



2018-2019

Central Australian **Aboriginal Congress**  
ANNUAL REPORT











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*Please be aware that this publication may contain images of deceased persons*



# ACKNOWLEDGEMENTS

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

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

*Congress works in collaboration with:*

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

*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)
- Akeyulerre Healing Centre
- Alice Springs Women's Shelter
- Alice Springs Renal Dialysis Unit
- 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 Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS)
- Australian Nurse Family Partnership Program (ANFPP)
- Australian National University
- Australian Government Department of Health, Indigenous Health Division
- Australian Government Department of Human Services
- Australian Government Department of Aboriginal & Torres Strait Islander Network
- Australian Government Department of Education
- Australian Government Department of Prime Minister & Cabinet
- Australian Government Department of Social Services
- Batchelor Institute of Indigenous Tertiary Education
- BluEarth
- Brien Holden Vision Institute Foundation
- 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 Family Violence Legal Unit CAAFLU
- Central Australian Women's Legal Service (CAWLS)
- Central Australian Academic Health Science Network
- Central Australian Football Club
- Central Australian Remote Health Development Services (CARHDS)
- Central Land Council
- Centrecorp
- Centre for Disease Control
- Centre for Remote Health
- Charles Darwin University
- Clontarf Foundation Alice Springs
- Community Business Bureau
- Connected Beginnings
- CRANApplus Incorporated
- Diabetes Antenatal Clinic and Education (DANCE)
- Drug and Alcohol Services Australia (DASA)
- Early Childhood Australia
- Flinders University Northern Territory
- Fred Hollows Foundation
- headspace National Youth Mental Health Foundation
- Health Policy Analysis Pty Ltd
- LaTrobe University
- Lowitja Institute
- Melbourne University

- 
- Menzies School of Health Research
  - Mental Health Association of Central Australia
  - National Aboriginal Community Controlled Health Organisation (NACCHO)
  - National Disability Insurance Agency
  - National Indigenous Australians Agency (NIAA)
  - Nephrocare
  - North Australian Aboriginal Justice Agency (NAAJA)
  - Northern Territory Correctional Services
  - Northern Territory Department of Territory Families
  - Northern Territory Department of Health
  - Northern Territory GP Education and Training (NTGPE)
  - Northern Territory Government Department of Education
  - Northern Territory PHN
    - Northern Territory Medical Program
    - Northern Territory Remote Training Hub
  - Ngaanyatjarra Health Service Aboriginal Corporation
  - Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council
  - Menzies School of Health
  - One Disease Ltd
  - Palliative Care
  - PATCHES Paediatrics
  - Primary Health Network Northern Territory
  - Poche Network for Indigenous Health and Wellbeing NT
  - Purple House
  - Rotary Melbourne
  - Secretariat of National Aboriginal and Islander Child Care (SNAICC)
  - South Australian Health and Medical Research Institute
  - Starlight foundation
  - The Kirby Institute
  - The Mutitjulu Foundation
  - Tangentyere Council
  - Telethon Kids
  - Territory Pharmacy
  - University of Newcastle
  - University of Melbourne
  - University of South Australia







Clarabelle Swift  
*Untitled*, 2019

Acrylic on Canvas, 36 x 425 mm





**Clarabelle Swift**

Born in Ntaria (Hermannsburg), Clarabelle is Western Aranda on her mother's side and Pitjantjatjara on her father's. After the birth of her two sons, Clarabelle spent many years living at an outstation near Palm Valley. She has since returned to her birthplace and is now the proud grandmother of four grandchildren.

Clarabelle began painting at around 19 years of age, watching her aunty wield a paintbrush. She now sometimes paints for Tjuwanpa Arts Centre near Ntaria and is also accomplished at sewing and silk painting of scarves. She is currently a member of the internationally recognised Central Australian Aboriginal Women's Choir.

Under the direction of the Western Aranda Health Aboriginal Corporation Board, this work was commissioned by the 'Doing It Right' research project. The painting depicts researchers coming into the community, doing research in the community and bringing the research back into the community. This reiterates the principle of Aboriginal community control over what research is done, the way it is done and the importance of bringing the information back to the community for their use.

