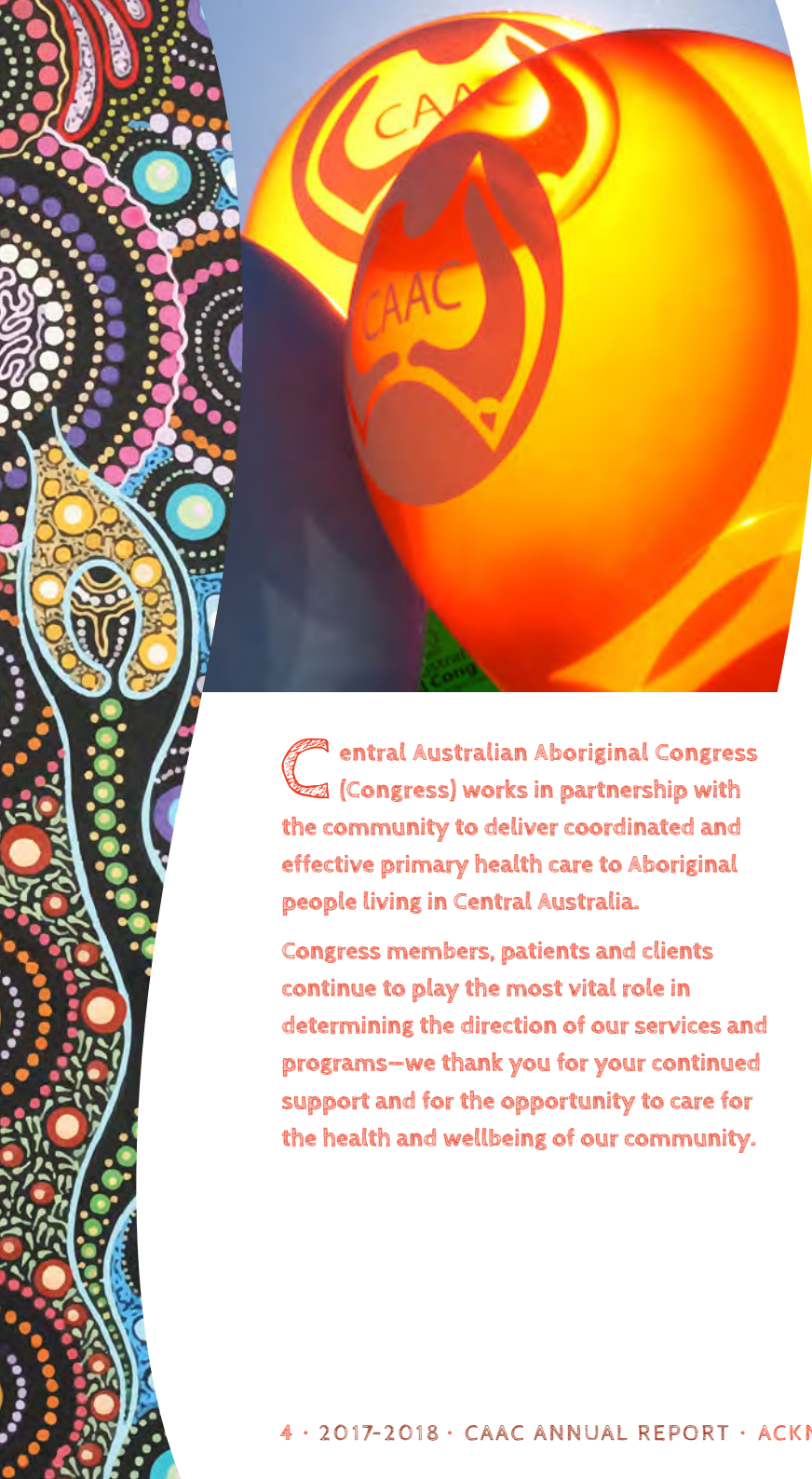


2017  2018

Central Australian **Aboriginal Congress**

ANNUAL REPORT





**C**entral 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.

## ACKNOWLEDGEMENTS

*Congress works in collaboration with:*

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

*We would also like to thank many organisations for their ongoing support and assistance in 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 Health Division (our principal funding agency)
- Australian Government Department of Prime Minister & Cabinet
- Australian Government Department of Social Services
- Brien Holden Vision
- 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 Assoc. (CAAMA)
- Central Australian Academic Health Science Network
- 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 Public Health Network Northern Territory
- PATCHES Paediatrics
- South Australian Health and Medical Research Institute
- The Kirby Institute
- Tangentyere Council
- Telethon Kids
- University of South Australia



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## ABOUT CONGRESS

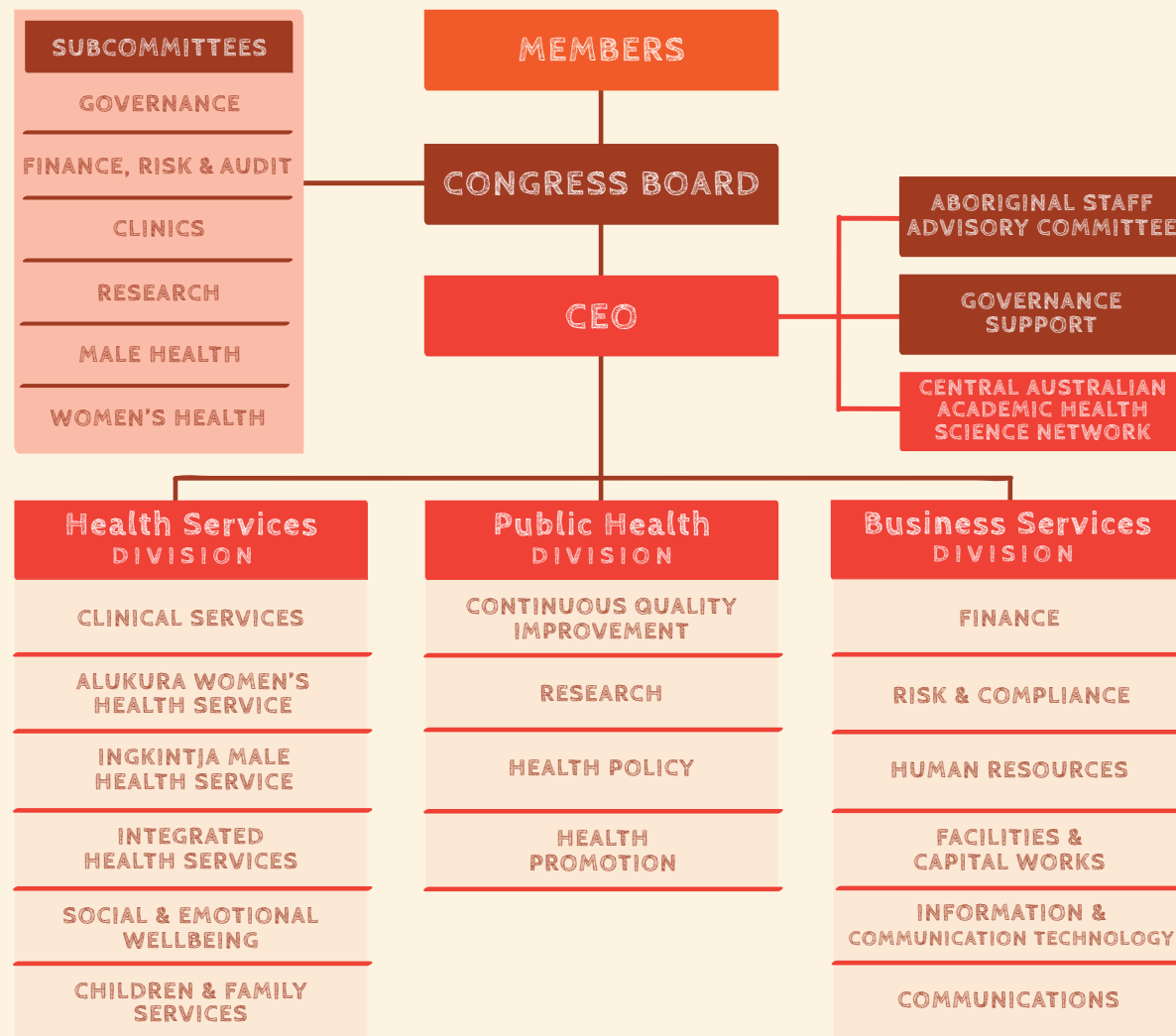
For over 40 years, Central Australian Aboriginal Congress (Congress) has provided support and advocacy for Aboriginal people in the struggle for justice and equity to address the underlying social determinants of health as well as essential clinical services.

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 six remote communities:

- Amoonguna
- Ntaria
- Wallace Rockhole
- Mpwelarre (Santa Teresa)
- Utju (Areyonga), and
- Mutitjulu

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

## CONGRESS ORGANISATIONAL STRUCTURE





## CHAIRPERSON'S REPORT

**The end of the financial year is an opportunity to reflect on progress made against Congress' strategic and operational goals and to report on the major activities of the year and, importantly, the community who we work for, care for and represent. I am pleased to introduce this report which tells the story of Congress' achievements throughout the year.**

We have made great steps towards our goal of bringing access to Congress services closer to the people and increasing the number of health professionals and consult rooms available. The new model clinics in Larapinta and Sadadeen have been open long enough for us to review their success and to be sure that we are on the right track in our health services model of care. I have personally received many positive comments from community members about our new clinics and thank you all for "voting with your feet" and utilising these great new clinics. This is encouraging and good news for our new Northside Clinic, under development at the time of this report.

The negotiation of the Enterprise Agreement (EA) between Congress and our staff was finalised during the year—a significant achievement for all involved. The EA details our responsibilities to our people and guides our policies and practises to ensure a safe and fair working environment. The smooth passage of this agreement is testament to the Congress Board and Executive Office's respect for the rights of our people and our commitment

to a productive and rewarding workplace. I think we have reached a very fair outcome for all with the EA.

The Board has worked hard with our remote communities, strengthening the relationships between us to work together to achieve effective community control of our remote services. Regular joint board meetings were held, with representatives attending from all Remote Community Health Aboriginal Corporation Boards (Remote Boards) as well as the Congress Board and Executive. There has also been great representation from our Remote Boards in AMSANT general meetings which really helps to strengthen our peak body and enables directors to participate and be exposed to some of the key health issues that we are dealing with. These relationships are very important to ensure we are reflecting the needs of the people when delivering services in remote communities.

Governance was a major project during the year as was working on ways to ensure Remote Board representation on the Congress Board. We are proud to now have two positions on the Congress Board reserved for Remote Board representatives. Western Aranda Health Aboriginal Corporation representative, Marion Swift holds one seat; the other is currently vacant, expected to be filled later in the year. A number of Remote Board directors received training from ORIC and the Australian Institute of Company Directors about governance. Under the strategic guidance of the Congress *Cultural Safety Framework* we worked with each of our remote communities to draft specific cultural protocols which



make clear the key cultural sites and practices that our staff need to be aware of to practice cultural safety when they visit communities to provide services.

Remote housing—including overcrowding and lack of maintenance—was a major topic throughout the year. In September, Housing Minister Gerry McCarthy attended the joint board meeting to discuss funding and plans for remote housing in the Territory. Adequate housing and a healthy living environment are important factors influencing health outcomes, so there was lots of discussion about how improvements can be made. There was also a presentation from Health Habitat into the work done on the AP Lands. The outcomes they have achieved are impressive. We plan to attempt their approach to Housing for Health in some remote communities in the future.

We spoke up about important issues on behalf of our community advocating against racism and other discrimination through our submission to the



## CHAIRPERSON'S REPORT

*Modernisation of the Anti-Discrimination Act* and paper supporting an alternative date for Australia Day. We contributed to the *Parliamentary Enquiry into Adoption*, providing a submission to the enquiry and participating in a public hearing to advocate for approaches that are community-led and maintain the child's right to family, community and culture.

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 can be accessed on the Congress website.

**Congress' corporation membership is an important representation of our place as a community controlled organisation. We have grown in membership significantly over the past 12 months, with just under 900 members at the end the reporting period. This gives us a great opportunity to engage and ensure that Congress' decisions and objectives for the future truly reflect the community's needs.**

With this in mind, I am pleased to inform you that we have commenced the development of our next Strategic Plan as the current plan finishes this year. This plan will set out the priorities for Congress in meeting the health and wellbeing needs of the Aboriginal community of Central Australia over the coming five years.

Extensive consultations with members, the Board, Executive, Remote Board representatives, staff and a number of external stakeholders have been conducted including a survey of members and staff. The survey showed that we do very well in delivering high quality health services; in being a strong voice for Aboriginal people; in being well-funded; and in providing accessible, culturally safe services. It also highlighted some areas that we need to pay more attention to. This includes getting the balance right between treatment of the sick and preventing illness; in communicating what we do; and in maintaining our strong reputation. We will continue to work on these areas in future. The new Strategic Plan is expected to be finalised later in 2018.

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

William Tilmouth, CHAIRPERSON





# THE CONGRESS BOARD OF DIRECTORS

**William  
Tilmouth**  
CHAIRPERSON



**Graham  
Dowling**  
DEPUTY  
CHAIRPERSON



**Sheralee  
Taylor**  
MEMBER  
DIRECTOR



**Joseph  
Hayes**  
MEMBER  
DIRECTOR



**Leanne  
Milligan**  
NON-MEMBER  
DIRECTOR



**Peter  
O'Mara**  
NON-MEMBER  
DIRECTOR



**Ricky  
Mentha**  
MEMBER  
DIRECTOR



**Nicolette  
Dunn**  
MEMBER  
DIRECTOR



**Marion  
Swift**  
MEMBER  
DIRECTOR







## CEO'S REPORT

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**The 2017/18 financial year has been another proud and progressive one for Congress, and for me as Chief Executive Officer. Congress used this period to build further on strategic and operational goals, achieving continued great results in key performance areas. Positive changes in service delivery structure made in 2016/17 were consolidated, and work continued in this area throughout the year.**

Milestones were achieved, including the historic 30-year anniversary for our women's health service, Alukura. We provided strong public health advocacy across the social determinants of health, including alcohol reform, the health and wellbeing of our children and young people and housing. Congress was a strong and constant voice in public and policy discussion about Aboriginal health on a local, Territory and national stage.

As an Aboriginal community controlled health service, Congress continued to invest in our own, focusing on developing a strong program to foster a workforce of Aboriginal Health Practitioners, and supporting other important professional development opportunities. Congress had 62 staff on individual training and development agreements and this includes 43 Aboriginal staff (70%) some of whom are undertaking bachelor degrees in business, psychology, nursing, social work and other disciplines. We were so proud to be recognised in our commitment to the employment and training of Aboriginal people with two separate industry awards. Our focus on financial sustainability was maintained, with income generation and investment into greater self-sufficiency—and the efficient provision of high quality, innovative and effective health services to Aboriginal people in Central Australia—always at the fore. It has again been a rewarding and privileged time to serve as Congress' Chief Executive Officer. This annual report details the comprehensive efforts and achievements of the organisation throughout the year and I am pleased to be able to highlight some of these.

The new clinic model was consolidated this year at Sadadeen and Larapinta and the gains we hoped to see in terms of improved quality of care have been demonstrated through an internal evaluation. We have achieved much greater continuity of care and improved multidisciplinary care and teamwork. Now, each time our clients present they receive a more holistic service from a consistent team who know them. This has led to improved patient outcomes across many areas—

especially in chronic disease management. As a result, we have continued on the pathway to develop the Northside clinic which will open later this year. This has been a major operational effort and I want to thank all of my Executive team and the many staff who have made this a reality.

We started July with the launch of the Central Australian Academic Health Science Network (CA AHSN) by the Federal Minister for Indigenous Health and Aged Care, the Hon. Ken Wyatt, on 4 July 2017. The CA AHSN is a collaboration between Aboriginal community controlled health services, Central Australian Health Services, medical research institutes and universities working together to improve the health and wellbeing of people living in Central Australia. Congress is the lead agency and the Network is chaired by AMSANT.

**We are very proud to say that this network is the only one nationally that is led by Aboriginal health services. It provides a special gateway into the Medical Research Future Fund (MRFF) which will enable significant new resources for research in Central Australia in accordance with Aboriginal community research priorities.**

The launch was culturally strong with a Welcome to Country on behalf of local Central Arrernte people and the performance of a traditional welcome dance, performed by our Alukura Grandmothers. While the minister was in Alice Springs we took the opportunity to meet and discuss important aspects of funding, community control, flaws in the Closing the Gap strategy and social determinants of health.



Congress continued to pursue a licence to run our own community owned pharmacy, to achieve cost savings and greater and timely access to medications for our clients. A campaign seeking community backing through a petition was very successful with well over 4000 signatures obtained in support of our application. Unfortunately, this was not to be. Last minute changes to the rules precipitated the withdrawal of our application, as Congress had to choose between owning our own pharmacy or preserving our very valuable status as a Section 100 exempt service. Section 100 refers to the special supply and remuneration arrangements of PBS medicines for clients of approved Aboriginal (and remote) health services and this enables all of our clients to access all of their medicine free of charge through all of our clinics.

The opening of *Arrwekele akaltje-irretyeke apmere*—Congress' Early Childhood Learning Centre (ECLC) was celebrated in July with a small gathering that focussed on the families and children. The centre is an early childhood learning centre for Aboriginal children from non-working families living in Alice Springs, aged 6 months to 3.5 years old. Like the established Congress Childcare, the ECLC uses an international evidence-based program modified for the Australian context and adapted in language for Aboriginal communities to promote the health development of young children. The centre is being independently evaluated but there are already great reports of the impact it is having on the more than 40 children who attend.

## Leading the way.....

**T**he CA AHSN is the first Aboriginal-led collaboration to achieve Federal recognition for leadership in health research and delivery of evidence-based health care. At its launch, the Minister announced that the network was one of only two consortia nationally to be recognised as a Centre for Innovation in Regional Health (CIRH) by the National Health and Medical Research Council (NHMRC). Funding was also announced, allowing engagement of an Executive Director to establish a plan across priority research areas and build financial and corporate sustainability. Subsequently, in March 2018 the network welcomed the announcement from Health Minister Greg Hunt of a three-year commitment to significant research funding, enabling confident engagement with members about health priorities and the ability to pursue those projects identified as priority according to community need. The CA AHSN has since been through its first process of receiving funding applications for research projects. This resulted in a number of high-quality applications and it has allocated its initial funding for 2018/19.

*At the CA AHSN Launch. Top: Donna Ah Chee, Minister Hon. Ken Wyatt MP and John Paterson. Middle and lower: Alukura Grandmothers and local women performing a welcome dance*







## ...Sir Marmot visit.....

**P**rofessor Sir Michael Marmot visited Congress in May to witness the Aboriginal Community Controlled Health Service's work in reducing the impact of disadvantage and the effects this has on health outcomes for Aboriginal people. Sir Marmot, Director of the University College London's Institute of Health Equity and a leading researcher on health inequality issues, is a powerful international advocate for the social determinants of health.

Sir Marmot visited Congress specifically to learn how Aboriginal Community Controlled health services improve the lives of Aboriginal people.

"What I have seen in Alice Springs are examples of good news stories—committed people, adequately resourced, who are engaged with the Indigenous community, doing good things," he said.

*Members of the Research Team with Sir Michael Marmot, Prof Fran Baum and Dr Toby Freeman*

In April we launched our enhanced Child and Youth Assessment and Treatment Service. This exciting and innovative initiative will reduce the need for Central Australian families to travel thousands of kilometres for specialised diagnostics, including diagnostics for Foetal Alcohol Spectrum Disorder (FASD). These diagnostics are necessary to trigger the right support for children with significant developmental vulnerabilities.