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## ABOUT CONGRESS

For 45 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, along with 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-responsive primary health care service to Aboriginal people living in and nearby Alice Springs, including six remote communities:

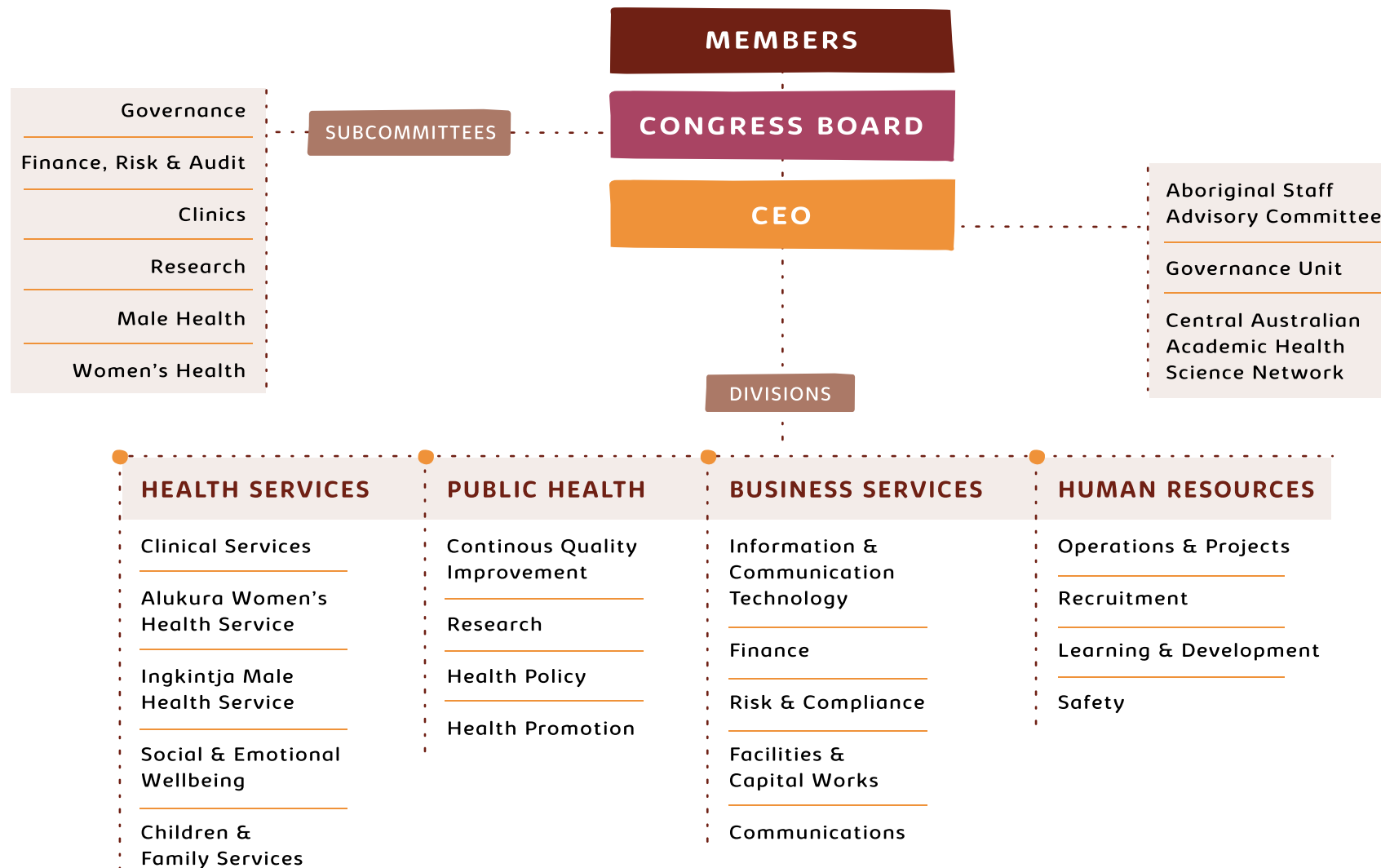
- Amoonguna
- Ntaria
- Wallace Rockhole
- Mpwelarre (Santa Teresa)
- Utju (Areyonga), and
- Mutitjulu

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





## CONGRESS BOARD OF DIRECTORS 2018-2019

### MEMBER DIRECTORS



**William Tilmouth**  
CHAIRPERSON



**Graham Dowling**  
DEPUTY CHAIRPERSON



**Joseph Hayes**  
MEMBER DIRECTOR



**Sheralee Taylor**  
MEMBER DIRECTOR



**Michael Liddle**  
MEMBER DIRECTOR



**Dorethea Randall**  
MEMBER DIRECTOR  
(REMOTE)



**Marion Swift**  
MEMBER DIRECTOR  
(REMOTE)



**Nicolette Dunn**  
MEMBER DIRECTOR  
(YOUTH REPRESENTATIVE)  
1 July 2018 to 29 November 2018

### INDEPENDENT NON-MEMBER DIRECTORS



**Assoc Professor  
Peter O'Mara**  
PRIMARY HEALTH CARE



**Leanne Milligan**  
FINANCE



## FROM THE BOARD

**This year, we celebrate Congress' 45th Anniversary. We celebrate 45 years of supporting and advocating for better outcomes for Aboriginal people in the struggle for justice and equity. We celebrate 45 years of working to reflect and respond to the needs of the community. We celebrate 45 years of learning, growing and working for a better future.**

Congress began in 1973 when over 100 Aboriginal people from Alice Springs and remote communities established the organisation as a voice for Aboriginal people in Central Australia, designed to safeguard and promote their interests. Since then we have grown in to one of the most experienced Aboriginal community controlled health services in Australia. With over 400 staff and 14 clinics, Congress provides comprehensive primary health care services in Alice Springs and six remote Central Australian communities.

**But while much has changed, we remain an Aboriginal organisation, "of the people, by the people, for the people."**

This annual report serves to do several things. It allows us to reflect on the successes of the year in terms of our people, our advocacy, our mission. It also allows us to reflect on the commitments we have made to our members and our communities.

This year, we were proud to finalise Congress' Strategic Plan 2019-2023. The process behind this was consultative and considered. The plan was developed over a period of six months of thinking and listening: to our members, to our staff, to our management, to our remote boards, and to our partner organisations. This plan will take us to Congress' 50th year. It sets out our vision, our purpose and our priorities. It details our values and serves to encourage, inspire and align our sights to where we need to be. Aboriginal community control continues to be our top priority and the foundation of all our work.

The year saw Congress continue plans made in previous years to increase the quality of our primary health care services, with the opening of our Northside Clinic. We also expanded our Sadadeen and Larapinta Clinics, integrating Social and Emotional Wellbeing and Allied Health services into those spaces, ensuring better access to holistic, integrated treatment for all.

We continued to work with our remote boards and strengthened representation of remote services by having two seats on the Congress Board filled by remote representatives. We worked with remote board members to create cultural protocols that will guide the way that all staff and visitors to communities conduct themselves, supporting cultural safety in a practical way.

We asked our most important people, our clients, how they felt about the services we were delivering. The feedback was meaningful and encouraging. It was also practical and showed us where we can do better.

Our staff survey was conducted, measuring the engagement of our most important asset. The results were again positive, with productive feedback allowing management to work with staff to improve areas that needed focus.

We would like to acknowledge the vital partnerships that help us work toward these achievements and our important goals. Partnerships with people, with organisations and with government. Thank you to our Directors and the Executive Management for your leadership. Thank you to our staff at all levels for your commitment.

**Finally, thank you to our members and clients for continuing to place your trust in us to deliver your health service.**

The Congress Board of Directors proudly commends this Annual Report to you. We look forward now to the year ahead, working with and for the Aboriginal people of Central Australia to enjoy the best of health and wellbeing.



# STRATEGIC PLAN 2019–2023



## 1 Aboriginal Health in Aboriginal Hands

As an Aboriginal community controlled health service committed to the principles of self-determination, we seek to engage and empower the Aboriginal peoples of Central Australia in everything we do. Responding to the needs and wishes of the community, we will speak out on their behalf on issues that affect their health, and ensure that we respect their diverse cultures and ways of being across the organisation.

### Community control

We will ensure that effective structures and processes of Aboriginal community control continue to be the foundation for all our work.

### A voice for our people

We will continue to be a strong advocate for the rights and needs of Aboriginal peoples, based on our strong local, regional and national reputation.

### Community engagement

We will actively engage the Aboriginal community in their own health care and in the work of Congress.

### Cultural responsiveness

We will ensure a welcoming, culturally responsive environment for our clients and staff, and deliver our services with integrity and respect for Aboriginal culture and experience.

## 2 Delivering Quality Health Services

We will deliver evidence-informed comprehensive primary health care services, seeking to get the right balance between preventing ill-health and providing effective treatment for those who are sick. We will make our services highly accessible to Aboriginal people and families, and ensure that all our services work together to address their needs across the life course.

### Treatment for those who are sick

We will provide high quality, acute and continuing care for our clients who suffer illness or injury, including management of chronic disease.

### Illness prevention and health promotion

Using both individual and population level approaches, including community development, we will work with an empowered Aboriginal community to prevent ill health and promote good health.

### Action on the causes of ill health

We will seek to address the social, cultural, economic and political determinants of health, including environmental health and housing, through the delivery of services, the development of healthy public policy, by working in partnership with other organisations, and by speaking out on the needs of the communities we serve.



## 3 Supporting Remote Communities

At the request of remote Aboriginal communities across Central Australia, and in consultation with them, we will deliver health services beyond the boundaries of Alice Springs. In doing so, we will ensure high standards of service quality, cultural responsiveness, and governance, paying particular attention to the resources required to deliver quality services.

### Delivering health services to remote communities

We will deliver primary health care services to remote communities while desired by those places, taking into account wherever possible their particular needs and priorities.

### Giving remote communities a strong local voice

We will ensure that the remote communities we serve, have a strong voice in service delivery and health advocacy, and will respect their local cultural authority.

## 4 Supporting Our Staff

We will recruit, retain, support and develop our staff to ensure high quality, culturally responsive services for our clients and a safe and respectful workplace. As an Aboriginal community controlled service we will pay particular attention to recruiting and supporting Aboriginal staff.