In terms of advocacy, a key achievement for the year was in the recommendations handed down in the *Alcohol Policies and Legislation Review*, chaired by Trevor Riley (known as the Riley Review).

Following years of advocacy by Congress into alcohol policy reform, we authored a submission to this review calling for powerful, evidence-based measures to be put into place to reduce alcohol related harm and were pleased that the review contained most of the measures detailed in our submission. We welcomed the Northern Territory Government's (NTG's) response, committing to 219 of the review's 220 recommendations, including a police presence on outlets and a minimum floor price on alcohol. We look forward to the *NTG Alcohol Harm Minimisation Plan* being rolled out, and the benefits that the community will experience from these measures in the short term and for years to come.

Through participation in the Australian National Advisory Council on Alcohol and Other Drugs (ANACAD) we have had input into the new *National Alcohol Strategy* for 2017–2027. This included acceptance of the outcomes of the ATSI Expert Discussion Group, which endorsed

evidence-based approaches that consider Alcohol as the major obstacle (amongst all drugs) to Aboriginal wellbeing and Aboriginal community controlled organisations as the best placed to deliver AOD services to the community.

In addition to our formal submission to the Government's Close the Gap Refresh, Congress participated in the regional consultation forum in Alice Springs, co-hosted by the National Congress of Australia's First Peoples and Prime Minister and Cabinet. We advocated for the positions in the Congress submission including the need for new headline indicators in key areas such as poverty, overcrowding, incarceration and early childhood as well as additional health indicators in order to address differential access to treatment for Aboriginal people in hospitals.

We were active participants in the ongoing conversation about the wellbeing of children and welcomed the recommendations handed down from the NT Royal Commission into the Protection and Detention of Children. This remained an ongoing agenda item across conferences and meetings in the sector.

We participated in the SNAICC (national Aboriginal controlled peak body representing the interests of Aboriginal and Torres Strait Islander children) conference in September, presenting two papers at the conference—one on the Integrated Model for Child and Family Services as part of comprehensive primary health care and another on the successful Preschool Readiness Program.



The National Aboriginal and Torres Strait Islander Health Plan (NATSIHP) Implementation Plan Advisory Group (IPAG) was established to provide a forum for government to work in partnership with Aboriginal health leaders to review, assess and guide action under the NATSIHP. I was privileged to be included in this group, which is focussing on key strategic directions for Aboriginal health.

We had numerous important stakeholder and other visits during the year, in addition to the Hon. Ken Wyatt in July. In September, Commonwealth Chief Medical Officer, Professor Brendan Murphy visited to gain a deeper understanding of Aboriginal health in order to provide sound advice, especially with regard to sexual health given the comparative positive outcomes achieved in the region around the control of syphilis.

NT Health Minister Natasha Fyles made her first visit to Congress in October 2017, meeting with a small group made up of representatives from the Executive and the Board.

We met with Health Minister Greg Hunt in Canberra and discussed Aboriginal health in historical and current terms and promoted the evidence base for the effectiveness of Aboriginal community controlled health services.

For the first time, Aboriginal voices have been part of the COAG conversation, with several Aboriginal leaders being invited by the NT government to attend a special gathering and have input into the Closing the Gap refresh in that forum. I was able to advocate Congress' position clearly through this, which was a great opportunity.

Concerns were raised that the process was too rushed and that peak Aboriginal organisations such as NACCHO and the National Congress were not included. As a result, there was agreement to extend the consultation period until October 2018.

**One of the world's most recognised social epidemiologists and advocates on the social determinants of health, Professor Sir Michael Marmot visited Congress in May to see first-hand community controlled primary health care in action. He was accompanied by Prof Fran Baum and Dr Toby Freeman from the Southgate Institute of Health, Society and Equity at Flinders University.**

In June at the Australian Nurse-Family Partnership Program (ANFPP) Summit, Professor Leonie Segal presented the important findings of her evaluation of the Congress ANFPP, which demonstrated the key successes of the program in an Australian Aboriginal community, especially with regard to the prevention of child protection involvement. This was a huge endorsement of the Congress ANFPP.

Medical Director, Dr Sam Heard was recognised for his outstanding contribution to improving the education of medical professionals, particularly the development of GP Registrars, receiving the Royal Australian College of General Practitioners General Practice Supervisor of the Year for South Australia and the Northern Territory in 2017.

Integrated Health Services Manager, Claudia Griffiths was awarded the Excellence in Nursing/Midwifery

Leadership Award at the 2018 Northern Territory Nursing and Midwifery Excellence Awards. This award acknowledged Claudia's leadership across Congress clinical services, leading a change management agenda, implementing a new model of care to optimise health outcomes for our clients and leading the Aboriginal Health Practitioner (AHP) training program to rebuild the Congress AHP workforce.

Our Business Services team had an exceptionally busy year, with work behind the scenes continuing to support our core functions while also making great strategic and operational advancements to ensure good governance and management systems now and in the future.

Particular achievements of note were the ongoing developments of our new clinic in Northside as well as other clinic expansions, IT developments that will ensure access and security of information systems, cost savings through tendering and renegotiation of agreements, pursuit of income streams linked to productivity and success in vital auditing and accreditation. Human Resources experienced change in leadership and was nested within Business Services for most of the period, ensuring important projects and plans kept their momentum and the investments made into workforce planning could continue to be realised.

Throughout the financial year Congress participated in a number of community events, including Women's and Men's Health Days, NAIDOC Week, White Ribbon Day, ATSI Children's Day, Sorry Day and others. These are important opportunities to spend time engaging with our community. The Health Promotion team was active in the



## ..Congress accolades..

In 2017, Congress was recognised for our strong commitment to training and employment, receiving both the Large Employer of the Year award at the NT Training Awards, and the Stan Grant Indigenous Employment Award at the Australian HR Institute Awards.

The Large Employer of the Year Award recognises organisations with a workforce of over 200, that has achieved excellence in the provision of nationally recognised training to its employees.

The Stan Grant Indigenous Employment Award recognises excellence in Indigenous employment

initiatives and programs in the workplace.

These acknowledgements come as a result of dedication to the development of staff and a special focus on activities centred 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.

*Top: Kim Mannering, HR General Manager and Andrew Lockyer, Aboriginal Staff Advisory Committee Chairperson*

*Left: NT Training Award for Best Large Employer*

community space throughout the year, providing health education and information to people in an engaging and helpful way. The Redtails/Pinktails Right Tracks Program role-modelled healthy behaviours and engaged young men and women through sport to make healthy choices about their lives.

Congress maintained a voice in the media on important issues facing the community, as well as having opportunity to tell good news stories about achievements, programs and people.

I am pleased to have been able to introduce this report on behalf of the organisation. The report outlines just some of the achievements made this year, 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, community and each other. Thank you also 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 improve its position in improving health outcomes for Aboriginal people in Central Australia and beyond.

Donna Ah Chee, CHIEF EXECUTIVE OFFICER





## ASAC CHAIRPERSON'S REPORT

**The Aboriginal Staff Advisory Committee (ASAC) was formed in 2015 to provide input to the continual improvement of Congress' services and programs. The committee is made up of Aboriginal men and women from across the organisation. Valuable knowledge and advice is provided by the committee with emphasis on cultural responsiveness, cultural support and career development of Congress' Aboriginal workforce.**

ASAC works closely with the CEO and Executive Office to ensure the delivery of strong, culturally responsive operational and strategic outcomes. This committee is an integral part of shaping and furthering Congress' service delivery in town and remote communities as well as providing Aboriginal community and cultural knowledge on important issues affecting Congress, our clients and the wider community.

Throughout the financial year, the committee met regularly and worked hard on progressing actions in several key priority areas.

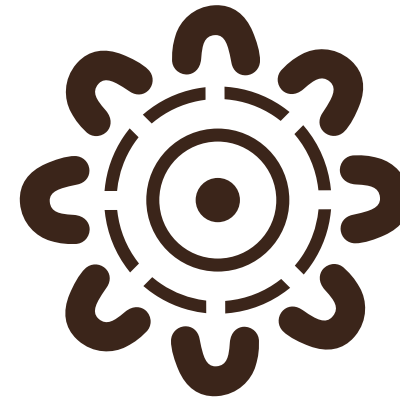
Aboriginal staff development is an ongoing discussion. The committee worked with the Chief Human Resources Officer to identify ways to attract and develop Aboriginal people in the organisation. Recruitment and retention of Aboriginal staff is key to a strong Aboriginal workforce, and as such discussion around supporting staff at all levels and career stages is really important—including appropriate support for trainees and cadets.

A major responsibility of the committee throughout the financial year and beyond is the review of cultural safety at Congress. This is a broad review that is based on a holistic goal of looking at how to better support cultural safety throughout the layers of the organisation. Major areas of focus include engaging with staff to better understand their experiences and knowledge around cultural safety, working towards producing a more defined cross-cultural training package that includes assessment tools and improved feedback processes. Congress' *Cultural Safety Framework* is fundamental to guiding the review and re-shaping practice.

A current project underway in Congress is the development of cultural safety protocols for visitors and staff to follow when providing services for both remote and urban sites. ASAC will be involved in the development of the urban protocols later in the year.

As well as being chairperson of ASAC, I have the privilege of delivering Congress' cross-cultural awareness training to new staff. This important training is mandatory to assist all staff to increase their knowledge and practice in a way that is culturally responsive when dealing with clients, community and other staff members. Recently, a female staff member has come on board to assist with the delivery of this training, further ensuring that this is delivered in a way that is itself culturally responsive and appropriate.

Recently, we started to discuss the issue of young families' accommodation. One of our newer committee members introduced this item because it is a community concern



*The Aboriginal Staff Advisory Committee logo*

and it relates to the community discussions around youth matters. Discussing this gives us an opportunity to talk about how Congress can advocate for young people and their families and provide additional support.

I would like to thank my fellow ASAC members for a productive and encouraging year. I would also like to thank the Congress Board and Executive—especially our CEO, Donna Ah Chee, for the support and guidance we have received. It is a privilege for me to serve as chair of this committee. I am very proud of our work so far, and of Congress for investing in our Aboriginal staff to strengthen our leadership role and the cultural responsiveness of our organisation this way. If we, as Aboriginal people, don't make these things important, then who will?

Andrew Lockyer, ASAC CHAIRPERSON





## Tracey Brand

GENERAL MANAGER HEALTH SERVICES

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

# HEALTH SERVICES DIVISION

## Clinical Services

The Clinical Services section is the largest section in the Health Services Division with a multidisciplinary workforce of over 150 staff across 13 primary health care services. Clinic Managers, General Practitioners (GPs), General Practitioner Registrars (GPRs), Aboriginal Health Practitioners (AHPs) (including trainees and graduates), Registered Nurses (RNs), Aboriginal Liaison Officers (ALOs), Client Services Officers (CSOs) and Transport Officers are integral to our multidisciplinary Primary Health Care (PHC) teams.

*The 13 primary health care services that make up the Clinical Services section across the Congress town and remote footprint include:*

- Gap Clinic
- Sadadeen Clinic
- Larapinta Clinic
- Alukura Women's Health
- Ingkintja Male Health
- Amoonguna Health Service
- Mpwelarre Health Service
- Utju Health Service
- Ntaria Health Service
- Mutitjulu Health Service
- Wallace Rockhole Health Service
- After Hours GP Service
- **headspace**

The delivery of quality, expanded and culturally responsive comprehensive primary health care under a clinical governance framework is a consistent focus across our services. Throughout the year 12,749 clients from our communities and 5939 visitors accessed care across Congress' primary health care services.

A key development for the reporting period has been the learnings from our newer clinics in Larapinta and Sadadeen, which opened in late 2016. Positioning clinics closer to clients' homes is a strategic priority for the Board and this has had a tremendous impact on access and continuity of care. From this investment we have seen improved engagement in comprehensive preventive health screening, care plans, childhood anaemia, rheumatic heart disease and care of chronic disease.

The increase in client demand has necessitated expansion of the capacity of these clinics within 12 months. More consulting rooms (currently under development) will enable an increase in the clinical workforce. Further, we are planning to integrate a broader suite of health and wellbeing services into our clinics, including a local Social and Emotional Wellbeing (SEWB) service. The fourteenth Congress clinic is currently under development in the northern area of Alice Springs and will open early in the new financial year. This will be a state-of-the-art clinic built on learnings from our past developments and ensuring we meet the diverse needs of our people.

Congress' shared-care model is based on teamwork and collaboration. It has been embedded across all clinics and has assisted in the increase in health checks delivered across our clinics to 5055; an increase of 16% over the year.



Using the colourful and popular Deadly Choices shirts along with strengthened recall and monitoring systems developed by our Business Services team has resulted in an improvement in the number and frequency of clients having health checks. Our shared-care model has also proven to be a successful measure in increasing numbers of chronic disease management plans, reviews and team care arrangements.

As a progressive and responsive health service, Congress is constantly strengthening our service through continuous quality improvement to ensure that clients receive seamless and timely access to the full range of Congress' primary health care services, and strategic responses are directed to the most clinically targeted areas.

Congress continued to deliver an after-hours primary health care service. The service provides the wider Alice Springs community access to after-hours GP services from 6pm to 9pm each week night and 2pm to 5pm on weekends. Over the year, 3813 clients accessed the service, including 433 Aboriginal clients.

Clinical services maintained a bi-weekly GP service to the two residential aged care facilities in Alice Springs as well as a regular GP service to the Mutitjulu aged care facility, providing care for our elderly clients and responding to after-hours emergency care.

Relationships with our remote boards continued to inform improvements in service delivery in remote clinics. The Executive visit each remote community quarterly to discuss strategic directions and approaches with local boards. The remote clinic managers and GPs now

## HEALTH SERVICES DIVISION—Organisational Structure

Clinical Services TOWN	Clinical Services REMOTE	Integrated Health SERVICES	Social & Emotional Wellbeing	Children & Family SERVICES
Gap	Amoonguna	Allied Health	Social & Cultural Support	Early Childhood Education & Childcare
Sadadeen	Mutitjulu	Care Coordination	Psychology	Family Support
Larapinta	Santa Teresa	Dental	Stolen Generation Link Up Service	Child Health
Northside	Utju	Clinical Educators	headspace	Child Programs
Alukura WOMEN'S HEALTH Women's Health Maternity Services Australian Nurse-Family Partnership	Ntaria		Youth Services	
	Wallace Rockhole			
Ingkintja MALE HEALTH Male Health Men's Shed				
headspace				
After Hours GP Service				



The FSS Team





## HEALTH SERVICES DIVISION

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attend our clinical services working group, ensuring all improvements extend to every Congress clinic. GPRs have commenced work in some remote communities to add to the local workforce and bring their excellent emergency skills to the teams. Congress has expanded our remote workforce, with most remote clinics having child health nurses, midwives, chronic disease nurses, women's and men's health programs through dedicated women's health and men's health nurses/AHPs. Having SEWB services integrated into remote services has provided tremendous strength to seamless and integrated care.

**Congress maintains a serious commitment to the safety of our Remote Area Nurses (RANs) attending after-hours emergency callouts. Last year, Congress implemented a policy that all emergency after-hours callouts are supported by a Congress funded 'Malpa' worker—a local person employed to ensure the safety of our RANs. Security measures in our remote staff accommodation and clinics were also strengthened.**

Through a contract arrangement with the Iron Pharmacy Group and our s100 exemption, all Congress PHC services have medical dispensary maintained and stocked with a broad range of medications. The Congress Continuous Quality Improvement (CQI) pharmacist continued to play a vital role in compliance and accountabilities. Clients accessing our town clinics benefit from accessing medications and Webster-paks from their local clinics. Monitored medicine fridges were implemented across all

clinics as an essential back up for vaccines and to extend the safe shelf life of the increasing numbers of medicines that require protection from extreme temperatures. A pharmacy working group was established under our clinical governance framework with Iron Pharmacy Group site manager and the Congress CQI pharmacist forming part of the committee. This continuous improvement measure aims to ensure effectiveness in dispensing medications, quality use of medicines and to review and action complaints.

The new Central Australian Rural Practitioner Association (CARPA) manuals were implemented throughout our clinics. Changes in the new version were stimulated through our research and work, and our staff have been integral to the development of the manuals. Our CQI team have led this important work. CARPA manuals assist Congress to standardise approaches to health and disease and empower practitioners to offer consistent and high quality care.

Clinical Services continued to improve our clients' rightful entitlement to Medicare-funded services, which generates income for reinvestment into expanded primary health care services and improved infrastructure across our clinics. Responsibility for Medicare claiming was transferred to our frontline CSOs, which, along with improved monitoring and reporting by Business Services, has helped to optimise Medicare claiming.

The Tackling Indigenous Smoking Program maintained a presence across all clinics to support clients to stop smoking, and 80% of tobacco action workers employed

across our town and remote clinics completed their AHP training. The Health Promotion team also complemented a number of health promotion events across our services with a focus on strategies that aimed to help clients to optimise their health and wellbeing outcomes.

Congress continues to be committed to providing culturally safe and responsive clinical care for our people and ensures that practice is underpinned by this vision. All new staff are required to attend a mandatory Congress Cultural Awareness Induction program on commencement of their employment. This is strengthened by a network of ALOs and Aboriginal family support throughout the division, each engrained in the local Aboriginal community with language and cultural skills that provides tremendous cultural support and advice for our non-Aboriginal staff.

ALOs continued to provide an important interface between clients and services across all clinics. Congress is fortunate to have a committed and stable team of ALOs that liaise with clients, families and carers, as well as working with health professionals to deliver culturally safe and responsive care by actively contributing to client wellbeing and continuity of care. Our transport services are vital for clients to access Congress health services and specialist appointments. With the expansion of new clinics, transport services were contained within clinic catchment areas, creating greater efficiencies.

Underpinned by the Congress *Workforce Development and Capacity Building Plan*, clinical services continued to



## HEALTH SERVICES DIVISION

focus on building our Aboriginal workforce. Sadadeen, Ingkintja, Alukura, Larapinta and Santa Teresa clinics are managed by Aboriginal clinic managers and all senior CSOs and clinic team leaders are filled by our own. Our Aboriginal RN numbers grew to nine, including a qualified diabetes educator. Our trained AHP workforce grew to 22 including five AHPs in team leader/clinic manager positions and eight new graduate AHPs. Our Larapinta Clinic team leader, Kym Stanton, a senior AHP was awarded the 2017 Northern Territory Highly Commended AHP award. It was an appropriate recognition for a tireless and skilled AHP who plays a critical role in delivering excellent culturally appropriate care and health promotion to our clients.

In February, Congress established graduate AHP positions across our town and remote services with appropriate supports identified in each clinic. Eight of our AHP trainees progressed to fill graduate AHP positions. This investment has supported Congress' efforts to rebuild our AHP workforce by investing in our own and supporting needs in the Aboriginal health sector. Our 2016 AHP training program was reviewed to inform improvements and strengthen the program, including additional supports for trainees. Consequently, a dedicated AHP training coordinator position was created to support and deliver clinical education for our AHP trainees, graduates and our AHP workforce. Upon finalising recruitment for the coordinator position, Congress will commence recruitment for five new AHP trainees.

We continued to coordinate and support placements of GPRs, with nine completing training under the Northern Territory General Practice Education (NTGPE). Congress was listed as a finalist in the 2016 NTGPE Awards. Later in the year, Congress supported our medical director's part-time secondment arrangement with the Flinders NT Regional Training Hub as an integral and complementary role in supporting and strengthening the postgraduate medical training pipeline and opportunities in the Northern Territory.