### Aboriginal staff

We will continue our focus on employing and supporting Aboriginal people, seeking to increase the number and proportion of Aboriginal staff at all levels and in all roles.

### A skilled, professional workforce

We will support the recruitment, retention and development of a skilled, culturally responsive and professional workforce, ensuring that they have the skills and confidence to deliver and shape effective services through the provision of orientation, induction and ongoing education and training.

### Empowered staff in a respectful workplace

We will encourage our staff to share their skills and experience, support them with high quality human resources services, and ensure the provision of safe and respectful work environments.

## 5 Working Together

Our strength is our capacity to work together for the health of our people. We will ensure that Congress continues to be well-managed with internal systems, frameworks and infrastructure that ensure the effectiveness and stability of our services. We will encourage good communication within and outside the organisation, critical reflection and responsible innovation.

### Governance and leadership

Under the leadership of our Board, we will ensure that Congress has exemplary governance and management policies and processes within an effective organisational structure.

### A learning organisation

Responding to the needs of the communities we serve, we will conduct and use research and evidence to inform the development of all our services, programs, health policy positions and submissions, and support a quality improvement culture for all our activities.

### Finances

We will seek stable and diversified funding and other income to ensure our services are sustainable, and provide high levels of accountability and transparency to the community and our funders.

### Infrastructure

We will support our clients and staff by providing safe and appropriate infrastructure and technology, with a particular focus on enabling our teams to work together.

### Partnerships

We recognise that we cannot achieve our vision by ourselves, and commit to working with Aboriginal organisations, governments, research institutes, universities and other organisations with similar values to build healthier lives for the communities we serve.



## CEO'S REPORT

Reflecting on the last financial year allows me to pause and think about the progress that Congress has made across many different facets of the organisation. The previous year was a great foundation, with solid building blocks put in place. Building upon previous plans, successes and learnings is shaping Congress into a mature and sophisticated service provider, with clear focus, solid processes and a hopeful outlook for the future. It is with pride that I share with you some of the developments, achievements and highlights from the year, just a few of those detailed within this Annual Report.

In this, our 45th year, we continued to advocate loudly for policies, programs and services that serve to empower and care for our people. We consolidated measures taken to improve our ongoing financial capacity and operating efficiency, extended our services into areas needing immediate focus or continued improvement, and maintained our focus on key operational and strategic priorities – including those priorities designed to impact the social determinants of health.

The financial year had a strong start in the early years' planning and advocacy space as I accepted an invitation to chair the NT Child and Families Tripartite Forum, which is comprised of Aboriginal groups, community groups, federal and Territory governments charged with the task of guiding the delivery of outcomes following the Royal Commission into the Protection and Detention of Children.

Proudly, Congress has been involved in the paradigm shift of attitudes and policies away from punishment and incarceration of children, to therapeutics and diversion.

Our ongoing lobbying in this space has made a real difference and our heavy focus on early years now falls more in line with funding opportunities offered by a greater governmental focus on child development. The NDIS, and the steps towards integrating this into our child, youth and family programs, will improve our future generations' participation in education and participation in treatment, with early assessment and intervention giving our young people the start to life they should be able to count on by impacting generational health. In August 2018, Director Sheralee Taylor and I gave evidence into the Commonwealth Parliamentary Inquiry into Adoption. This gave us the opportunity to present Congress' position on the matter, including a strong focus on the need to strengthen prevention services and programs, and address the social determinants of intergenerational trauma.

**We made it clear that the key problem is that the Aboriginal Child Placement Principle is not being implemented and needs to become a legal requirement.**

If this is done there will be little or no need for adoption as the Aboriginal kinship system, properly supported, will care for children.

The first ever Council of Australian Governments (COAG) Health Council meeting was held in Alice Springs in August 2018, historic also for its inclusion of Aboriginal leaders enabling us the opportunity to present to and engage with Australia's health ministers on Aboriginal health. Some key policies were supported including a national Aboriginal health workforce plan, and the success of the meeting was recognised when it was agreed that this will now become an annual event. This was an integral step towards what is now a promising

formal partnership between Government and Aboriginal peak bodies on the mission to close the gap in health inequality.

Congress continued to advocate on alcohol reform in the Northern Territory, with evidenced reductions in alcohol related harms as a result of the recommendations that were adopted from the Riley Review into alcohol. Supply control measures that we have advocated for, such as a continuing police presence at bottle shops, a minimum floor price on alcohol and the banned drinkers register, have had a remarkable impact, with alcohol related assaults, alcohol related domestic violence incidents and alcohol related emergency department admissions dramatically reduced.



**In this, our 45th year, we continued to advocate loudly for policies, programs and services that serve to empower and care for our people.**



Protective custody apprehensions have declined from around 13 per day to almost zero, and substantiated child neglect has more than halved. This is positive news for our community.

As CEO I participated in the National Aboriginal and Torres Strait Islander Implementation Plan Advisory Group (IPAG). This further enabled advocacy on the importance of maintaining the direction set out in the plan, improving detail, accountability and transparency, and developing a national core primary health care services framework; as is being successfully modelled in the Territory.

Congress continued as the lead agency of the Central Australian Academic Health Science Network (CAAHSN), working with the research collective's partners towards the network becoming incorporated in the near future, and participating in important discussions about the priorities of health research in Central Australia. The CAAHSN has funded more than 20 new research projects through Aboriginal organisations working in partnership with research institutes and universities.

We took the next step towards increasing quality health care and improved continuity of care for clients residing in the north of Alice Springs, with our Northside Clinic opening to provide comprehensive primary health care with an integrated multidisciplinary team. Other sites were also expanded to be able to accommodate the high volume of clients accessing the services and the integration of our social and emotional wellbeing service into clinic spaces.

We worked hard to cultivate and strengthen new and existing partnerships with organisations, government and communities to enhance a whole-of-community approach to health. We participated in conferences and shared stories to empower, celebrate and enhance

service delivery across Aboriginal community controlled health services.

Congress participated in a number of community events, keeping active in the community space throughout the year by providing health education and information to people in an engaging and helpful way. We maintained a voice in the media on important issues facing the community, as well as having opportunities to tell good news stories about achievements, programs and people.

Congress hosted visits from various people representing different levels of government and other organisations, gaining and providing insight whenever able.

Professor Edward Melhuish, an internationally recognised expert in the study of child development and childcare came to Congress to see firsthand the important work Congress is leading in the early years. The Federal Assistant Minister for Children and Families, the Hon. Michelle Landry MP visited Congress twice, in November and February sharing how impressed she was with our comprehensive primary health care model, including our work in early childhood health and development. There were also visits from the local member, the Hon. Warren Snowdon who was accompanied on one visit by the Hon Chris Bowen, the shadow Minister for Health. We were thrilled to receive a visit in April from the Administrator of the Northern Territory, the Hon. Vicki O'Halloran AM, who was keen to learn about the unique service Alukura provides to Aboriginal women and babies in Central Australia. Also in April, we were visited by the Cuban Ambassador to Australia. In May, the Director of Child and Family Health, Indigenous Health Division at Australian Department of Health, Nick Pasqual was given a comprehensive tour of our child and family services, giving him valuable exposure to the extensive services that we provide.

Our staff continue to be our most valuable asset, and our teams continue to achieve great things for themselves, their community and the organisation. Aboriginal staff remain the focus of our workforce development strategy, with qualifications being achieved in leadership and technical areas, including the impressive and successful Aboriginal Health Practitioner trainee program.

Congress staff were recognised for their contribution externally as well, including being awarded the 2018 PHN (NT) Health Professional of the Year in the Aboriginal Health Practitioner Category, the 2018 Remote Alcohol and Other Drugs Workforce Awards to two Aboriginal staff, and an Order of Australia award to our Medical Director.

These highlights are just a few of the victories among the many we have achieved as an organisation and as a community. I acknowledge our government, organisational, community and funding partners for their contributions towards these wins.

I would like to thank the Board for their vision and guidance and my fellow Executive Managers for their leadership and support.

Finally, I would like to take this opportunity to thank and acknowledge the hard work of all staff across all divisions at Congress for their tireless dedication. It is only with this true team effort that we can be successful, strive for more for and from each other, and continue to make a real and positive impact in the community.

— Donna Ah Chee





## CLINICAL SERVICES

Congress' Clinical Services are made up of a multidisciplinary workforce of over 200 staff across 14 primary health care services. Clinic Managers, General Practitioners, General Practitioner Registrars, Fellows in Advanced Rural General Practice, Aboriginal Health Practitioners (including trainee and graduate AHPs), Registered Nurses, Psychologists, Allied Health Practitioners, Aboriginal Liaison Officers, Aboriginal Care Management Workers, Client Services Officers and Transports Officers are integral to our multidisciplinary primary health care teams.

The 14 primary health care services that make up our town and remote footprint include:

- Gap Clinic
- Sadadeen Clinic
- Larapinta Clinic
- Northside Clinic
- Alukura Women's Health Service
- Ingkintja Male Health Service
- Amoonguna Health Service
- Mpwelarre (Santa Teresa) Health Service
- Utju (Areyonga) Health Service
- Ntaria (Hermannsburg) Health Service
- Mutitjulu Clinic
- Wallace Rockhole Health Services
- After Hours GP Service
- headspace

In August 2019, Congress opened our fourteenth clinic (the fourth general practice town clinic), located

in Northside. Northside Clinic provides close access to clients living in the northern area of Alice Springs, including seven town camps.