**Our clinical educator played a pivotal role in inducting new AHP and nursing staff across clinical services and upskilling clinicians to meet our high clinical standards, as recorded in the mandatory clinical skills register. The position also coordinated placements of our AHP trainees and nursing and allied health students including Congress' two RN cadets.**

Emergency training across our clinics was carried out with a strong focus on our remote clinics. Clinical staff participated in rigorous scenario training on-site and had to deal with some very demanding situations using all their own equipment, medications and supports. The training delivered many positive outcomes including identifying team strengths, gaining an understanding of how and when to seek support, as well as a deeper understanding of how to manage various challenges. The exercise also brought an investment of new high-quality emergency equipment and more robust processes to all remote

clinics. Emergency training will now occur annually.

Following the 2016 restructure and medical director recruitment, Congress has enhanced integration and collaboration across our clinical teams. Under Medical Director, Dr Sam Heard's guidance, a clinical lead forum was established comprising clinic managers and remote GPs across the clinical service footprint. This collaboration has removed the disconnection between town and remote services, and has resulted in a more cohesive, connected and integrated clinical services team with greater consistency of care.

Challenges faced in the recruitment of RANs eased towards the later part of the year but remain an ongoing concern. The retention of our remote clinic managers over the past two years has been a great achievement, with two of our remote clinic managers serving more than five years with Congress and the remaining three clinic managers completing two years. GP recruitment also remains an ongoing challenge and a continued focus area for the Executive team.

Through a great clinical lead in Dr Sam Heard, clinical leadership of Dr Colin Marchant, a skilled and committed team of clinic managers and the dedication and hard work of all staff across our town and remote clinical services, the Clinical Services team has achieved great outcomes over the year to improve health and wellbeing outcomes of our people. We also acknowledge the support provided by Business Services and Public Health Divisions. It has been a tremendous team effort.





## Integrated Health Services

Integrated Health Services (IHS) provides seamless, effective and efficient care to clients across our town and remote clinics, focussing on ensuring our clients are supported to access services required to improve their health and wellbeing. This is achieved through a multidisciplinary team of clinical practitioners. IHS supports our clinical workforce through skill development, clinical education and wellbeing.

*The section includes the following programs and services:*

- Frail Aged and Disabled
- Care Coordination
- Oral Health
- Allied Health Services
- Clinical Educators
- Aboriginal Interpreters
- Immunisation Coordinator
- Commonwealth Home Support Program (Aged Care Nurse)

*In collaboration Healthy Living NT, staff from Congress' Integrated Health Services are piloting a walking group for women who are at high risk of chronic illness, like cardiovascular disease or diabetes.*

*The walking group has shown early signs of success, proving popular with participants. The group balances walking with conversation and connection as well as a bit of strength training—and healthy food to finish!*

The **Frail Aged and Disabled (FAAD) program** provides 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 over 40 complex individual clients. The FAAD team is a small but crucial fit in the care of our frail, aged and disabled clients. The team engage with other stakeholders including the Aged Care Assessment Team, Tangentyere Aged Care Services, Palliative Care Team and Central Australian renal services to provide clients with a high level of appropriate and holistic care. This year, Dr Koen completed 16 years of service in the FAAD team and we thank him for his care and commitment.

The **care coordination** team delivered intensive case management and support to 748 clients with complex chronic conditions. Care coordinators manage health care services for clients and facilitate access to broader social support services for clients.

**Renal care coordinators** provided comprehensive primary health care services to over 293 dialysis clients and provided essential support to six clients that received renal transplants. Understanding the physical, emotional and cultural constraints forms the basis of providing a comprehensive primary health care for up to 95 clients a day across the two dialysis units in Alice Springs. The team coordinated four GP visits a week to the renal dialysis units, and arranged GP appointments outside



## HEALTH SERVICES DIVISION

dialysis, 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. Coordinators act as a support network for dialysis nurses, doctors and other staff, providing primary health care outside the boundaries of the haemodialysis units and linking clients in with necessary services. The program encourages clients to develop self-empowerment and ownership of their chronic disease, respecting clients' freedom of choice. Clients are always encouraged to discuss their worries with the team, which endeavours to provide joint problem-solving solutions.

The team attended an AMSANT workshop showcasing care coordination across the Territory. The workshop provided a great opportunity for coordinators to network and learn about Health Care Homes, cardiac rehabilitation, pain management and cancer care in the NT.

The **Dental Clinic** provided a responsive oral health service to over 1788 clients. With a small but dedicated team of two dentists and dental assistants, clients received basic dental care, including dental exams, diagnosis, radiographs, treatment plans, oral hygiene, basic periodontal treatment, restorative restorations, exodontia and preparation for dentures and crowns. With our fully equipped dental truck, three visits were made to our serviced remote sites this year. Mobilising a more regular mobile dental service to our remote communities remains a priority of the service.

Our team of **allied health practitioners** work collaboratively with GPs, care coordinators and other practitioners within the Congress *shared model of care*.

**Podiatry services** were provided to 1597 clients across our town and remote clinics through the employment of two new podiatrists. One of the aims of the podiatry service is to treat and manage clients at high risk of amputation, including closely monitoring clients with diabetes.

**Audiology/hearing health** was provided to 329 clients. The audiologist provided an outreach service to our early childhood programs. In one program, we found 80% of our children had early signs of hearing loss.

**Diabetes education** was provided to 664 clients across our town and remote clinics through the employment of two qualified diabetes educators. In 2016, we welcomed our first qualified Aboriginal diabetes educator to the team. Diabetes educators provide increased opportunities for clients to access support in managing their diabetes by working in a multidisciplinary team approach.

In partnership with our Alukura Women's Health Service, Alice Springs Hospital and Diabetes and Antenatal Clinic and Education (DANCE clinic), a weekly gestational clinic was established to improve compliance and provide greater education and awareness for our 30 antenatal clients with gestational diabetes. The diabetes nurse educator (DNE) worked closely with the Alukura AHP to help clients understand and manage their gestational diabetes. The new partnership has a weekly conference

involving Alukura midwives, AHP, Congress DNE, the Alice Springs Hospital and the DANCE clinic obstetrician and diabetes nurse educator. The case conference reviews and collectively discussed the care and treatment of antenatal clients with diabetes. The partnership has improved the shared care of our clients.

A new Endocrinology Telehealth Service was introduced to the service to fill the service gap of specialist paediatric endocrinology. **Dietetics** were provided to 356 clients across our town and remote clinics through the employment of two dietitians. Dietitians provided education to our Child Health Outreach team, assisted in the development of healthy menus across our early childhood centres and serviced clients at our Alukura Women's Health Service. The dietitian partnered with our Amoonguna and Ingkintja Health Services to establish men's cooking groups with the aim to demonstrate low cost healthy cooking options whilst providing education on good food groups, healthy diets and eating. The initiative engages with key stakeholders and has been well received by male clients. The success of the program has other programs requesting the cooking group.

**Eye health** was provided through our eye health coordinator who facilitated access to essential optometry services across our town and remote clinics in partnership with Brien Holden Vision. Over the last year, the service performed over 407 diabetic eye checks.

The eye health coordinator was proactively involved in multiple forums of stakeholder engagement to improve eye health services across Central Australia.





*Claudia Griffiths, Congress' Integrated Health Services Manager was awarded the 2018 NT Excellence in Nursing/Midwifery Leadership Award*

Through improved allied health referrals and a collaborative working arrangement between Allied Health Services and our Business Services team, allied health claiming increased by 46%. Revenue from claiming will be reinvested to strengthen service delivery through additional services to meet client demand.

**Clinical educators** 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 across Congress clinics. Clinical educators coordinated placements of nursing

and allied health students including Congress' two RN cadets. Educators were integral in coordinating clinical placements of 14 AHP trainees under the Congress AHP Traineeship program across town and remote clinics and liaising with the AHP Education Provider, Batchelor. With ten trainees completing their Cert IV in Aboriginal Primary Health Care (Practice) and receiving AHPRA registration and nine trainees progressing to AHP graduate positions, the clinical educator continued to play a support role in facilitating clinical education. Later in the year, the clinical educator played a vital role in upskilling our child health nurses in the ASQ assessment. After the resignation of a clinical educator, compounded by recruitment challenges and the commitment to rebuild our AHP workforce, the position was replaced with an AHP training coordinator.

The pilot of employing our own **Aboriginal interpreters** to cover the main language groups of our clients remained underutilised and consequently was discontinued. As a culturally responsive organisation, Congress recognises that effective communication between health practitioners and our clients is fundamental to ensure the safety and quality of our care. Our Aboriginal liaison officers are now filling this gap when required.

The **immunisation coordinator** is responsible for managing immunisation compliance for the 400+ Congress workforce, while providing leadership across all Congress clinics to improve client immunisations and provide advice and support. The coordinator played an important role in monitoring Congress' immunisation

systems, including reporting to Northern Territory Immunisation Register (NTIR) and the Australian Childhood Immunisation Register (ACIR).

The **Commonwealth Home Support Program** delivered an outreach aged care nurse to support our frail, older people aged over 50 years in our managed remote communities, working to maximise their home independence at home and wellbeing. The position was discontinued following the resignation of the incumbent and ongoing challenges to recruit a suitably skilled and qualified aged care nurse. Measures were developed using our remote resources to ensure clients remained supported through regular access to the clinic. Planning towards the end of the year was focused on an enhanced workforce through an expanded allied health team and program administrator to commence early in the next financial year.

With Congress' commitment to workforce development, staff accessed 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, 14<sup>th</sup> National Rural Health Conference, CDN/PHAA 2016 Conference and Rheumatic Heart Disease Conference.

The leadership of the Integrated Health Services Manager, Claudia Griffiths was recognised through the conferral of the 2018 NT Excellence in Nursing/Midwifery Leadership Award. Congress is proud of Claudia's achievement and values her great leadership and commitment to Congress.



Through a committed team of dedicated and incredibly hard-working professionals, the Integrated Health Services team has achieved great outcomes over the year to improve the health and wellbeing outcomes of our people. It has been a remarkable team effort.

### ***Ingkintja: Wurra apa artwuka pmara***

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

Ingkintja operates with a multidisciplinary team, including the Section manager, Men's Shed coordinator and tobacco action worker, as well as the small dedicated clinic team which consists of an AHP qualified clinic manager, AHP, CSO, ALO and 0.7 FTE GP.

The clinical team continued to have a proactive role in sexual health, providing opportunistic STI screening and treatment and health promotion advice. Our ALO was instrumental in locating hard to engage and at-risk men, and engaging men in care for treatment.

Promoting and completing adult health checks remained a priority with 486 male health checks completed an increase of 19% from prior year. The Congress Deadly Choices initiative and Movember

health promotions have complemented our efforts. Men love their Deadly Choices shirts!

Clients embraced the clinic appointment system that was introduced early last year, resulting in efficiency in client flow and wait times. Towards the later part of the year, the service welcomed Dr Tony who is able to be at the clinic more regularly. We have been fortunate to have our Medical Director, Dr Sam provide Wednesday morning sessions. We remain hopeful for a dedicated full time doctor soon.

Coordination of the supply of medical supplies for cultural ceremonial events was improved through agreement from the Congress managed remote health services. Ingkintja and Nganampa Health developed a shared understanding on better use and coordination of services for ceremonial events within our catchment areas.

Three successful male health promotion community events were held over the year. The Ingkintja Movember Men's Health Day in November attracted around 80 clients. This event provided a great opportunity for Congress health services and external agencies to engage with our men on health promotion, awareness and enabling access. These events are only as successful

*Top: John Little and Peter Braun*

*Middle: Dr Boffa and Ken Lechleitner talking at Ingkintja Men's Health Day event*

*Lower: Terry Braun, Andrew Lockyer, Ken Lechleitner and Peter Braun*







*Cooking up a storm at Ingkintja's Monday sessions*

as the support we receive from our partnering services and we are very grateful for their ongoing presence and support. The Ingkintja pre-Christmas lunch with clients was another well-attended event with our men enjoying a roast lamb on the spit and having some important social inclusion. Ingkintja used International Men's Health Week in June to host an event to keep the focus on male health including mental health, suicide, family and domestic violence. The event attracted great buy-in from collaborating services including the Black Dog Institute, Mental Health Association Central Australia (MHACA), Congress Health Promotion and Congress SEWB. The event also attracted the interest of politicians with some welcomed 'tweets' generated

on social media. A bike show, 'sound off' and whip cracking had our men well engaged in activities.

The Monday morning men's sessions has gone from strength to strength with the group growing each week. These sessions provide a great opportunity for social support services and government providers to engage with men and raise awareness about supports available for men in the community. Over the year, the Monday sessions covered various aspects of men's wellbeing, including health promotion, mental health, healthy relationships, chronic disease management, sexual health, healthy eating, social behaviour and cultural issues. The Congress dietician provided regular cooking demonstrations. Sessions with Police proved popular and provided a great opportunity for the Police and our men to form genuine and respectful relationships. Through expanded resourcing, sessions were merged into an Ingkintja Men's Lifestyle Program.

Wash facilities for men 'living rough' continued to be a significantly well used part of the service. An average of 35 men accessed the facility every day. This offers an important opportunity for our men to regain their self-worth and to engage with the Ingkintja team to access a suite of health and wellbeing services that would otherwise be missed. As a result, the Ingkintja team engaged men in health checks, medical follow-up and assisted with referrals to other services and providers to improve their health and wellbeing outcomes.

Ingkintja consolidated the Young Males Program that works in partnership with local schools, including the Clontarf Academy and Saltbush Bail Support Service, to provide health checks and health promotion. The program provides a great opportunity for our young men to become familiar with Ingkintja services and to be confident in taking ownership of their health and wellbeing. Ingkintja co-opted local cultural leaders to impart cultural knowledge to the cohort of students with the aim to preserve and recognise Aboriginal identity and culture.

**Ingkintja's Men's Shed** provides men with social inclusion and empowers them to build their self-worth and confidence and to feel valued. Popular activities include leather work, making belts, hat bands and wrist bands. Use of gym equipment is also a popular activity for our clients. The demand on our gym equipment has necessitated an upgrade and expansion of equipment available. We remain hopeful that next year will bring an upgrade in equipment and a gym instructor to assist our men improve their overall health, particularly chronic medical conditions such as depression, diabetes and cardiovascular diseases, fitness—and to feel good about themselves. The Men's Shed coordinator facilitated programs in the shed for Acacia Hill School young people. Ingkintja assisted in the establishment of the Ntaria Men's Group and attended regular men's camps in community. With family and domestic violence a key concern for our men, Ingkintja continued our partnering efforts



## HEALTH SERVICES DIVISION

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. Strong working relationships were maintained with NT Male Health Unit, our bush clinics, other health services, Relationships Australia NT, NT Police and juvenile diversion programs.

In September, the **Ingkintja Men's Lifestyle Program** welcomed Terry Braun to the team as the Ingkintja tobacco action worker. In partnership with Public Health division Tobacco Health Promotion Officer, Ken Lechleitner, Terry delivered men's lifestyle and health programs every Monday morning. The program focused on educational sessions on tobacco use, alcohol use and issues, healthy relationships, community issues, general health issues including sexual health—in a cultural setting with a cultural perspective. Over the weeks, men developed confidence in yarning up in discussions and have taken a strong interest in health promotion messages. Since the program commenced, men are becoming more aware of their behaviour and its impact on their health. Some men have ceased smoking with support from the team. In addition, other programs and services have attended to talk with our men and improve community relations.

The Ingkintja Men's Lifestyle Program deliver sessions to the Alice Springs Correctional Centre on Tuesday mornings. Feedback received from prison staff is that there are notable positive behaviour changes in the men that attend the sessions. The program has empowered

men to engage in employment programs in the prison and gain privileges that have helped their rehabilitation. This program was initially planned to run for 12 sessions, however because of its success has developed into ongoing sessions.

Through a small dedicated and committed team, Ingkintja has achieved great outcomes over the year to improve the health and wellbeing of our men. We thank all the Congress services and our external partners that have assisted us. It is a great team effort that we are proud of.

### Alukura Women's Health Service

Alukura is a women's only Aboriginal health service that delivers culturally safe and responsive, holistic and comprehensive primary health care to Aboriginal women and women having an Aboriginal baby. The service is guided predominantly by our traditional Aboriginal Grandmothers and aims to preserve and recognise Aboriginal identity, culture, law and languages as they relate to pregnancy and childbirth and the provision of culturally appropriate care for Aboriginal women and babies.

Alukura provides three streams of care—maternity care, women's health and the Australian Nurse-Family Partnership Program. The service consists of an expansive multidisciplinary team that includes GPs, registered nurses and midwives, an AHP, ALOs, Aboriginal community workers, transport officers and CSOs.

This team collaborates with other services across Congress and externally to optimise health outcomes for our women and babies.

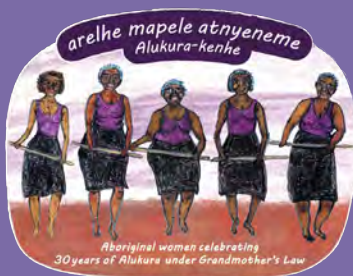
The **Maternity Care Service** continues to provide the majority of antenatal and postnatal care services for Aboriginal women in the Alice Springs, with an average of 120–140 women accessing maternity care through Alukura each year. There has been constant growth in the need for post-natal outreach care, with increased numbers of Aboriginal mums from remote areas referred for post-natal care on discharge from the Alice Springs Hospital.

A weekly gestational clinic was established to improve compliance and provide greater education and awareness for our 30 ante-nates with gestational diabetes. The Congress DNE worked closely with our AHP to help clients understand and manage their gestational diabetes. The clinic has improved the shared care of our clients, through case conferencing between our service and the Alice Springs Hospital Diabetes Antenatal Clinic and Education (DANCE) service on specialist care and support for our women.

Negotiations for an Alukura Midwifery Group Practice are taking longer than anticipated, and we remain optimistic that agreement will be reached. Alukura contributed to the stage one consultation of the *National Strategic Approach to Maternity Services*.

Alukura participated in the NT Diabetes in Pregnancy Partnership, with Baker IDI. The service was challenged





## .....Alukura celebrates.....

In September, Alukura celebrated an event marking thirty years since the unique and culturally strong women's health service was founded. This event acknowledged the vision and determination of founding members and the success of Alukura. It was also an important reminder that when Alukura was established in 1987, it was done so after comprehensive and participatory consultation with several hundred Aboriginal women on their ancestral lands across 60 Aboriginal communities and 11 language groups in Central Australia. Consultations were about traditional Grandmother's law and birthing practices contrasted with the western birthing and medicine approach. Aboriginal women opted for their own birthing service. The event recognised the growth of the service from a small team of three staff in 1987 to what is now a robust team of thirty in 2017.

The celebration was attended by over 200 women from all over Central Australia. The event was culturally rich with Alukura founding members choosing to celebrate the occasion through traditional song and dance. Congress CEO, Donna Ah Chee delivered an inspiring speech of the development of Alukura recognising the many important women that formed Alukura and the important service it provides to our women today.

Key achievements highlighted over the 30-year milestone included:

- In 1991, the service moved to a purpose-built clinic with two birthing suites and an accommodation unit in Percy Court, Alice Springs.
- The first birth at Alukura was in 1993.
- A total of 17 babies were delivered in the Alukura birthing suites up to 1997.
- Birthing at Alukura ceased in 1997 due to an inability to recruit doctors and midwives with sufficient skills and experience for birthing in such a setting.
- In 2002, to address the need to maintain birthing skills and address, Congress successfully negotiated with the Alice Springs Hospital for our midwives to manage the births of eligible Alukura clients at the hospital. This ensured continuity of care throughout the antenatal, birthing and postnatal period. A total of 88 births were supported by Alukura midwives under the hospital agreement. The service ceased momentarily, recommenced and then ceased again.

Alukura midwives continued to provide antenatal and postnatal care to maternity clients although there was no birthing option available.

Alukura is now in the final stages of renegotiating an agreement with the Alice Springs Hospital to re-establish birthing and ensure continuity of care.

Health improvements achieved since Alukura was founded include:

- A continuing increase in Aboriginal women accessing antenatal care early in their pregnancy in the first trimester, rising from 21% in 1987 to 51 % in 2017.
- Improvements in Aboriginal women accessing antenatal care has contributed to a significant improvement in birth weights and a reduction in infant mortality.
- Better uptake of screening, earlier diagnosis and treatment for cervical cancer has led to a major decline in the death rate of this preventable disease.
- More women are engaging in mammography screening for breast cancer.
- Today more than 1900 Aboriginal women including 400 pregnant women from town and remote communities access women's health and maternity services from Alukura with services and 7629 episodes of care provided annually.
- Alukura has had a significant impact on the health of women and their babies in Central Australia.





30  
SEPTEMBER 2017  
YEARS

Staff and special guests  
celebrating Alukura's 30th  
at the special women's only  
event held in September







## Congress ANFPP team...

Professor Leonie Segal completed a study into the Feasibility of Implementing Infant Home Visiting in a Central Australian Aboriginal Community that focused on Congress' ANFPP. Preliminary outcomes of the study found that the program is reaching the most vulnerable and needy families and has a better retention rate compared to other countries, in spite of the additional complexity of the families in the program. ANFPP has had a major impact on the primary prevention of child neglect and the need for out of home care as well as enhanced birth spacing and a reduction in childhood anaemia.

The study validated ANFPP as a critical measure to preventing child neglect through the provision of effective parental and family support. The study confirmed that Congress' ANFPP is achieving the primary prevention of key adverse events in early childhood that are known to lead to premature death and physical and mental ill health in later life.

The Congress ANFPP team presented a series of client journeys to the 2018 Annual National ANFPP conference in Brisbane, highlighting the strength and resilience clients have developed through participating in the program.

*Above: The ANFPP Team stand proudly in their new uniforms*

through the recruitment and retention of midwives. This remains a key priority of executive management to ensure our women continue to access continuity of maternity care.

Over the year, 1923 clients accessed a suite of **women's health services** from women's checks, screening for sexually transmitted infections, contraceptive advice, infertility and menopause counselling and treatment and gynaecological services.

The visiting obstetrician and gynaecologist specialist clinic provided by the hospital continues to be well-attended with an average of 15 clients accessing the weekly specialist clinic at Alukura.

The women's health nurse and AHP delivered two outreach women's health services to the Alice Springs Women's Corrections Centre providing health promotion, education and women's health checks.

Alukura consolidated the young women's program that works in partnership with local schools including the Yirara College Girls Academy to provide health checks and health promotion. The program provides a great opportunity for our young women to become familiar with Alukura services and to be confident in taking ownership of their health and wellbeing.

Underpinned by the *Congress Workforce Developmental and Capacity Building plan*, our Aboriginal health practitioner completed the Well Women's Health Unit.



# HEALTH SERVICES DIVISION

## Congress' **Australian Nurse-Family Partnership**

**Program (ANFPP)** provides targeted support with capacity for each nurse home visitor to have a caseload of 15–20 mums having an Aboriginal baby from 26 weeks of pregnancy until the child turns two years of age.

A notable improvement over the year was the growing interest and participation of dads. The program held eight graduations for 13 clients that completed the full program, bring the total of 133 clients who have graduated from Congress' ANFPP.

The service also provides care for clients living in Santa Teresa, Amoonguna and Ntaria. We are planning to provide the service to Mutitjulu in the coming year.

The Ntaria service includes a community-based nurse home visitor and a local Aboriginal family support worker and has consolidated with great strength over the year, with an expanded caseload and strong community engagement and support. Mid-year, the service attracted a strong Aboriginal family support worker that is embedded in the community with strong language and cultural skills.

*Alukura hosted visits by senior government officers and Aboriginal community controlled health services including:*

- Ms Bobbie Campbell, First Assistant Secretary, Indigenous Health Division Canberra
- Mallee District Aboriginal Services Mildura NSW
- Caroline Hastie Senior Midwifery Advisor, NT Dept of Health
- Wurli Wurlinjang Health Service ANFPP program

The Alukura manager presented the Alukura model to Sir Michael Marmot on his visit to Congress in May.

Alukura teams attended promotional events throughout the year to promote our services, provide education to clients and collaborate with other Congress and external services that support women.

## **Child & Family Services**

Congress has a strong investment in improving health and developmental outcomes for vulnerable and at-risk Aboriginal children in Alice Springs. Child & Family Services provide a coordinated approach to deliver on Congress' commitment to supporting child health and development. Fundamentally, the model delivers child and family services at the heart of 'closing the gap'.

*Through the following integrated services, we aim to ensure the gap is prevented from the outset:*

- Child & Youth Assessment & Treatment Service
- Preschool Readiness Program
- *Ampe Kenhe Apmere* Congress Child Care Centre
- *Arrwekele akaltye-irretyeke ampere* Early Childhood Learning Centre
- Family Support Programs
- Child Health Outreach Program

## The **Child & Youth Assessment & Treatment Service**

was a welcomed strategic development within the Child & Family Services section this year. Established to provide assessment and treatment to our children and young people with suspected developmental

vulnerabilities, the service aims to assess children and young people and, subject to diagnosis, provide early interventions with wrap around allied health services and other supports. The service works closely with families/carers, childcare, preschools and schools to support children and young people to improve the health development and life outcomes.

The **Preschool Readiness Program (PRP)** reviewed its streams of care and with growing community demand and additional funding, an additional intensive and attendance support program was added. The service was fortunate to attract an experienced early childhood teacher and expand the team with an additional Aboriginal family support worker. The 'Intensive' is a comprehensive Abecedarian program offered to developmentally vulnerable pre-preschoolers as a twice daily, three-hour early intervention over eight weeks.

To strengthen support for families to enrol children in preschool and assist their transition and attendance, the program added an integral support service to the program logic. This support service was integrated as an important inclusion to PRP and facilitated vital supports for families and children to increase preschool attendance in collaboration with the Department of Education.

The growth of the program required a more stable, controlled environment which was welcomed when the team moved to their new home in South Terrace.





## HEALTH SERVICES DIVISION

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An evaluation survey aimed at seeking feedback from parents and carers received encouraging results on the quality of the service, staff interaction and the positive outcomes children developed through the program.

Notably, our own assessment before and after the program found children gained receptive language skills, improved their fine and gross motor skills, personal-social, and problem-solving skills. The assessment confirmed that the program is making improvements in the required developmental areas needed for our children's preschool readiness.

Sir Michael Marmot visited the program on his visit to Congress in May and during the year NT Government ministers also visited the program.

Staff took the opportunity to share the model at national and territory events and attended promotional events throughout the year to promote the program and collaborate with other government and non-government children's services.

**Congress Ampe Kenhe Apmere Childcare Centre** provides placements for up to 55 children from six weeks to five years of age. In line with Congress' strategic commitment to early childhood learning, an *Early Years Improvement Plan* was developed for the centre.

The plan aimed to ensure the centre is achieving quality outcomes for our children through a robust and flexible early childhood learning environment. Pivotal to the plan was the need to address local determinants of early childhood development with a qualified workforce to

respond to the needs of our children and families while complying with the *Early Years Learning Framework*.

Over the year, the centre provided quality education and care services to an average enrolment of 30 children. Attaining the centre's full capacity was challenged by recruitment pressures in attracting suitably trained educators and a trained early childhood teacher. These challenges were addressed towards the end of the year and we remain hopeful of maintaining a stable workforce and having the centre at capacity with 55 children.

The completion of upgraded external and internal infrastructure improvements were welcomed, especially by the children. These upgrades complement efforts to provide a stimulating learning environment. We thank the Department of Education for their investment in our centre.

Congress Childcare underwent reform to become an approved service for early childhood education and care and transitioned from a Budget Based Funded (BBF) service to the Childcare Rebate (CCR) and Childcare Benefit (CCB) scheme aligned with mainstream long day-care requirements. In April, the service further transitioned to the Childcare Subsidy (CCS) scheme that was on schedule for implementation on 1 July of the forthcoming financial year.

The centre underwent assessment by the Quality Education and Care NT (QECNT) for compliance to the National Quality Standard. An action plan is being worked through to address key focus areas requiring improvement.

The Federal Education Minister, the Hon. Simon Birmingham visited the centre in April. The minister took the opportunity to hear feedback from staff on the National Childcare Reform and the implementation of the transition from Budget Based Service to Child Care Rebate and Childcare Benefit scheme. Congress was proud to share that our centre was well advanced in the transition with many families keenly anticipating the move to the new system.

Underpinned by the Congress *Workforce Developmental and Capacity Building Plan*, unqualified Early Childhood Educators progressed towards their Certificate IV in Children's Services.

The **Arrwekele akaltje-irretyeke ampere Early Childhood Learning Centre (ECLC)** celebrated its first year of service in February. Through a committed and dedicated team of educators, Congress allied health and other support services, the centre is achieving positive outcomes for the most vulnerable children in our community. Early interventions and stimulated learning and development has resulted in remarkable improvements in the cognitive and health development of our children.

**An average of 35 children attended the centre through the year. As a result of the positive reputation of the centre, and in recognition of the important outcomes it is enabling there is now a waiting list for enrolment.**

The ECLC has the Abecedarian (3a) approach embedded in the program. Language Priority, Learning Games,



Enriched Caregiving and Conversational Reading are all 3a teaching/learning approaches employed in the *Early Years Learning Framework* curriculum.

We received positive feedback about improvements in the ECLC's programming documentation, the stimulated environments set up in the centre to promote learning, our efforts to better engage our children in learning and the fortnightly updates to families on children's progress.

The centre demand has outgrown the existing facilities. New funding is needed to expand our infrastructure to maximize age-appropriate learning for children.

Quality Education and Care NT (QECNT) conducted a rigorous assessment in the quality of service against the National Quality Standard. The assessment resulted an overall rating of Exceeding National Quality Standard, with the centre becoming an approved provider in October 2017.

The interim evaluation report of the ECLC by Baker IDI and the Murdoch Children's Research Institute showed that the language and communication skills of the children participating in the evaluation are very poor, reinforcing the need for the centre and the 3a program. The centre is improving in quality and initial impressions from staff and families indicate that this is a valued and culturally acceptable resource. The final evaluation of the centre processes and outcomes will be vital to understanding its impact on the community.

Underpinned by the Congress *Workforce Developmental and Capacity Building Plan*, unqualified early childhood

educators progressed towards their Certificate III in Children's Services and qualified Educators are working towards their Diploma in Children's Services. Staff completed first aid training including anaphylaxis and CPR and continued 3a training.

*The centre hosted visits by senior Government officers and distinguished visitors including:*

- Ms Bobbie Campbell, First Assistant Secretary, Indigenous Health Division Canberra
- Prime Minister and Cabinet, Early Childhood Unit
- Northern Territory Government Ministers and Advisors
- Department of Social Services
- Sir Michael Marmot
- Baker IDI and Murdock Institute Program Evaluators

**Family Support Services** continued to provide a holistic approach to delivering programs to our vulnerable and at-risk families.

The service includes a team leader with four Aboriginal family support workers and four case workers working as bi-cultural pairs with vulnerable families.

*Our services work within the scope of two programs:*

1. The **Targeted Family Support Service** providing support to vulnerable families with children aged 0–18 years, at risk of entering the child protection or youth justice system or whose development has been affected by risk factors and/or cumulative harm.

*Staff, Cuz Congress and children at the Arrwekele akaltje-irretyeke ampere Early Childhood Learning Centre*





## HEALTH SERVICES DIVISION

2. The **Intensive Family Support Service** providing support and advocacy to families engaged in the child protection system, to ensure stabilisation in their lives through a focus on the child's needs, and through developing and improving parenting skills and capacity.

**To strengthen engagement with our Dads, Congress employed a male Aboriginal family support worker—financed through surplus program funds. Strong partnerships with key internal and external stakeholders have been pivotal in providing support to our vulnerable and at-risk families.**

Underpinned by the Congress *Workforce Developmental and Capacity Building Plan*, Congress is proud to support three of our Aboriginal family support workers in undertaking their Social Work degrees through Deakin University.

*Other workforce development included:*

- Completion of 3a training
- Attendance at the SNAIC Conference
- Presenting and participating in the Cross-Sector Orientation Forum
- Parents Under Pressure Accreditation Therapists
- The Royal Commission Law and Policy Reforms Workshop
- Participating in the Latrobe University *Healing the Past by Nurturing the Future* Research Project

Towards the later part of the year a new family-friendly space was completed in our Gap premises, allowing families to work with their case worker and Aboriginal family support worker and to discuss private matters. The space is a safe place for families to build on their strengths and to work alongside support staff to develop their confidence and knowledge in parenting and other identified areas of need.

The **Child Health Outreach Program (CHOP)** provided care for up to 50 clients through a multidisciplinary team of two registered nurses and two Aboriginal family support workers with support from the Congress dietician and a dedicated GP. Clients with health issues including chronic or complex medical conditions were supported using a case management approach. The team provides health education and promotion to families as well as acute and preventative health care services in the clinic and as an outreach model.

The **School Health Outreach Program (SHOP)** work within the CHOP team, partnering with both public and independent schools to enable Aboriginal school-aged children the opportunity to access primary and acute health care services and health screening. This team has 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 health care services and health care education.

Due to recruitment challenges and staff turn-over, the School Health Outreach Program was stalled for a few months of the reporting period. Towards the end of the year, plans were progressing in transitioning the program to the Integrated Health Services for a more strategic program fit.

### Social & Emotional Wellbeing

Congress' Social & Emotional Wellbeing (SEWB) section provides culturally safe, responsive, client-centred care for Aboriginal people and their families for social, emotional and cultural wellbeing, mental health and community connectedness. SEWB delivers services in Alice Springs and across our six serviced remote communities using a culturally competent multidisciplinary workforce that includes: Aboriginal care management workers (AOD and Mental Health Certificate IV qualified), an Aboriginal family support worker, clinical and non-clinical psychologists, social workers, youth workers, case workers and client service officers. The team is led by an experienced and skilled clinical psychologist with a doctorate qualification.

Throughout the year, 2339 clients accessed care through SEWB including 209 individual clients from our remote communities. There was also strong community engagement in our remote men's and women's cultural group activities.

SEWB services are delivered through a culturally safe strengths-based three streams of care model that embeds client's cultural factors.



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*The integrated three streams of care model includes:*

1. **Social and cultural support** delivered by Aboriginal workers with cultural knowledge, language skills and in-depth knowledge of the Aboriginal community alongside social workers, and including case management and care coordination, advocacy on behalf of clients, social support, cultural support, access to medical care, and opportunistic AOD counselling and brief interventions.
2. **Psychological therapy** carried out by qualified therapists delivering clinical assessment and evidence-based treatments. Additional access to neuropsychological assessment and reporting was provided.
3. **Medical treatment** provided by Congress GPs and other members of the PHC team, including medical assessment of clients, management of chronic disease and prescription of pharmacotherapies where appropriate to assist clients with their presenting conditions.

Through a dedicated SEWB cultural practice advisor, new staff received a cultural induction into the local cultural context including cultural protocols, safe communications, the impact history, trauma, loss and racism has on client's health and wellness, the Aboriginal kinship system and recognition of Aboriginal strengths. The mandatory Congress Cultural Awareness Induction program for all new staff reinforced the learnings. Our team of Aboriginal care management workers, heavily engrained in the local Aboriginal community with

language and cultural skills, provide tremendous cultural support and advice across our three streams of care. The cultural advice and support from SEWB Aboriginal workers underpin Congress' commitment as an Aboriginal community controlled health service delivering culturally safe and responsive services to our people.

**Programs focused on alcohol and domestic violence interventions remained a mix of direct therapeutic care, social and cultural support. These programs included bush trips to country, participation in community projects such as working with the police to reduce domestic violence through the NT Police 'Operation Haven', and our continued engagement in the Northern Territory Government led Family Safety Framework inter-agency programs.**

Clients and families affected by domestic and family violence received a suite of strengths-based client-focused SEWB services. Staff played an active role in the Central Australian Family Violence & Sexual Assault Network (CAFVSAN).

Under a refreshed MoU with the Central Australian Aboriginal Alcohol Programs Unit (CAAAPU), a strengthened psychological support service was provided to clients in residential treatment at the unit, including aftercare support and case management. Through the delivery of structured individual psychological therapy to men and women in treatment, SEWB assisted clients to evaluate their alcohol consumption and overcome factors while building their strengths to support safe

and responsible drinking. Additionally, a series of psychological group programs for both the male and female cohort were developed.

Remote service delivery was strengthened with a team of psychologists providing outreach psychology services to Congress serviced remote sites on a regular basis. Weekly services were delivered to Santa Teresa, Ntaria and Utju, and monthly services were provided to Mutitjulu. Amoonguna was serviced through our town services. Psychologists worked in partnership with community-based SEWB/AOD workers. Teams were mobilised twice to provide an immediate response following community related trauma.

An expanded and skilled community-based SEWB workforce was deployed to Ntaria in response to two youth suicides in 2017 and community demand. Congress was fortunate to recruit a highly skilled male Aboriginal case worker with experience in trauma-informed practice and a trained mental health experienced female social worker. Both positions were supported by visiting psychologists. Congress worked collaboratively with Ntaria service providers and the local community to provide a community-led response. SEWB took an active role in leading community-driven community development projects including regular men and women's groups. Our community-based SEWB workers were integral to these groups. The men's group grew each week with our male health service, Ingkintja also having a regular presence. The success of the Ntaria initiative had Utju seeking to support the re-establishment of their

## HEALTH SERVICES DIVISION

men's group. Our male Aboriginal case worker, aided by senior Ntaria men, helped initiate the Utju men's group. The success of this group in Ntaria has inspired planning for community-led models in other Congress serviced remote sites, embedding SEWB and community capacity.

Mutitjulu received AOD support and interventions through a community based and locally qualified AOD worker also supported through a visiting psychologist, working collaboratively with the Yulara based RFDS mental health nurse.

Due to challenges in recruiting a local AOD worker in Santa Teresa, an outreach AOD Aboriginal care management worker delivered services with the support of a visiting psychologist. The psychologist client load continued to grow over the year.

Congress' Link Up Service matured as we entered our second year of delivering the service. Through learning from other Link Up Services and a new team leader, the Link Up Service model was strengthened. Five reunions were completed, with two interstate reunions supported by our interstate Link Up Service partners. Reunions were emotional, providing closure and newly formed family relationships.

The Link Up Service maintained a strong presence in community events under the guidance of Stolen Generation (SG) members. An Apology Day luncheon was held for members in February and was well attended. Members chose to focus on a bigger gathering for the National Sorry Day in May.