**Positioning clinics closer to our clients' homes is a strategic priority of the Congress Board. This has had a tremendous impact on continuity of care and client outcomes and has reduced the volume of presentations to the Alice Springs Hospital emergency department.**

The refurbishment of the new clinic capitalised on learnings in the development of Sadadeen and Larapinta Clinics, resulting in a state-of-the-art clinic built for our people. The clinic design optimises space and client flow and features more versatile rooms to accommodate visiting allied health and social and emotional wellbeing (SEWB) services.

An unanticipated increase in client demand necessitated expansions to our Sadadeen and Larapinta clinics. The Sadadeen Clinic expansion was completed in October 2018 and Larapinta Clinic in April 2019. The expansions delivered more consulting rooms to meet client demands, accommodating an expanded clinical workforce comprising more GP registrars, a child health nurse and SEWB services. In early 2019, SEWB services were decentralised with a psychologist and Aboriginal care management worker integrated across all town and remote clinics, providing a greater suite of holistic health and wellbeing services to our people.

**A clinical governance framework supports our focus on the delivery of high quality, holistic and culturally responsive comprehensive primary health care services.**

Throughout the year, 12,995 resident clients from across our communities accessed care through Congress' primary health care services. Episodes of care and clients across all programs and clinics remained high.

Congress' shared care model, based on a multidisciplinary team approach, continues to be strengthened. This has contributed to an increase in health checks and care plans delivered across our clinics. Our popular Deadly Choices t-shirts with their colourful, locally commissioned design, in conjunction with strengthened recall and monitoring systems, have also contributed towards the improvement in clients having annual health checks; a vital preventative health measure.

**Our shared care model has also led to an increase in the number and quality of chronic disease management plans, reviews and team care arrangements.**

There was an increase in number of child health checks completed, attributed to greater access to the child health nurses now embedded in all town and remote clinics, concurrent with SMS recalls and card reminders. Childhood anaemia has been a key focus with significant improvement with all but two clinics achieving our target of less than 10%. Iron deficiency anaemia in children remains a focus due to effects on growth and development. All child health nurses were upskilled in the Aboriginal validated Ages and Stages (ASQ) child development screening test, and with impressive numbers of children receiving the ASQ TRAK. The screening test is imperative to identifying any developmental vulnerabilities early to enable early interventions.

As a progressive and responsive health service, Congress is constantly strengthening our service through our



Continuous Quality Improvement (CQI) team to ensure 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. This was reflected in the annual client satisfaction survey conducted across all Congress clinics which showed very high client satisfaction levels. The survey was conducted by Ninti-one as an independent research and data collection organisation.

Congress takes complaints seriously through our quality, risk and compliance processes in line with our continuous quality improvement commitment. All complaints are uploaded in our RiskMan electronic system, ensuring timely investigations and outcome responses are achieved in line with our policy guidelines. This year, complaints remained consistent with previous years with an improvement in the timeliness in resolving and closing complaints. Compliments increased significantly over the year and is consistent with the high level of satisfaction client expressed in our independent client survey.

**My Heath Record, the online national health record providing GPs with timely access to client health information from other health services, was well adopted across our clinics, with Congress listed in the top ten national users of the system.**

This is a vital resource to ensure the provision of quality care to the many Aboriginal visitors who access our services each year.

Congress continued to deliver the After Hours General Practitioner Service located at the hospital, providing the Alice Springs community with access to urgent (but not emergency) medical care outside regular hours, seven days a week.

A comprehensive GP service was maintained in the residential aged care facilities in Alice Springs and to the Mutitjulu Aged Care facility, providing care for our elderly clients. Palliative care is provided in a culturally safe manner across these facilities and in client's homes.

Relationships with our remote boards continued to inform improvements in service delivery in our remote clinics. Congress' Executive Managers visit each remote community quarterly to discuss strategic directions and operational approaches with local boards. This year, Congress led a pilot advanced training program for doctors seeking to work in a remote Aboriginal community. This training included language and advanced clinical skills which add value to client care in a remote setting. As a result, three Commonwealth funded GPs are completing their Fellowship in Advanced Rural General Practice (FARGP) working in Congress remote clinics. These GPs complement our local workforce and bring their remote clinical skills to our remote communities.

Maintaining the integration of SEWB services in our remote clinics with a culturally safe balance of male and female practitioners continued to optimise seamless and integrated holistic care.


Malpa workers are now well embedded as a mandatory safety measure across all our remote sites and accompany our remote area nurses in after-hours emergency call outs.

In partnership with the Central Australian Health Services (CAHS), Congress commenced delivery of targeted mental health support services to clients with serious mental health issues through the CAHS community mental health service and clients released from the Alice Springs hospital mental health ward. The service provides a CAHS funded Congress GP working within CAHS

Nicolette Dunn  
showcasing the  
2019 'Deadly  
Choices' Shirt







community mental health, ensuring appropriate referrals of Aboriginal clients to our SEWB services for timely and targeted follow up with therapeutic and social and cultural support to best manage their continuing care.