**Like Apology Day, Sorry Day is an important day for Congress and part of the healing journey. It allows the community to remember and recognise our Stolen Generations affected by this terrible part of our history. Members chose to focus the 2018 Congress Sorry Day event on our children and young people to ensure the story of Stolen Generations is not lost. The events were well attended with members, families and over 150 school children who participated in a range of interactive activities with SG members.**

SEWB provided a crucial service in supporting young people and their families affected by the *Royal Commission into the Protection and Detention of Children in the Northern Territory*. Through special funding, SEWB provided case management (including cultural and social support) and therapeutic support, and supported young people held in detention at the Alice Springs Youth Detention Centre. Congress psychologists and Aboriginal case workers attended Royal Commission hearings and related events to ensure that young people and their families were able to access immediate support, while also taking the opportunity to promote services available for affected victims. With funding for the service ceasing on 30 June 2018, Congress has committed to maintaining continuity of our therapeutic, social and cultural support services to

young people in youth detention due to the high level of need and ongoing care our young people deserve.

Through ongoing funding provided under Territory Families, an SEWB worker continued an observational role (with selected case management and cultural brokerage functions) at the Alice Springs Youth Detention Centre. This service has helped inform, shape and define Congress' policy position in structural and quality improvements needed in the youth justice Sector. Youth justice is central to SEWB services with staff maintaining an active position in the whole of community youth justice reforms and advocacy events through involvement with Central Australian Youth Justice (CAYJ), Northern Territory Council of Social Service (NTCOSS) and Make Justice Work (MJW).



*Congress SEWB and Link Up staff and Stolen Generation members with the National Sorry Day mural*



## CAYATS launch

In April, the Child & Youth Assessment & Treatment Service was formally launched with our partners, PATCHES Paediatrics and the Alice Springs Hospital Paediatric Team. The team includes a Team Leader, Paediatric Neuropsychologist, Occupational Therapist, Speech Pathologist and an Aboriginal Family Support Worker. The Alice Springs Hospital Paediatric Team is integral to our model providing referrals and paediatric assessment. The team worked closely with child health nurses across all Congress clinics to develop a streamlined referral pathway for children and young people from birth to 15 years. There was also a specific focus on 0-5 year olds, ensuring all our children receive an annual ASQ-Trak assessments and health checks to monitor development. Strong partnerships were developed with Connected Beginnings to support children and families with case coordination to access specialised services and additional education support. Supporting children and families at the Congress Early Childhood Learning Centre has strengthened efforts to promote self-regulation, communication and positive behaviours. These strategies have already proven to have positive outcomes through support from the team.

Top (L to R): Emily Elburn, Zoe Smith, Dawn Ross, Sarah Sherwell and Tracey Brand

Right (L to R): Donna Ah Chee, James Fitzpatrick (Director, PATCHES) and Catherine Stoddart (CEO, NT Health)



Working closely with families to help access the National Disability Insurance Scheme (NDIS), has identified the need to establish referral pathways more broadly into our remote serviced communities and is a work in progress with the team.

Towards the later part of the financial year, Congress received further funding from Territory Families to expand the service for those children and young people in the care of the department and in the youth justice system.







*Congress Dr Loris and Glen Sharpe (right) with client*

Staff participated in the Territory Families *Envisioning Workshop* for the construction and establishment of a purpose-built Youth Justice Training Centre in Alice Springs. SEWB staff informed contributions on the institutionalisation of a trauma-informed model of youth justice delivery and related forensic/clinical assessments and treatments.

After almost three years of delivering the After Hours Youth Service in partnership with the Alice Springs Town Council, Congress decided not to tender for changes in the service scope post the contract end day of 30 June 2018. Throughout the three years of delivering the services 46,517 transportation encounters were provided to young people from the CBD to safe locations. The service provided case management and support for young people through our youth team and was important in supporting young people and their families. Congress will maintain a case management service for our young people at risk, through existing funding.

Towards the later part of the year a new stream of funding was secured through the Department of the Attorney-General and Justice to provide therapeutic and social support to individuals managed by Community Corrections and individuals that are mandated to the COMMIT program.

**The COMMIT program is a high-intensity supervision program aimed at reducing incarceration and recidivism of AOD offenders. The program provides high-level support to offenders involved in the correctional system and wish to break the pattern of offending, through addressing underlying factors while supporting their strive for positive behaviour change.**

During the reporting period, SEWB contributed to research initiatives, notably: *Reducing Harms of Alcohol*; *The development of Online Tools for Ice*; and *Congress' Three Streams of Care Report*.

The SEWB manager and an Aboriginal care management worker participated on the AMSANT Trauma Informed Steering Group. Through collective sector input and advice, AMSANT will be delivering a trauma-informed workshop for all member services in the forthcoming year.

The service maintained a presence at community events including White Ribbon Day, NAIDOC and in partnership with our **headspace** service; Stress Less in the Park. Presence at community events provides a tremendous opportunity to promote SEWB services to the wider

community, provide education on AOD and mental health and network with other providers.

Underpinned by the Congress *Workforce Developmental and Capacity Building Plan*, our Link Up Service Aboriginal family support worker completed a Certificate IV in Stolen Generations Family Research and Case Management, three Aboriginal care management workers are working towards their Diploma in AOD and one Aboriginal care management worker is working towards her Bachelor of Arts (Psychology and Addictions). The service also supported work placements of allied health students (Social Work and Clinical Psychology) through internships and cadetships. Towards the end of the financial year, new AOD Aboriginal care management worker traineeships were established to promote localised skill development and to build our workforce in this needed area.

Towards the end of the year, plans to decentralise SEWB services across all Congress clinics through an integrated model of care were almost complete. This change will strategically expand the suite of clinical services in our clinics and enable an accessible, targeted and coordinated approach to comprehensive primary health care. Each clinic will have a psychologist and an Aboriginal case management worker integrated into clinic teams. This will ensure the provision of accessible, culturally safe and responsive care to our clients and fully realise the three streams of care model incorporating medical, psychological and social/cultural support to clients across clinic catchment areas.



## HEALTH SERVICES DIVISION

### headspace Alice Springs

Congress delivers the **headspace** Alice Springs service for young people in the area. It was the tenth year of operation and proved to be another productive period for the team.

Towards the later part of the year, Congress made some important staff changes within the service. A key change was to restructure the manager's position, upgrading the position's required qualification to clinical psychologist. This change was necessary, both to ensure Congress is managing clinical risk through strong and robust clinical governance, and to optimise quality care and seamless client flow for our young people.

For eight months of the year, an Aboriginal engagement officer was employed making use of surplus program funding. The team welcomed local custodian, Sabella Turner to the position. Sabella's embedded relationships and knowledge within the local Aboriginal community—as well as her long work history with Congress—enriched the culturally responsive and safe delivery of services to young Aboriginal people. Sabella was a tremendous support in engaging Aboriginal youth to access **headspace** Alice Springs services. Regrettably, the position was short-term. Congress recognises the value that Aboriginal engagement officers bring to Congress services and will continue to seek alternative funding to have a full-time position in the service.

The GP service was strengthened with a 0.8 full time equivalent (FTE) GP service delivered. **headspace**

Alice Springs was fortunate to have a senior GP provide sessions in addition to drawing on Congress' team of GPRs, with two GPRs working part-time. The opportunity to have a male GPs significantly assisted engagement with young men who wouldn't otherwise access care.

**More stability was achieved in our psychology team with two psychologists employed. The service was fortunate also to have the presence of a male psychologist. As a strong clinical training health service, Congress welcomed a clinical psychologist registrar to the team.**

The service welcomed a new youth engagement officer early in the year who has been a great asset to the team. Engagement events were held throughout the year to promote the service and engage with young people in the community. The ability to leverage Congress' strong community engagement calendar of events is a significant strength to **headspace**. **headspace** combined services with Congress' Redtails Pinktails Right Tracks Program to roll out **headspace** HeadCoach, a project targeting young men through football to raise awareness of headspace services and remove the stigma around mental health. **headspace** Alice Springs hosted three events, delivered fifteen workshops to young people in schools and sporting clubs, and partnered with other providers to optimise services to young people.

In June, **headspace** Alice Springs hosted a fundraising event for Sabrina's Ride 4 Life—a family doing a mammoth bicycle ride from Adelaide to Darwin in

memory of their late daughter, Sabrina who was taken by suicide. The event created awareness for mental health in young people and for the cause. Over 50 people assisted and donated to the fund and the local radio stations, Sun FM & 8HA provided free interviews and time on the air for the parents and **headspace** to speak about the event.

The **headspace** Alice Springs youth engagement officer provided support to external service partners, including the Alice Springs Town Council Movie Marathons and Women's Health event. We are now planning for Kids Stress Less in the Park, Stress Less in the Park and YAM Fest.

Congress' **headspace** Alice Springs is one of many **headspace** regional sites working with **headspace** national to invest resources into strengthening governance arrangements. **headspace** Alice Springs is pleased to share that our site is on track to meet compliance in the governance audit early part of the next financial year.

**headspace** Alice Springs will be relocating in the new year. The new premises will be fitted to the needs of our service and young people, and it will be an exciting time for our young people and staff. The Youth Action Group will help inform ideas to make the space both professional and youth-friendly.



**Dr John Boffa**

CHIEF MEDICAL OFFICER PUBLIC HEALTH

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

# PUBLIC HEALTH DIVISION

## PUBLIC HEALTH DIVISION—Organisational Structure



### Continuous Quality Improvement

Congress’ Continuous Quality Improvement (CQI) team provides ongoing support to Congress health services to promote continual service improvement across town and remote clinics. We focus on reducing inconsistency in service through standardising practices, continuously measuring performance, identifying areas requiring improvement and facilitating the implementation of solutions for continual service improvement.

During the reporting period, the CQI team provided support and training to all Communicare users within Congress to ensure workforce capacity and better

service and efficiencies. We trained over 150 staff on Communicare and resolved 6094 support tickets in the 2017–18 financial year.

Throughout the year, the team reported on progress towards the National and Northern Territory Aboriginal Health Key Performance Indicators (KPIs) to Congress clinics. These reports are used by clinic/program managers to review and improve the quality of services and to understand what is and isn’t working. In order to assist with making improvements based on these outcomes, the CQI team conducted more than 100 clinic visits to work with clinicians, CSOs and managers.



The CQI team continued to support the section managers and the Executive team by providing reliable data for evidence-based and accurate decision-making about services and programs. Importantly, we facilitated the development and implementation of internal KPIs to monitor the quality of Congress programs. This regular reporting will ensure a more proactive and responsive system of quality improvement.

The team expanded the implementation of Power BI dashboards to Congress remote clinics. These dashboards are designed to give managers access to performance data from their computer desktop and enable them to review the progress of activities in real time.

We provided comprehensive support to the Clinical Governance Committee to improve the quality and safety of clinical services. In alignment with Congress' commitment to taking feedback seriously and using incidents and complaints to trigger service improvements the CQI Clinical Governance Committee reviewed 45 high-risk clinical incidents and 21 complaints in the 2017/18 financial year. From this, causes of incidents were identified and solutions implemented to help avoid recurrence, and to support clinical services to perform effectively, reliably and safely.

In May 2018, the team initiated a project to standardise the more commonly used clinical items across all Congress databases. This project aims to improve the consistency of clinical services across all Congress clinics.

A number of audits were conducted by the team to ensure accurate and reliable delivery of clinical and

administrative services. This included a clinical audit to evaluate the quality of client file documentation and recommended changes to improve the quality of clinical documentation. CQI did the first medication management audit in March 2018 and provided recommendations for better management of medication. Additionally, the CQI team audited Congress' compliance with the childhood anaemia management protocols and suggested areas requiring improvement. We continued the audit of sexually active young people under 16 to ensure that all health professionals understand and act on their mandatory reporting obligations when needed to improve the safety of these young people.

The team also contributed to Congress' successful ISO 9001: 2015 certification conducted by IHCA in 2018.

During the year, team members participated in the valuable CQI Collaborative organised by AMSANT in November 2017. The theme of this important forum was storytelling, and we gained and shared valuable insights about our work with others from Aboriginal health services across the NT.

We were happy to be involved with important visits to Congress, notably, Bobbie Campbell, Assistant Secretary, Indigenous Health and Sir Michael Marmot, Professor of Epidemiology and Public Health at UCL.

CQI is presently facilitating three improvement initiatives based on the Plan Do Study Act improvement methodology. We are continuing our efforts to promote quality of clinical services by standardising clinical items across all Congress clinics,

developing new performance measures and by working with teams to improve specific processes.

### Research

The Congress Research section ensures that all research carried out at Congress operates within strict ethical and governance guidelines. This year we focused on Doing It Right, a Congress led project that aims to improve community's understanding of research and researchers' understanding of community, to enable more meaningful engagement in research.

This new, exciting and innovative project commenced in December 2017 with funding from the Lowitja Institute. Doing it Right is a collaboration between Congress staff from the Communications team and Research section and external researchers from Menzies School of Health Research and the University of Sydney, who have expertise in knowledge translation and quality improvement.

The Congress Research team visited the Inala Health Service Community Jury in Brisbane in November 2017 to find out more about how the Community Jury works, its influence on research in the Inala community and hear from members the value they think it brings to health research in their area. We gave a short presentation on Congress and our research processes and a brief introduction to the newly funded Doing It Right project. It was fantastic opportunity for the Congress Research team to network with other services involved in Aboriginal health research, and community members



## Searching for honey ants.....

The Doing It Right project needed to identify a unique symbol to help to tell the story of research. We started to investigate the honey ant as our symbol because of both its significance in Central Australia and as a symbol of respect to why the project has started.

We were honoured to be able to go out bush guided by local traditional custodians who showed us the process of finding honey ants.

*Clockwise from top left: Turner sisters sharing their knowledge about searching for honey ants; Shaquille Turner enjoys the sweet taste of a honey ant*





who have a very clear vision for health research for their community and people.

After three years of challenging and rewarding work, The Kurruna Mwarre-Ingkintja (Good Spirit Males Place) research project published *Talking Powerfully from the Heart—Interviews by Ken Lechleitner*. The research project, a collaboration between Congress and CASSE (Creating A Safe Supportive Environment), commenced in 2015 with the aim of developing a unique Aboriginal Men's Shed Model along cultural lines to empower men to find their voices and live authentically. We would like to thank everyone that contributed to this worthwhile project and acknowledge that this project could not have been successful without the dedication and tenacity of research officer, Ken Lechleitner.

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 the Baker Institute.

The independent evaluation of the Australian Nurse-Family Partnership Program, a parenting support program, by UniSA from 2009 to 2015 showed that the children of families on the program were 62% less likely to experience any episodes of neglect compared with matched controls. The children of first-time mothers

were also 94% less likely to spend any days in out-of-home-care so this program now has a proven ability to prevent child neglect which is a powerful determinant of premature death and disease in later life. In addition, it promoted five months of additional spacing between births and reduced hospitalisations for injuries.

This year Congress set the goal that by 2022 at least 70% of all Board approved research is internally driven and 30% is externally driven. Currently 18% is internal and 82% is external. We have a long way to go but are confident that we can meet this goal in the next five years.

Next year we will extend the Doing it Right project to other Aboriginal community controlled health services in the region with funding from the Central Australian Academic Health Science Network. We were also successful in securing further funds from the Network to pilot an important Youth Study. This will be led by Congress Research Officer, Roxanne Highfold and provides an opportunity to understand youth issues from the young person's perspective. These two projects are example of internally driven research projects that can make a difference to Aboriginal health and wellbeing.

### 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 health system 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.

*Key topics in this reporting period— supported by research evidence and data, have included:*

### Government reforms and health system redesign

#### Children and young people

In April 2018 the NT Government released its reform plan: *Safe, Thriving and Connected: Generational Change for Children and Families* in response to the *Royal Commission into the Protection and Detention of Children in the Northern Territory*. Congress' submission and input to the Royal Commission was accurately reflected in the Commissioners' recommendations, including the shift to a primary and secondary prevention approach, rather than a punitive approach. The Aboriginal community controlled health sector is now front and centre in shaping the design and delivery of reforms across the Northern Territory.

Congress is also working closely with Territory Families to develop a number of services that will form a cohesive approach to supporting children, young people and their families. This is in addition to ongoing partnerships with the NT Education Department through Connected Beginnings to ensure children 0–5 years are healthy and ready for school, and NT Health services including paediatric services.



# PUBLIC HEALTH DIVISION

## Alcohol reform

In our submission to the 2017 Northern Territory Alcohol Policies and Legislation Review Congress argued for a minimum floor price as one of the most effective evidenced-based approaches to reducing alcohol related harms. Congress also requested that Point of Sale Interventions (POSIs) continue on all outlets for all trading hours as this has also been a very effective strategy. In response to the Review, the NT Government has committed to introducing a minimum floor price which will be the first in Australia and one of the first in the world. It has also committed to continue POSIs and has funded 75 Police Auxiliaries as Liquor Licensing Inspectors. These and other alcohol policy reforms are expected to make a significant impact on alcohol related harm.

## Effective service delivery and health systems

In March 2018, the Productivity Commission released its final report on *Introducing Competition and Informed User Choice into Human Services: Reforms to Human Services*. Congress raised significant concerns about the Commission's initial proposal that services to remote communities should be funded through open competitive tender processes. Congress argued against competition in health service delivery as it disadvantages Aboriginal community controlled health services and communities, instead recommending needs based planning with Aboriginal community controlled health

services as preferred providers. Accountability for outcomes is achieved through appropriate KPIs.

The Commission's final report steered away from open competition, instead recommending commissioning of services through a local, data driven approach to understand need, and to work with community in planning, engagement and service implementation. The report also recommended providers demonstrate attributes including culturally secure services, community engagement and governance, and Aboriginal workforce and training i.e. the attributes of Aboriginal community controlled health services.

In the last reporting year Congress contributed to a number of health-related public consultations that are being finalised by governments including: the *National FASD Strategy 2018–2028*; the *NT Suicide Prevention Strategic Review*; the *Joint Standing Committee on the NDIS (Early Childhood Early Intervention Approach)*; the *National Alcohol Strategy 2018–2026*; the *Senate Inquiry into Accessibility and Quality of Mental Health Services in Rural and Remote Australia*; and a *National Strategic Approach to Maternity Services*. A process is being developed to gain greater community participation in the development of key policy submissions.

There are significant opportunities in the current *Close the Gap Refresh* process and Congress has argued for indicators around the social determinants of health, with strong accountability measures and Aboriginal governance.

## Social determinants of health

The social determinants of health remain a primary area for advocacy and Congress has contributed to: the *Modernisation of the NT Anti-Discrimination Act*; the *House of Representatives Standing Committee on Social Policy and Legal Affairs Inquiry into Local Adoption*; the *Australian Law Reform Commission's Inquiry into Incarceration Rates of Aboriginal and Torres Strait Islander Peoples*; and the *Independent Inquiry into Regional, Rural and Remote Education*. We also developed a public position on changing the date of Australia Day.

Congress finalised a position paper on *Housing and Health* in order to contribute the evidence that comes from a perspective on housing as a social determinant of health and wellbeing in the hope that this can be helpful in developing a collaborative cross-sectoral approach to housing that works for Aboriginal people and supports them to live healthy lives.

A highlight of the 2017–2018 period was the visit to Congress by Professor Sir Michael Marmot, leading international researcher and global advocate for health inequality issues. The visit was to learn how Aboriginal community controlled health services work, and their impact. This placed Congress' model of comprehensive primary health care on an international stage and reinforced the evidence that supports the need for policy action on primary health care and the social determinants of health.



## ...Right tracks to health.....

The Right Tracks program was originally set up and run by volunteers led by Ian McAdam and Rob Clarke through the Redtails/ Pinktails Central Australian Football Club.

Working directly with each male and female football club and local softball and netball clubs, Right Tracks aims to educate and assist in health and wellbeing, tobacco, alcohol, violence and sexual health education and treatment, job ready mentoring, work experience, language and culture, using sport as the means to engage. Through mentoring, the youth accessing the program are groomed into role models, leaders and mentors for their own communities, to create change. Already, the program has engaged 9 teams to date and facilitated 25 participants in securing employment.

The team also delivers a program to men and women at the Alice Springs Correctional Centre, designed to get the participants at the sessions thinking about their lives—what has contributed to where they are now and what they can change through planning and goal setting to make things better in the future.

*Clockwise from left:*

*At the NO MORE Redtails vs Cottage All Stars Football match, Right Tracks' Darren Talbot with an All Stars player; playing cricket in community; talking to Sadadeen Primary kids about good choices; with visiting Clontarf players from Port Macquarie.*







Clockwise from left: The Congress Smoke Free television commercial filming in action; the billboard that appeared on the Stuart Highway; Lilian Watson promoting health; Ken Lechleitner coaching on relationships, health and wellbeing; and Donna Lemon, Glenn Clarke and Tallira Anderson promoting healthy choices







## Health Promotion

The Health Promotion section continued to deliver evidence-based health promotion messages throughout the 2017–18 financial year. The section continued to grow with the inclusion of the Redtails/Pinktails

## PUBLIC HEALTH DIVISION

Right Tracks program, and by successfully securing funding in partnership with the Telethon Kids Institute for the Making FASD History consortium prevention project.

The partnership with the Telethon Kids Institute has led to successfully securing funding to implement preventative activities under the Making FASD History project. This project will fund a coordinator, addressing alcohol consumption across young people, women of child bearing age and pregnant women.

The No Smokes team, funded through the Tackling Indigenous Smoking grant, continued to deliver consistent messaging on the harms of smoking to the individual and those around them. This included a comprehensive mass media campaign which comprised of two television advertisements rotated on IMPARJA, three radio advertisements on CAAMA, a billboard and social media content. The billboard is planned to be recreated and displayed on buses around town and at each remote site. Congress has successfully secured funding through the Tackling Indigenous Smoking initiative for an additional four-year period.

The Congress Community Health Education Program has undergone a comprehensive review the past 12 months. The review gained input from internal and external stakeholders to determine the future direction of the program. This review is ongoing and is now looking at the content of the program's manuals, to ensure information is accurate, evidence based and up to date. The educators have continued to deliver in town and remote to schools and youth groups.

The Health Promotion team has established and reinforced important relationships throughout the year to strengthen program delivery, including those with the Alice Springs Correctional Centre and the Central Australian Football League. The team have regularly attended the correction facility providing a variety of health, leadership and cultural education sessions to the inmates.

Partnership with the Central Australian Football League facilitated a strong presence of health promotion messaging at the 2017 Grand Final and the popular Easter Cup in 2018. Congress has now become a sponsor of the Central Australian Football League Country Cup, providing greater capacity for health promotion messaging in this setting, and the benefits of a positive and popular affiliation.

The team began utilising the new Congress Facebook and Twitter platforms to deliver key health education messages in a new and current way. This offers an exciting opportunity to reach young people in particular and increase their access to key messages.

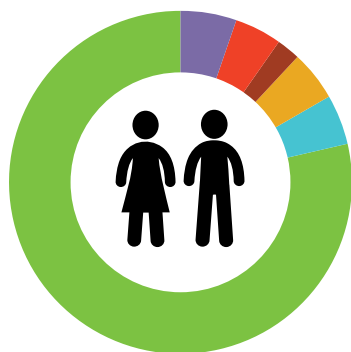
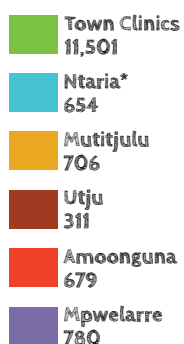
Over the next year the Health Promotion section will continue to build on the program foundations in place to provide health promotion programs within Central Australia, including additional social marketing and nutrition activities. In addition, the section is working to develop strong evaluation frameworks to undertake process, impact and outcome evaluation of activities taking place.



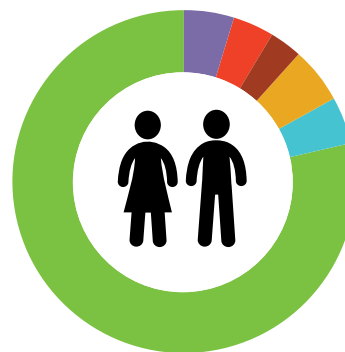
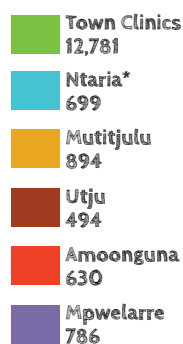
# KEY PERFORMANCE INDICATORS (KPIs)



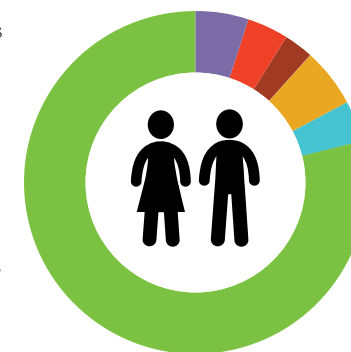
## Number of Aboriginal people accessing Congress services



2014/2015  
THREE YEARS AGO



2016/2017  
ONE YEAR AGO



2017/2018  
THIS YEAR

\*Figure includes residents only. Visitor data not available.



## Episodes of care 2017/2018

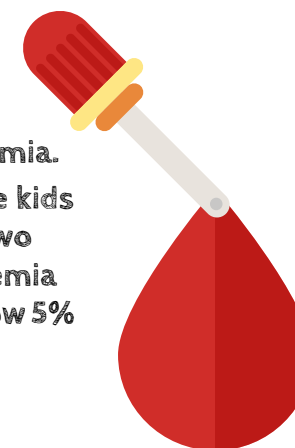
During the year Aboriginal people living in the area attended clinics on average, the following times:



Most health services have an average of somewhere between 5–15 episodes of care per person per year.

In 2017/18  
we tested 73%  
of children aged  
0–5years for Anaemia.  
We're testing more kids  
than ever and in two  
communities Anaemia  
rates are now below 5%

73%



Anaemia testing



# KEY PERFORMANCE INDICATORS (KPIs)

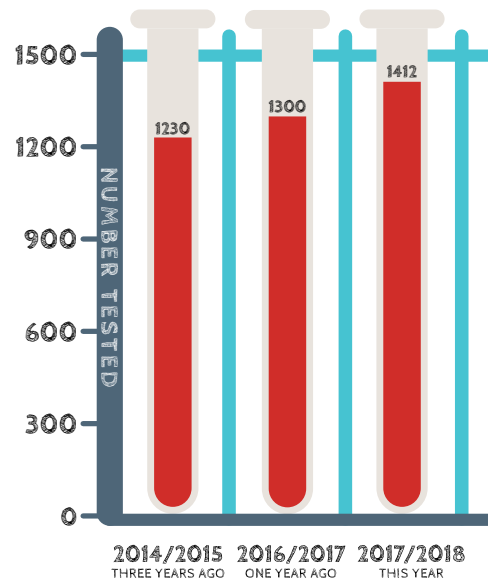
## HbA1c testing

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

### TESTING RATES (12 MTHS)

Percentage % of all clients

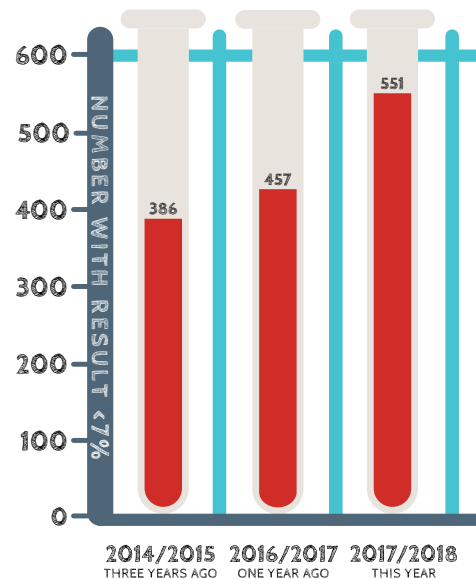
77 79 84



### TESTING RESULTS OF LESS THAN 7%

Percentage % of all clients

31 35 39



The increase in the amount of clients who have a result of less than 7% shows significant improvement in the number and proportion of diabetics with excellent control which we know prolongs their healthy years of life.

## Health checks

2014/2015  
THREE YEARS AGO

2016/2017  
ONE YEAR AGO

2017/2018  
THIS YEAR

15-54  
YEARS

45%  
2972

51%  
3522

60%  
4099

54+  
YEARS

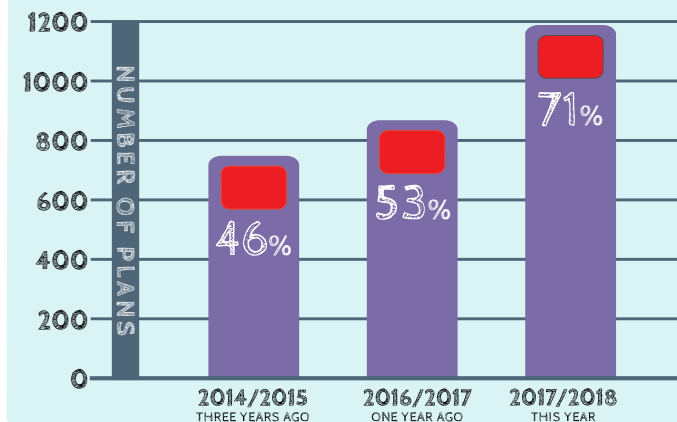
64%  
787

63%  
827

72%  
956

## Diabetic care plans issued

This means that more clients with a diagnosis of Diabetes are getting help to manage their health through access to Congress' multidisciplinary teams of GPs, Diabetes Nurse Educators, Podiatrists and other allied health practitioners.





**Eric Brown**

GENERAL MANAGER BUSINESS SERVICES

The Business Services Division manages the corporation's finance, risk & compliance, human resources, facilities & capital works, information & communication technology, and communications

## BUSINESS SERVICES DIVISION

### Finance

It has been another busy year for the Finance team, working alongside the broader Congress team towards financial and program goals, and to support the organisation.

A significant development during the year was the implementation of the Riteq—a biometric scanning system for payroll. This system automates a significant portion of timesheets resulting in a reduction in time for input and verification processes. We continue to work on the integration with other key systems to further enhance its benefits.

We continue to work with the Tenderlink procurement system for a number of our supply contracts. The most notable supply contract put to tender was for the provision and finance of our motor vehicle fleet which resulted in savings of around \$50,000 per annum. This was a major win for Congress in the supply of essential fleet vehicles and our efforts to seek value for money.

We continued to support all programs with financial reporting and, in particular, continued refinement of the Medicare reporting provided to program managers, and implementation of a project to increase income from our core business activity. This involved ongoing work educating managers, clinicians and CSOs in both the process and the importance of accurate Medicare claiming, and how this process links vital patient interactions and care to income for Congress. This project supported a significant increase of 24.4%

in this key income item, funds that will be reinvested in programs and projects aimed at improving health outcomes for Aboriginal people in Central Australia.

Finally, the annual financial statements were again prepared without qualification with very few issues raised in the management letter. This demonstrates the strength of the financial processes now in place, ensuring the stability, accountability and transparency of the organisation's financial practices.

### Risk & Compliance

Congress continues to lead continuous improvement and implement best practice in quality, risk and accreditation, with several key achievements in the 2017–18 financial year.

An audit confirmed the organisation's successful transition to the updated ISO 9001:2015 (Quality Management System) Standards. The accreditation body Institute of Healthy Communities Australia (IHCA) conducted the audit.

The Early Childhood Learning Centre (ECLC) and the *Ampe Kenhe Apmere* Childcare Centre successfully achieved accreditation against the National Quality Standards (NQS). The two services were rated as 'exceeding expectations' and 'working towards' respectively by the accreditation body Quality Education and Care Northern Territory (QECNT).

RiskMan, Congress' risk, incident and feedback management system, continues to be well utilised. There



## BUSINESS SERVICES DIVISION—Organisational Structure



is strong organisational awareness of the purpose of reporting incidents to ensure a rigorous risk management system. *Improvements against several Quality and Risk KPIs in 2017–18 include:*

- A 40% reduction in the average number of outstanding incidents overdue to be closed, as compared to 2016–17;
- A 54% reduction in the average number of days taken to acknowledge complaints, compared to 2016–17;
- A 74% reduction in the average number of complaints overdue to be closed, compared to 2016–17; and
- A 38% increase in the average number of users trained in RiskMan, compared to 2016–17.

The Risk & Compliance team continues to administer and improve the RiskMan system, and to provide training and support for all management and staff.

There was an increased focus on inclusive and participatory approaches to risk management. Regular risk inquiry workshops are conducted to improve awareness and increase organisational capacity in risk management at a strategic, organisational, and service delivery level.

Congress implemented a new Health Legal Legislative Compliance Register, an online tool that supports management to ensure compliance with all legislative obligations applicable to Congress.

A three-year internal audit schedule was developed and implemented. The schedule increases the rigour and transparency of internal audits through the engagement of external auditors. Seven internal audits were completed or at draft report stage during the 2017–18 financial year, with results reported to the Finance, Risk and Audit Subcommittee (FRAC) and the Congress Board.

Key projects for next financial year include undergoing three-year recertification against the ISO 9001: 2015 (Quality Management System) Standards, re-accreditation of Congress' clinical services against the Royal Australian College of General Practitioners (RACGP) Standards for General Practices (5th edition) through the

Australian General Practice Accreditation Limited (AGPAL) accreditation body and ensuring ongoing compliance with the National Quality Standards (NQS).

*Congress cleaners, Deng Goup and Doug Hodgkinson at Amoonguna Health Service*





Members of the HR team—Kymberley Ellis, Hayley Bathern and Darrelle Windsor

## Human Resources

The Human Resources (HR) section continues to provide human resources, training and development, recruitment, employee relations, organisational development, work health, safety, and injury management services that support the Congress workforce.

### Workforce Profile

As at 30 June 2018 Congress employed 394 staff in fulltime, part-time and casual roles a small increase from 387 at 30 June 2017.

During the period, the *Congress Enterprise Agreement 2017–2021* (EA) was finalised and following a successful ballot, was implemented in December 2017. This was a major achievement, especially in the seamless, consultative and thorough manner in which the task was managed. Significant work to update relevant policies

and procedures to reflect the conditions of the EA was then required, and the team worked hard to complete this important task.

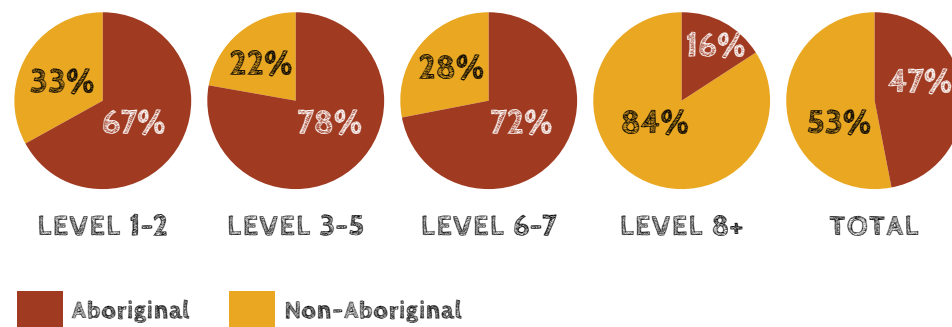
A review of the AHP training program resulted in recommendations for appointment of a dedicated coordination position, which is to be recruited



## Congress staffing levels

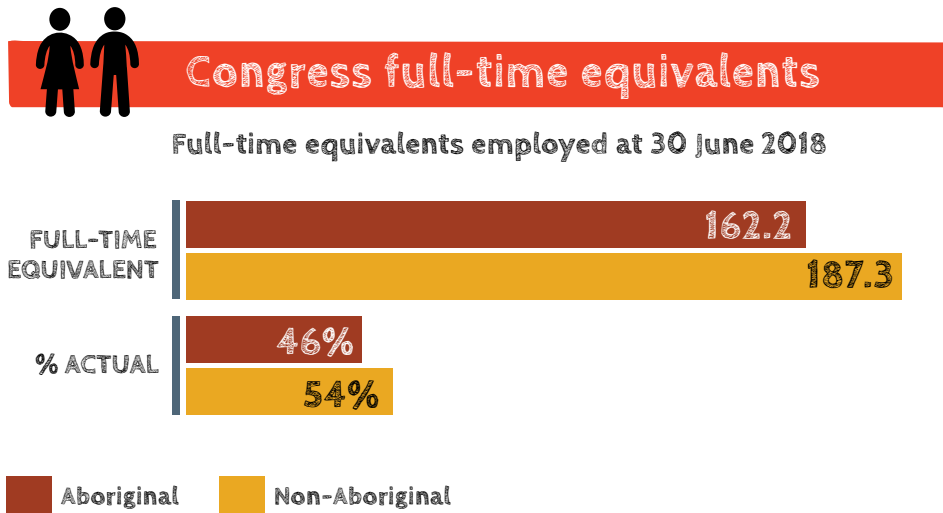
Workforce headcount as at 30 June 2018  
by equivalent salary level

LEVEL		TOTAL
1-2	22 11	33
3-5	87 25	112
6-7	48 19	67
8+	29 153	182





# BUSINESS SERVICES DIVISION



before recruitment of a new cohort of trainees. Congress is committed to building a strong workforce of Aboriginal health practitioners.

There were significant changes to HR personnel during the period and a change in organisational structure as the Human Resources Division became part of the Business Services Division whilst recruitment and team rebuilding was undertaken. A major review of workloads and workflows in the HR Section under new leadership resulted in a new team structure being developed that will be implemented in the next reporting period.

During the reporting period, Congress was announced as the winner of the NT Training Awards as well as receiving the 2017 Stan Grant Indigenous Employer Award from the Australian Human Resources Institute, reflections of the commitment and success of the workforce.

Several information sessions were delivered by the HR team to local schools regarding careers at Congress.

A visit by year nine students from Yirara College to Gap Clinic in June 2018 also showcased not only Congress services but the types of careers that are available.

The team facilitated a display at the 2017 Careers Expo held at the Alice Springs Convention Centre in August 2017 to target current and future jobseekers. Through this, the team continued to promote the variety and value of careers at Congress as well as the exciting opportunities the Congress cadet program provides.



Top right: Ali Calder and Diana Amend from ANFPP

Right: Pam Conway and Bec Smith from Amoonguna





## Workforce by profession

as at 30 June 2018

PROFESSION	HEAD COUNT		TOTAL
Doctors (GP)	<div><div></div><div></div></div> 26		26
Registrars (GPR)	<div><div></div><div></div></div> 9		9
Nurses (NURSES)	<div><div></div><div></div></div> 55	<div><div></div><div></div></div> 9	64
Allied Health (ALLIED)	<div><div></div><div></div></div> 22	<div><div></div><div></div></div> 3	25
Aboriginal Health Practitioners (AHP)	<div><div></div><div></div></div> 22		22
Child Care (C/CARE)	<div><div></div><div></div></div> 19	<div><div></div><div></div></div> 7	26
Admin less than Level 8 (GL 1-7)	<div><div></div><div></div></div> 38	<div><div></div><div></div></div> 132	170
Admin Level 8+	<div><div></div><div></div></div> 41	<div><div></div><div></div></div> 13	54
TOTAL	<div><div></div><div></div></div> 186	<div><div></div><div></div></div> 208	
	Aboriginal	Non-Aboriginal	TOTAL 394

Following a year of major change in HR personnel and the recent review of its structure and service levels, the HR team is set to build on the successes of the past and offer enhanced support to Congress and its people. Focus in the new year will be on adding value and support to managers, improving the experience of our job candidates and enhancing the employee experience.