In partnership with the Central Australian Aboriginal Alcohol Programs Unit, Congress maintained a bi-weekly GP service to compliment SEWB services providing holistic care to clients in residential rehabilitation recovering from alcohol addictions.

Through a contract arrangement with the Territory Pharmacy Group and our s100 exemption, all Congress primary health care services have medical dispensaries maintained and stocked with required medications. Town-based clients benefited from access to medications, blister and Webster packs from their local clinics. Congress was the first primary health care service nationally to implement fully electronic prescribing, which produced efficiencies and significantly reduced medication error.

We continued to improve our clients' rightful entitlement to Medicare-funded services. Income from Medicare is earmarked for reinvestment into expanded primary health care services and improved infrastructure across our town and remote clinics. To optimise this income, claiming is managed by frontline client service officers, with a dedicated Medicare officer monitoring and reporting on claim data and supporting frontline staff in their efforts.

The mandatory bi-monthly Congress Cultural Awareness Induction program for all new staff is assisting Congress' vision on delivering culturally responsive and safe care to our people. This is strengthened by a network of Aboriginal Liaison Officers (ALOs) that are imperative to our multi-disciplinary teams providing an important

interface in our clinics between clients and services. ALOs liaise with clients, families and carers and work with health professionals providing the interface between client and practitioner through interpreting to ensure clients understand diagnosis and treatment. ALOs are a valued resource and vital to the Congress mandate in delivering culturally safe and responsive care.

Later in the year, a new senior position of Lead Cultural Advisor was established to continue to strengthen our cultural responsiveness practice of safe, accessible, client-oriented and informed care.

Transport services continue to be a vital resource for our clients to access Congress health services and specialist appointments. With the expansion of new clinics, transport services were contained within clinic catchment areas. This change has enabled greater efficiencies in our transport services.

We continued to focus on building our Aboriginal workforce in line with the Congress Engagement and Development Plan. Nine of our Aboriginal Health Practitioners completed a Congress developed graduate program to enhance their clinical skills, with seven moving into full AHP positions across our town and remote clinics. Our Mutitjulu AHP Graduate was accepted into a Bachelor of Nursing Program to progress a career as a Registered Nurse.

Northside, Ingkintja, Alukura, Larapinta and Mpwelarre Clinics are managed by Aboriginal clinic managers and all senior client service officers and clinic team leaders are filled by Aboriginal people. Nine of our registered nurse positions are held by Aboriginal staff. Our Aboriginal Health Practitioner (AHP) workforce is currently at 20 with five AHPs filling team leader/clinic manager positions. AHPs play a critical role, delivering culturally safe care

and health promotion advice to our clients and remain a strategic priority.

We continued to coordinate and support placements of General Practice Registrars (GPRs) with 21 GPRs undertaking training through the Northern Territory General Practice Education (NTGPE) in addition to the 3 FARGP trainees mentioned above. Congress partners with Flinders NT Regional Training Hub; supporting the part-time secondment of our medical director as an integral and complimentary role in strengthening the post-graduate medical training program in Central Australia.