*Top: Membership and Client Engagement Officer, Catherine Satour, celebrating NAIDOC week*  
*Below: Congress staff members at the NAIDOC week march*



## Information & Communication Technology

Information & Communication Technology (ICT) had a very busy year focusing primarily on preparation for migration to cloud, keeping on top of Communicare performance, managing complex networking issues and refreshing staff computers. The team was kept busy supporting staff with their ICT enquiries and supplying and servicing equipment vital for everyday business. The team accomplished major projects during the year, while keeping business as usual.

### Cloud Migration

A significant amount of testing and research has been carried out into the costs, technical requirements and governance required to migrate our business applications to Amazon Web Services and Microsoft Azure. This culminated in a detailed presentation to the Board on the costs and benefits of moving to the cloud.

*Following approval by the Board we commenced the three major migration steps:*

1. Design of system architecture (including integration with our existing network)
2. Governance (ensure access, creation, maintenance and deletion are controlled and recorded)
3. Availability (ensure if one computing centre fails we can failover to a second location).

All three of these have been designed implemented and signed off by cloud professionals. We are now ready to begin migrating.

## Network Management

In the long term, we are moving to simplify the Congress network and reduce the complexity and length of time it takes to design and implement changes. The first step has been to introduce shorter service level agreements and simpler connections to carriers that they are responsible for maintaining. This has allowed us to start removing failover solutions in the metro areas and remove the complex network routing that failovers need. The next step will be to introduce manageable multiple concurrent connections in remote areas. This will allow us to manage the low speed network traffic much more efficiently also without the complex network routing. This year we have begun installing security monitoring and reporting allowing us to have much better visibility over what is happening both inside and outside our network. Using artificial intelligence, we will be starting to track a whole range of activities that will start sending alerts when the behaviour varies from expected.

## Records Management

Records and information management is the systematic application of management principles to the recorded information used in the normal course of an organisation's business. Records document transactions which may be legally required as evidence of each transaction. Business records are operational and strategic assets with economic, legal, fiscal, risk-management, and competitive value.

*To maintain and improve records management at Congress, the team achieved the following:*

- The ISO 15489 compliant records management software used at Congress is HPE Records Manager, more commonly known as TRIM. In the 2017–2018 financial year, 7,167 unique records were loaded into TRIM.
- The team assisted with regular monthly audits including the progress of the Controlled Document Register for ISO9000: 2008 accreditation.
- The team reviewed at total number of 117 controlled documents in the year, which were then communicated to staff through the weekly newsletter and Intranet.
- The records team worked with managers and the Executive Office to reduce the number of policies and procedures that have exceeded their review date from 149 to 37.
- The team successfully implemented a new mail management procedure, ensuring all incoming and outgoing Congress mail records are being captured into TRIM.
- The team undertook the major task in transferring of all hard copy medical records from Amoonguna, Utju, Ntaria (Hermannsburg) and Mutitjulu to records management office.

Congress recruited an archive assistant for the team to progress the inventory of all urban and remote hard copy medical records. In total 27,486 individual files have been inventoried and archived off-site.

# Deliveries



The controlled document register was reviewed as part of the ISO9001:2015 accreditation. We were pleased with the results and attributed them to the continuous improvement, increased usability and staff uptake of accessing important documents on the Intranet.

Overall, there was a positive shift in organisational culture regarding the importance of compliant record keeping.

Next year the team will commence the massive project of digitising around two million pages of hard copy documentation into electronic files. This will provide savings through the reduction of physical storage costs and will reduce the likelihood of archive degradation.

## Facilities & Capital Works

Through active capital works, Congress has increased its services across the year in line with the strategic plan. To undertake this, the Facilities and Capital Works and team has assisted by planning and completing upgrades to facilities, contracting set prices and standards with a series of contractors and planned for future service expansion.

*The following major projects were undertaken across the reporting period:*

- Upgrade of kitchens in remote housing.
- Undertaking asbestos management plan across all Congress sites.
- Commencing the major renovation of Northside Clinic.

*During the financial year work started on Northside Clinic*



## BUSINESS SERVICES DIVISION

- Securing an annual period contract for fire services.
- Commencing the extension of Sadadeen Clinic.
- Renovation of Gap Road activity room.
- Demolition of Little Sisters convent due to fire damage.
- Upgrading existing security standards to better deliver security service.

Next year we look forward to finalising key projects including the Northside Clinic and Sadadeen extension. We will commence other key projects including the development of 127 Todd Street.

### Communications

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

Communication activities focussed on key issues impacting on the health and wellbeing of Aboriginal people and included media engagement, participation in and management of public events, service promotion and other promotional activity. The team fulfilled close to 400 internal requests for communications outputs in the period, reflecting the high volume of important messages and good news. Internal communications were promoted through the publication of a weekly newsletter, the Weekly Wrap, keeping staff connected and informed.

The team was instrumental in establishing a presence on social media platforms. Organisational policies were

developed to ensure that risk was managed and roles and obligations for staff were made clear. Launched in August, our Facebook page had good impact from the beginning, reaching over 900 followers by the end of the reporting period, after less than 12 months in action. Facebook was initially used in conjunction with the Health Promotion team to engage in health messaging and service promotion and has since become a key part of the communications mix in all areas, including research and advocacy. The Congress Twitter account has developed into a tool that ensures that Congress is part of the conversation about Aboriginal people in Australia. It is a key advocacy device, making government, politicians, lobby groups, media outlets and journalists, and the public more accessible. On Close the Gap day in March, Congress used Twitter to send several well-timed, strong statements about the current situation in context to the Government's call for a refresh to the Close the Gap targets. This generated conversation and informed people of our position, directing them to read the submission on our website.

The team organised or supported numerous events throughout the period. These included: Sorry Day, NAIDOC week, the Alice Springs Show, Men's and Women's health events, and Alukura's 30<sup>th</sup> Anniversary, along with the facilitation of Congress' attendance at numerous smaller events. These were great opportunities for engagement very well attended by the community.

*Congress' Smoke Free Campaign was implemented across a range of merchandise and social media*

In the financial year, the membership and client engagement officer worked in line with the engagement plan to increase membership of the corporation by just under 70% to 889. This reflects Congress' commitment to community control. We rely on our members to keep us informed about the needs of our local Aboriginal community and look forward to improving engagement even further in the next financial year.





# FINANCIAL STATEMENTS for the financial year ended 30 June 2018

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## Directors' Report for the financial year ended 30 June 2018

*Your directors present this report on the corporation for the financial year ended 30 June 2018.*

### 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 corporation's liquidity and total financial obligations.



## Directors and directors' meetings

Name of Director	Period of tenure	Qualifications, experience and special responsibilities	Meetings attended
William Tilmouth	1 July 2017 to 30 June 2018	Chairperson	10
Joseph Hayes	1 July 2017 to 30 November 2017 / 9 April 2018 to 30 June 2018	Board Member	7
Graham Dowling	1st July 2017 to 30th June 2018	Board Member	10
Ricky Mentha	1st July 2017 to 30th Nov 2017	Board Member	3
Leanne Milligan	1st July 2017 to 30th June 2018	Finance	11
Sheralee Taylor	1st July 2017 to 30th June 2018	Board Member	3
Nicolette Dunn	1st July 2017 to 30th June 2018	Board Member	2
Peter O'Mara	1st July 2017 to 30th June 2018	Medical	7
Marion Swift	30th Nov 2017 to 30th June 2018	Board Member	2

There were 11 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	5	3	5	5		2	
Joseph Hayes		1				3	
Graham Dowling	6	1	2	4	1		
Ricky Mentha			3			2	
Leanne Milligan	6			6			
Sheralee Taylor	2	2			1		2
Nicolette Dunn							1
Peter O'Mara			4			2	
Marion Swift							1

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

## Secretary

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

Ms Stephanie Campbell—1 July 2017 to 10 November 2017

Mr Eric Brown—10 November 2017 to 16 March 2018

Ms Marina Boyle—16 March 2018 to 30 June 2018

## 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 right.

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

On behalf of the directors

Chairperson | 23 October 2018

## Auditor's Independence Declaration



RSM Australia Pty Ltd

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### AUDITOR'S INDEPENDENCE DECLARATION

As lead auditor for the audit of the financial report of Central Australian Aboriginal Congress Aboriginal Corporation for the year ended 30 June 2018, I declare that, to the best of my knowledge and belief, there have been no contraventions of:

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

RSM AUSTRALIA PTY LTD

R MILLER  
Director

Canberra, Australian Capital Territory  
Dated: 23<sup>rd</sup> October 2018

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 at Branco Practice Trust ABN 65 319 382 479 trading as RSM  
Liability limited by a scheme approved under Professional Standards Legislation



## Statement of Profit or Loss and Other Comprehensive Income for the year ended 30 June 2018

	Notes	2018 \$	2017 \$
<b>OPERATING INCOME</b>			
Grants and Contributions provided	2	41,004,358	37,540,474
Medicare & practice incentive payment income	3	7,151,662	6,101,692
Investment income	4	507,733	423,934
Other operating revenues	5	817,811	879,537
Net gain on disposal of assets		12,409	2,701
<b>Total operating income</b>		<b>49,493,973</b>	<b>44,948,338</b>
<b>OPERATING EXPENSES</b>			
Employee benefits expenses	6	36,372,854	32,502,368
Interest charges		8,855	7,646
Depreciation & amortisation	16, 17	704,272	1,002,803
Medical supplies & program expenses	7	3,646,907	2,888,801
Motor vehicle & travel expenses	8	2,261,649	1,958,742
Rent & occupancy expenses	9	2,428,081	2,312,974
Minor equipment expenditure	10	302,118	270,094
Other operating expenses	11	3,353,436	2,996,072
<b>Total operating expenses</b>		<b>49,078,172</b>	<b>43,939,500</b>
<b>Surplus for the year</b>		<b>415,801</b>	<b>1,008,838</b>
Other comprehensive income		-	-
<b>Total comprehensive income</b>		<b>415,801</b>	<b>1,008,838</b>

Notes to the financial statements are set out below.

## Statement of Financial Position for the year ended 30 June 2018

	Notes	2018 \$	2017 \$
<b>CURRENT ASSETS</b>			
Cash and cash equivalents	12	19,389,693	20,297,500
Other current assets	13	490,842	428,504
Trade and other receivables	14	642,396	590,924
<b>Total current assets</b>		<b>20,522,931</b>	<b>21,316,928</b>
<b>NON CURRENT ASSETS</b>			
Investments	15	2	2
Property, plant and equipment	16	12,598,800	6,843,198
Intangible assets	17	27,541	82,844
<b>Total non current assets</b>		<b>12,626,343</b>	<b>6,926,044</b>
<b>Total assets</b>		<b>33,149,274</b>	<b>28,242,972</b>
<b>CURRENT LIABILITIES</b>			
Trade and other payables	18	7,175,881	1,404,931
Employee benefits	19	4,239,844	4,517,129
Grants received in advance	20	377,915	-
Unexpended grants	22	3,364,685	4,767,424
<b>Total current liabilities</b>		<b>15,158,325</b>	<b>10,689,484</b>
<b>NON CURRENT LIABILITIES</b>			
Employee benefits	19	466,141	444,481
<b>Total non current liabilities</b>		<b>466,141</b>	<b>444,481</b>
<b>Total liabilities</b>		<b>15,624,466</b>	<b>11,133,965</b>
<b>Net assets</b>		<b>17,524,808</b>	<b>17,109,007</b>
<b>EQUITY</b>			
Accumulated funds		9,093,213	3,334,881
Reserve funds		8,431,595	13,774,126
<b>Total equity</b>		<b>17,524,808</b>	<b>17,109,007</b>

Notes to the financial statements are set out below.

## Statement of Changes in Equity for the year ended 30 June 2018

	Accumulated surpluses \$	Medicare reserves \$	Other reserves \$	Total \$
Balances at the beginning of the previous year	3,171,976	5,224,703	7,703,490	16,100,169
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 beginning 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>
Transfers to/from reserves from accumulated surpluses	5,342,531	(1,708,152)	(3,634,379)	–
Total comprehensive income for the year	415,801	–	–	415,801
<b>Balances at the end of the current year</b>	<b>9,093,213</b>	<b>905,728</b>	<b>7,525,867</b>	<b>17,524,808</b>

Notes to the financial statements are set out below.

## Statement of Cash Flows for the year ended 30 June 2018

	Notes	2018 \$	2017 \$
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
<b>Payments</b>			
Employee costs		(36,628,479)	(31,493,609)
Materials, contracts and other costs		(12,321,211)	(11,375,702)
Interest paid		(8,855)	(7,646)
<b>Receipts</b>			
Receipts from activities		7,950,736	7,144,769
Interest received		507,733	437,334
Receipts from funding bodies		40,031,223	38,450,291
<b>Net cash provided by operating activities</b>		<b>(468,853)</b>	<b>3,155,437</b>

### CASH FLOWS FROM INVESTING ACTIVITIES

Payments for property, plant & equipment		(451,363)	(1,298,780)
Payments for intangibles		–	(1,150)
Proceeds on sale of assets		12,409	2,701
<b>Net cash used in investing activities</b>		<b>(438,954)</b>	<b>(1,297,229)</b>

### CASH FLOWS FROM FINANCING ACTIVITIES

Capital grants received		–	–
<b>Net cash provided by financing activities</b>		<b>–</b>	<b>–</b>
<b>Net increase (decrease) in cash held</b>		<b>(907,807)</b>	<b>1,858,208</b>
<b>Cash at beginning of the year</b>		<b>20,297,500</b>	<b>18,439,292</b>
<b>Cash at end of the year</b>	<b>12</b>	<b>19,389,693</b>	<b>20,297,500</b>

Notes to the financial statements are set out below.



## Notes to the Financial Statements for the year ended 30 June 2018

### 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 principal place of business is:  
14 Leichhardt Terrace Alice Springs NT 0870

### Operations and principal activities

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

The main services, programs and projects conducted through the year were:

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

- childcare and early learning
- research.

### 1. Statement of significant accounting policies

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

#### a. Basis of preparation

The financial statements are general purpose financial statements that have been prepared in accordance with Australian Accounting Standards (including Australian Accounting Standards - Reduced Disclosure Requirements and Interpretations issued by the Australian Accounting Standards Board), the Australian Charities and Not-for-profits Commission Act 2012 and Corporations (Aboriginal and Torres Strait Islander) Act 2006.

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

#### New, revised or 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.

#### b. 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 Corporation has not received permission from the funding body to carry forward unspent grant funds to the next reporting period.

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

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

### c. Employee benefits

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

### d. Superannuation

Employee superannuation entitlements are 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.

### e. Employees

NUMBER OF EMPLOYEES	2018	2017
Full time equivalent employees	349.5	333
Number of employees	394	387

## Notes to the Financial Statements for the year ended 30 June 2018

### f. Income Tax

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

### g. Goods and Services Tax

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

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

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

### h. Fixed Assets

#### Land

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

property values to ensure any significant decreases in value are not overlooked.

#### Property, Plant & 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:

	2018 (YEARS)	2017 (YEARS)
Buildings	10 – 20	10 – 20
Leasehold Improvements	2 – 10	2 – 10
Plant and Equipment	5 – 10	5 – 10
Motor Vehicles	3 – 5	3 – 5
Computer Software	3	3

#### i. Impairment of assets

Central Australian Aboriginal Congress Aboriginal Corporation value the recoverable amount of plant and equipment at the equivalent to its depreciated replacement cost. An impairment exists when the carrying value of an asset exceeds its estimated recoverable amount.

Impairment losses are recognised in the income statement unless the asset has previously been revalued, when the impairment loss will be treated as a revaluation decrement.

### j. Trade and other payables

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

### k. Cash and cash equivalents

Cash and cash equivalents includes cash on hand, deposits held at call with financial institutions, other 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.

### l. Commitments

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

### m. Operating leases

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

### n. Nature and purpose of reserves

#### Asset replacement reserve

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

#### Medicare reserve

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

#### 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.

### o. 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



## Notes to the Financial Statements for the year ended 30 June 2018

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:

- the amount at which the financial asset or financial liability is measured at initial recognition;
- less principal repayments;
- plus or minus the cumulative amortisation of the difference, if any, between the amount initially recognised and
- the maturity amount calculated using the effective interest method; and
- less any reduction for impairment.

The effective interest method is used to allocate interest income or interest expense over the relevant period and is equivalent to the rate that exactly discounts estimated future cash payments or receipts (including fees, transaction costs and other premiums or discounts) through the expected life (or when this cannot be reliably predicted, the contractual term) of the financial instrument to the net carrying amount of the financial asset or financial liability. Revisions to expected future net cash flows will necessitate an adjustment to the carrying value with a consequential recognition of an income or expense in profit or loss.

The Corporation does not designate any interest as being subject to the requirements of accounting standards specifically applicable to financial instruments.

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

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

### (ii) Loans and receivables

Loans and receivables are 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 12 months are the end of the reporting period. (All other investments are classified as current assets.)

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

## 2. Grants & Contributions Provided

	2018 \$	2017 \$
<b>AUSTRALIAN GOVERNMENT FINANCIAL ASSISTANCE</b>		
Department of Health	26,650,719	25,219,174
Department of Social Services	1,293,838	892,244
Department of Prime Minister and Cabinet	4,246,166	3,643,440
Department of Education and Training	656,577	705,200
<b>Total Australian Government Financial Assistance</b>	<b>32,847,300</b>	<b>30,460,058</b>

## NORTHERN TERRITORY GOVERNMENT FINANCIAL ASSISTANCE

Department of Health	2,117,669	1,828,712
Department of Children and Families	912,893	925,914
Department of Corrections	44,234	–
Department of Education	28,483	–
<b>Total Northern Territory Government Financial Assistance</b>	<b>3,103,279</b>	<b>2,754,626</b>

## OTHER FINANCIAL ASSISTANCE

Northern Territory General Practice Education Ltd	1,736,289	1,385,759
Northern Territory PHN	2,617,958	2,562,757
Other grants	699,532	377,274
<b>Total Other Financial Assistance</b>	<b>5,053,779</b>	<b>4,325,790</b>

## Notes to the Financial Statements for the year ended 30 June 2018

<b>3. Medicare Income and Practice Incentive Payments</b>	<b>2018 \$</b>	<b>2017 \$</b>
Medicare income	5,855,434	4,706,897
Practice incentive payments	1,296,228	1,394,795
<b>Total Medicare Income and Practice Incentive Payments</b>	<b>7,151,662</b>	<b>6,101,692</b>

<b>4. Investment Income</b>	<b>2018 \$</b>	<b>2017 \$</b>
Interest income	507,733	423,934
<b>Total Investment Income</b>	<b>507,733</b>	<b>423,934</b>

<b>5. Other Operating Revenues</b>	<b>2018 \$</b>	<b>2017 \$</b>
Fees received	583,501	459,411
Rent received	43,832	28,759
Other receipts	190,478	391,367
<b>Total Other Operating Revenues</b>	<b>817,811</b>	<b>879,537</b>

<b>6. Employee Benefits Expense</b>	<b>2018 \$</b>	<b>2017 \$</b>
Fringe benefits tax	107,445	119,368
Salaries	32,353,008	28,398,807
Superannuation	2,968,584	3,130,049
Workcover insurance	408,677	394,805
Income protection insurance	203,568	215,989
Employee recruitment and relocation	42,431	47,876
Employee training and development	289,141	195,474
<b>Total Employee Benefits Expense</b>	<b>36,372,854</b>	<b>32,502,368</b>

<b>7. Medical Supplies and Program Expenses</b>	<b>2018 \$</b>	<b>2017 \$</b>
Contract staff	1,867,540	1,332,421
Equipment maintenance	197,408	227,345
Medical supplies	710,849	639,468
Program consumables	368,878	397,604
Meeting expenses	44,476	48,356
Communicare licence and other subscriptions	457,756	243,607
<b>Total Medical Supplies and Program Expenses</b>	<b>3,646,907</b>	<b>2,888,801</b>

<b>8. Motor Vehicle and Travel Expenses</b>	<b>2018 \$</b>	<b>2017 \$</b>
Motor vehicle—fuel and oil	252,710	225,448
Motor vehicle—repairs and maintenance	197,094	170,588
Motor vehicle—leasing	891,849	904,680
Motor vehicle—insurance and registration	103,322	81,231
Motor vehicle—GPS charges	35,010	—
Motor vehicle—hire	14,950	11,087
Travel—fares and accommodation	591,350	407,396
Travel allowance	175,364	158,312
<b>Total Motor Vehicle and Travel Expenses</b>	<b>2,261,649</b>	<b>1,958,742</b>

<b>9. Rent and Occupancy Expenses</b>	<b>2018 \$</b>	<b>2017 \$</b>
Rent and rates	1,207,627	1,060,961
Electricity, water and gas	415,533	380,738
Cleaning	84,958	195,577
Maintenance to buildings	376,953	372,165
Security	269,159	236,339
Waste management	73,851	67,194
<b>Total Rent and Occupancy Expenses</b>	<b>2,428,081</b>	<b>2,312,974</b>



## Notes to the Financial Statements for the year ended 30 June 2018

<b>10. Minor Equipment Expenditure</b>	<b>2018 \$</b>	<b>2017 \$</b>
Buildings	75,690	12,889
Office furniture & equipment	30,118	51,934
Computers	146,052	131,368
Motor vehicles	514	462
Plant & equipment	49,744	73,441
<b>Total Minor Equipment Expenditure</b>	<b>302,118</b>	<b>270,094</b>

<b>11. Other Operating Expenses</b>	<b>2018 \$</b>	<b>2017 \$</b>
Computers, communications and technology	1,045,688	752,427
Equipment leasing	71,491	336,689
Insurances	157,915	182,613
Telecommunications costs	399,152	347,326
Consulting	686,321	365,120
Advertising and promotion	474,503	563,971
Administrative costs	262,865	255,427
Sundry expenses	255,501	192,499
<b>Total Other Operating Expenses</b>	<b>3,353,436</b>	<b>2,996,072</b>

<b>12. Cash and Cash Equivalents</b>	<b>2018 \$</b>	<b>2017 \$</b>
Cash on hand	4,450	4,200
Cash at bank	94,740	7,293,300
Cash on investment	19,290,503	13,000,000
<b>Total Cash and Cash Equivalents</b>	<b>19,389,693</b>	<b>20,297,500</b>

<b>13. Other Current Assets</b>	<b>2018 \$</b>	<b>2017 \$</b>
Bonds paid	45,342	45,342
Prepayments	445,500	383,162
<b>Total Other Current Assets</b>	<b>490,842</b>	<b>428,504</b>

<b>14. Trade and Other Receivables</b>	<b>2018 \$</b>	<b>2017 \$</b>
Trade debtors	602,835	620,911
GST/FBT Receivable	84,426	–
Provision for impairment	(44,865)	(29,987)
<b>Total Trade and Other Receivables</b>	<b>642,396</b>	<b>590,924</b>

Trade receivables are non-interest bearing and are generally on 7 day terms and are expected to be settled within 12 months. The ageing of trade receivables at 30 June 2018 is detailed below:

	<b>2018 Gross \$</b>	<b>2018 Allowance \$</b>	<b>2017 Gross \$</b>	<b>2017 Allowance \$</b>
Not past due	226,525		477,982	–
Past due: 0 – 30 days	69,079	–	14,617	–
Past due: 31 – 60 days	124,073	–	2,134	–
Past due: 61 – 90 days	119,072	–	1,148	(170)
Past due: 90 days and over	64,086	(44,865)	125,030	(29,817)
	<b>602,835</b>	<b>(44,865)</b>	<b>620,911</b>	<b>(29,987)</b>

<b>15. Investments</b>	<b>2018 \$</b>	<b>2017 \$</b>
Shares in Centrecorp Aboriginal Investment Corporation	2	2

## Notes to the Financial Statements for the year ended 30 June 2018

### 16. Property, Plant and Equipment

	Land & Buildings \$	Motor Vehicles \$	Office Equipment \$	Office Furniture \$	Plant & Equipment \$	Total \$
<b>GROSS CARRYING AMOUNT</b>						
<b>Balance at start 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	<b>960,173</b>
Work in progress	49,286	–	–	–	289,321	<b>338,607</b>
Disposals	(3,297,409)	(10,000)	(121,879)	(91,215)	(140,678)	<b>(3,661,181)</b>
<b>Balance at end of prior 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>
Additions	3,900,000	–	251,527	5,950	68,068	<b>4,225,545</b>
Work in progress	1,601,821	604,909	27,981	39,943	(95,628)	<b>2,179,026</b>
Disposals	(153,796)	(52,881)	(29,174)	–	–	<b>(235,851)</b>
<b>Balance at end of current year</b>	<b>14,037,383</b>	<b>1,217,103</b>	<b>546,821</b>	<b>222,124</b>	<b>1,045,127</b>	<b>17,068,558</b>
<b>ACCUMULATED DEPRECIATION</b>						
<b>Balance at start 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>6,854,338</b>
Charge for the year	657,110	46,909	45,055	7,146	104,965	<b>861,185</b>
Accumulated on disposals	(3,297,409)	(10,000)	(121,880)	(88,916)	(140,678)	<b>(3,658,883)</b>
<b>Balance at end of prior year</b>	<b>2,702,411</b>	<b>502,611</b>	<b>268,816</b>	<b>144,820</b>	<b>437,982</b>	<b>4,056,640</b>
Charge for the year	408,942	66,859	30,988	7,160	135,020	<b>648,969</b>
Accumulated on disposals	(153,796)	(52,881)	(29,174)	–	–	<b>(235,851)</b>
<b>Balance at end of current year</b>	<b>2,957,557</b>	<b>516,589</b>	<b>270,630</b>	<b>151,980</b>	<b>573,002</b>	<b>4,469,758</b>
<b>NET BOOK VALUE</b>						
<b>Balance at start of current year</b>	<b>5,986,947</b>	<b>162,464</b>	<b>27,671</b>	<b>31,411</b>	<b>634,705</b>	<b>6,843,198</b>
<b>Balance at end of current year</b>	<b>11,079,826</b>	<b>700,514</b>	<b>276,191</b>	<b>70,144</b>	<b>472,125</b>	<b>12,598,800</b>



## Notes to the Financial Statements for the year ended 30 June 2018

17. Intangible Assets	Computer Software
<b>GROSS CARRYING AMOUNT</b>	
Balance at start of prior year	424,686
Additions	1,150
Work in progress	–
Disposals	–
Balance at end of prior year	425,836
Additions	–
Work in progress	–
Disposals	–
Balance at end of current year	425,836
<b>ACCUMULATED DEPRECIATION</b>	
Balance at start of prior year	201,374
Charge for the year	141,618
Accumulated on disposals	–
Balance at end of prior year	342,992
Charge for the year	55,303
Accumulated on disposals	–
Balance at end of current year	398,295
<b>NET BOOK VALUE</b>	
Balance at start of current year	82,844
Balance at end of current year	27,541

18. Trade and Other Payables	2018 \$	2017 \$
Trade and other payables	3,275,881	1,392,682
Property purchase settlement	3,900,000	–
GST/FBT payable	–	12,249
<b>Total Trade and Other Payables</b>	<b>7,175,881</b>	<b>1,404,931</b>

19. Employee Benefits	2018 \$	2017 \$
<b>CURRENT LIABILITIES</b>		
Annual leave	2,166,886	2,092,106
Long service leave	1,371,977	1,264,277
Accrued salary & wages	700,981	1,160,746
<b>Total Current Liabilities</b>	<b>4,239,844</b>	<b>4,517,129</b>

<b>NON CURRENT LIABILITIES</b>		
Long service leave	466,141	444,481
<b>Total Non Current Liabilities</b>	<b>466,141</b>	<b>444,481</b>
<b>Total Employee Benefits</b>	<b>4,705,985</b>	<b>4,961,610</b>

20. Grants Received In Advance	2018 \$	2017 \$
<i>Advanced receipts for programs to be conducted in the following Financial Year are as follows:</i>		
Commonwealth Department of Health	133,333	–
Other	244,582	–
<b>Total Grants Received in Advance</b>	<b>377,915</b>	<b>–</b>

## Notes to the Financial Statements for the year ended 30 June 2018

### 21. Operating Leases

a. Vehicle Operating Leases	2018 \$	2017 \$
Payable within 12 months	673,114	645,294
Payable 12 months to 5 years	775,786	524,728
<b>Total Vehicle Operating Leases</b>	<b>1,448,900</b>	<b>1,170,022</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. Equipment Operating Leases	2018 \$	2017 \$
Payable within 12 months	41,354	70,562
Payable 12 months to 5 years	12,872	52,441
<b>Total Equipment Operating Leases</b>	<b>54,226</b>	<b>123,003</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.

c. Premises Operating Leases	2018 \$	2017 \$
Payable within 12 months	1,225,385	1,068,417
Payable more than 12 months	826,522	374,793
<b>Total Premises Operating Leases</b>	<b>2,051,907</b>	<b>1,443,210</b>

The premises lease commitments are non-cancellable operating leases contracted generally for a 5 year term however the remote housing leases are for a 12 year term. As at 30 June 2018, two leases have expired and are operating on a monthly tenancy and one was due to expire on 31 July 2018. 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:

Commonwealth Department of Health	2018 \$	2017 \$
Early Childhood Learning Centre	937,856	905,740
Australian Nurse Partnership Program	314,953	522,533
Tackling Indigenous Smoking	227,872	334,900
Remote Training Program	152,886	310,508
Alcohol Action Initiative—Right Tracks	34,003	139,377
Connected Beginnings	–	41,700
Bringing up great kids program	–	6,258
Strive WAHAC	–	2,000
Rapid Applied Research Translation	88,889	–

#### Department of Prime Minister and Cabinet

Substance Use	26,718	545,495
Stolen Generation Link up Service	231,738	333,589
Community Wellbeing & Violence Intervention	8,958	101,036
Economic Development and Participation Governance	–	83,333
Pre-School Readiness Program	69,285	82,156
Targeted Family Support Service	–	16,971
Cadet program	14,000	–
Service Evaluation Stolen Generation	75,000	–

#### Department of Social Services

Royal commission youth detention service	29,655	255,237
Intensive family support service	40,538	110,881
IFSS—service enhancement one-off funding	4,188	80,000
ICSS support plan	7,531	7,531



## Notes to the Financial Statements for the year ended 30 June 2018

Department of Health NT	2018 \$	2017 \$
Safe and Sober Program	–	43,317
Santa Teresa Primary Health Care	34,967	34,967
Alcohol Action Initiative—Right Tracks	31,197	27,875
Sexual Health & Blood Borne Virus Program	23,401	23,291
Community Health Education DHF Program	–	16,004
Health Promotion Sports Weekend	–	4,000
NT Toy and Equipment Subsidy	7,381	–
Coordination Support and Capacity Building for NDIS	90,909	–
FASD—a Multi-Site Prevention	26,511	–
Commit—Support Service for Offenders	276,301	–
AOD Aftercare	73,036	–
AOD Capital Maintenance	4,559	–
Remote AOD Workers	21,948	–
Mental Health Worker Youth Detention	11,733	–
Mental Health Worker Alice Springs	14,998	–

### Northern Territory PHN

headspace Refurbishment	–	244,582
Home Support Program—Nursing Care	110,196	71,465
After Hours Services—Alice Springs Hospital	–	18,729
Chronic Disease Care Coordinators	17,906	17,906
headspace	–	11,837
Allied Psychological Services (ATAPPS)	6,953	–

### Department of Education & Training

Childcare Governance Improvement Project	–	5,000
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### Fred Hollows Foundation

Trachoma Project	6,268	27,760
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Other	2018 \$	2017 \$
After Hours Youth Service	52,132	123,250
MOST (More Options for STI Testing)—Research	94,408	92,921
Doing It Right	76,217	–
Alcohol Action Initiative—Right Tracks	33,464	37,167
CASSE Men's Shed Project	–	22,129
HSTAC	18,182	18,182
Central Australian Academic Health Science Centre	24,366	–
Youth Health Trajectories Study	–	15,022
My Health Record Engagement & Registration	13,653	13,653
Self-harm Coding Communicare Review	–	11,028
Research Officer	–	3,326
Yarn Safe Grant	2,768	2,768
Smart Start For Kids—I Can Program	2,000	2,000
Mutitjulu Clinical Equipment Purchase	530	–
Next Generation	13,599	–
Evaluation Early Learning Centre	11,032	–
<b>Total Unexpended Grants</b>	<b>3,364,685</b>	<b>4,767,424</b>

## Notes to the Financial Statements for the year ended 30 June 2018

### 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.

	2018 \$	2017 \$
Directors' fee payments during the year	78,157	108,929

The Directors during the financial year were:

<b>William Tilmouth (Chairperson)</b>
<b>Joseph Hayes</b>
<b>Graham Dowling</b>
<b>Ricky Mentha</b>
<b>Leanne Milligan</b>
<b>Sheralee Taylor</b>
<b>Nicolette Dunn</b>
<b>Peter O'Mara</b>
<b>Marion Swift</b>

REMUNERATION LEVEL	2018	2017
\$0 to \$5000	3	7
\$5,001 to \$10,000	5	2
\$10,001 to \$20,000	0	4
\$20,001 to \$40,000	1	1

### 24. Key Management Personnel Compensation

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

	2018 \$	2017 \$
Short term employee benefits	1,067,451	1,074,398

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

<b>2018</b>
<b>Ms Donna Ah Chee</b> (period 1 July 2017 to 30 June 2018)
<b>Dr John Boffa</b> (period 1 July 2017 to 30 June 2018)
<b>Mr Eric Brown</b> (period 1 July 2017 to 30 June 2018)
<b>Ms Tracey Brand</b> (period 1 July 2017 to 30 June 2018)
<b>Ms Kim Mannering</b> (period 1 July 2017 to 2 February 2018)
<b>2017</b>
<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 Mannering</b> (period 1 July 2016 to 30 June 2017)

### 25. Related Party Transactions

During the financial year ended 30 June 2018, no loans or other related party transactions were made to any Board member or key management personnel.

### 26. Economic Dependency

Central Australian Aboriginal Congress Aboriginal Corporation is dependant upon the ongoing receipt of government grants to ensure the ongoing continuance of its programs. At the date of this report management has no reason to believe that this financial support will not continue.

### 27. Auditors' Remuneration

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

	2018 \$	2017 \$
<b>Audit or review services</b>	26,060	26,435
<b>Other services</b>	5,500	14,500
	<b>31,560</b>	<b>40,935</b>

### 28. 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. The final key condition of this purchase was satisfied, on 15 June 2018, with the conclusion of court proceedings between the vendor and one of the tenants of the

property. As this contract has a significant impact on our Statement of Financial Position, the acquisition is shown within Note 16 and the associated payable, for the settlement which occurred on 15 August 2018, is within Note 18.

### 29. 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



## Notes to the Financial Statements for the year ended 30 June 2018

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 counterparty to a financial instrument fails to meet its contractual obligations. Exposure to credit risk is monitored by management on an ongoing basis. The main exposure to credit risk that the Corporation is exposed to would be cash at bank of \$19,385,243 and the Corporation has reduced this risk by holding it across 6 banking institutions being National Australia Bank, IMB Bank, Bendigo and Adelaide Bank, ME Bank, Mystate Bank and AMP Bank.

The Corporation does not have any material credit risk exposure.

### 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.

### Sensitivity analysis

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 OR LOSS	2018 \$	2017 \$
Cash at bank	19,385,243	20,293,300
Cash at bank + 1%	193,852	202,933
Cash at bank – 1%	(193,852)	(202,933)

EFFECT ON EQUITY	2018 \$	2017 \$
Cash at bank	19,385,243	20,293,300
Cash at bank + 1%	193,852	202,933
Cash at bank – 1%	(193,852)	(202,933)

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	2018 \$	2017 \$
<b>Financial assets—cash flows realisable</b>			
Cash and cash equivalents	12	19,389,693	20,297,500
Trade and other receivables	13, 14	1,133,238	1,019,428
<b>Total</b>		<b>20,522,931</b>	<b>21,316,929</b>
<b>Financial liabilities due for payment</b>			
Trade and other creditors	18	7,175,881	1,404,931
Other liabilities	19, 20, 22	7,982,444	9,284,553
<b>Total</b>		<b>15,158,325</b>	<b>10,689,484</b>

## Notes to the Financial Statements for the year ended 30 June 2018

WITHIN ONE YEAR	Notes	2018 \$	2017 \$
<b>Financial assets—cash flows realisable</b>			
Cash and cash equivalents	12	19,389,693	20,297,500
Trade and other receivables	13, 14	1,133,238	1,019,428
<b>Total</b>		<b>20,522,931</b>	<b>21,316,929</b>
<b>Financial liabilities due for payment</b>			
Trade and other creditors	18	7,175,881	1,404,931
Other liabilities	19, 20, 22	7,982,444	9,284,553
<b>Total</b>		<b>15,158,325</b>	<b>10,689,484</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 2018

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

- 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:*
  - provide a true and fair view of the financial position of the corporation as at 30 June 2018 and of its performance for the financial year ended on that date; and*
  - comply with Australian Accounting Standards (including the Australian Accounting Interpretations).*
- 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.*
- The Directors are satisfied that*
  - the grant funds provided have been used for the agreed purpose and that all terms and conditions of the grants have been complied with;*
  - the attached financial statements are compiled accurately from the financial records and data of the corporation;*
  - adequate provision has been made for legitimate future statutory and other liabilities of the corporation including, but not limited to taxation liabilities, accumulated staff leave entitlements and replacement of assets, except for land and buildings;*
  - appropriate and adequate insurance has been maintained throughout the year;*
  - the corporation has discharged its statutory obligations in relation to taxation, insurance, employee entitlements and the lodgement of statutory returns;*
  - the financial controls in place within the corporation are adequate; and*
  - 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 23rd day of October 2018.*

Chairperson





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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 2018, 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 2018 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.

##### 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 at Birdcove Practice Trust ABN 65 319 382 479 trading as RSM  
Liability limited by a scheme approved under Professional Standards Legislation



##### 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 2018, 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.auasb.gov.au/auditors\\_responsibilities/ar4.pdf](http://www.auasb.gov.au/auditors_responsibilities/ar4.pdf). This description forms part of our auditor's report.

**R MILLER**  
Director

RSM Australia Pty Ltd

Canberra, Australian Capital Territory  
Dated: 25<sup>th</sup> October 2018



*Aboriginal health  
in Aboriginal hands.*









Central Australian  
Aboriginal Congress  
ABORIGINAL CORPORATION

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