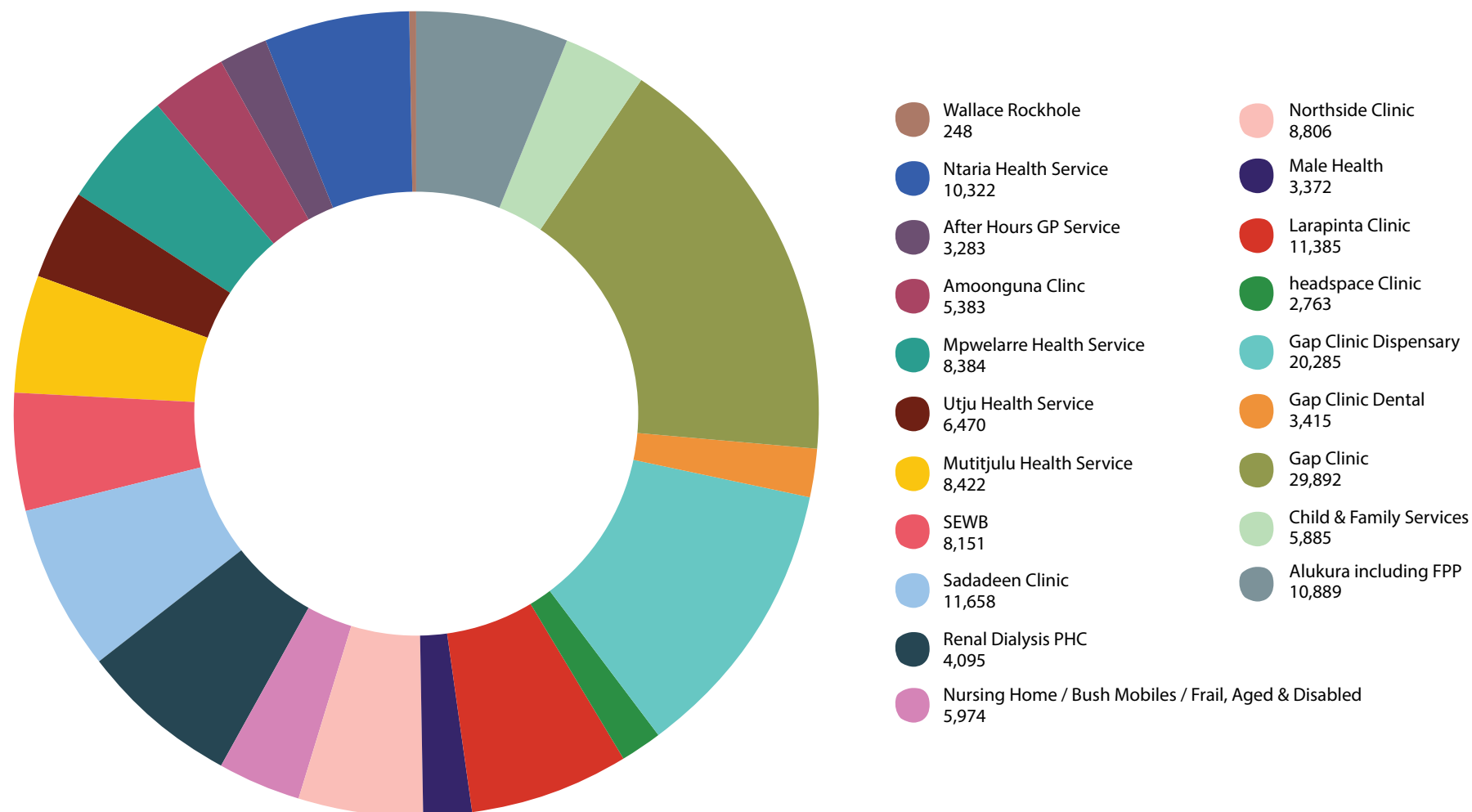
Emergency training is now delivered as part of the annual training program, with a strong impetus in our remote clinics. The training equips our teams to deal with emergency situations, including the use of appropriate clinical equipment, medications and supports.

Through a committed team of Clinic Managers and the dedication and hard work of all staff across our town and remote clinical services, business services and public health, the Clinical Services team collectively has achieved tremendous outcomes over the year to improve the health and wellbeing of our people. We acknowledge the leadership of our Medical Director, Dr Sam Heard and Deputy Medical Director, Dr Colin Marchant with strategic clinical foresight of our Chief Medical Officer Public Health, Dr John Boffa. The growth in our clinical service delivery is reflective of Aboriginal community control and is the strength of our clinical services model as we continue to optimise opportunities, access and improve and expand services to meet the health and wellbeing needs of our people and communities.



## Breakdown of Episodes of Care by Service

By working together under the direction of the community, the achievements of our multi-disciplinary teams across all town and remote clinics are to be commended.







## IBIS STYLES DINNER

A group of our men were guests of Ibis Styles for dinner, the men experienced being waited on for a three course meal. Dressed in suitably dapper evening wear, the men looked flash while enjoying the night immensely.

One comment was that the night was “Lepwelam,” meaning flawless or without fault

*Above: Ingkintja Men pictured here before their night out*

## INGKINTJA: WURRA APA ARTWUKA PMARA

Ingkintja: Wurra apa artwuka pmara is a male-only comprehensive primary health care service providing a full suite of medical care complemented by social support services. It is comprised of a wash facility (showers and laundry facilities), gym and workshop ‘Men’s Shed’. A section manager, Men’s Shed coordinator, tobacco action worker, clinic manager, Aboriginal health practitioner, client services officer, Aboriginal liaison officer and .7 FTE GP make up the multidisciplinary Ingkintja team.

Over 1,100 male clients access care in the clinic. The clinic team continued to promote the importance of preventative health with annual health checks, using the Deadly Choices t-shirts as an incentive. Through a decentralisation of SEWB services, a psychologist and Aboriginal care management worker were allocated to Ingkintja providing on site therapeutic care (counselling, violence interventions), brief interventions, cultural and social support to men.

Funding was secured for a mobile men’s health truck to provide outreach health services; taking health care to where the male clients are. The outreach service will enhance care surrounding men’s ceremony, facilitating culturally responsive health care. The clinic welcomed a small but important upgrade to comply with disability access and has enabled our wheelchair bound clients to access seamless care.

Ingkintja continued to deliver regular visits to Aboriginal prisoners in the Alice Springs Correctional facility; conducting yarning sessions with Aboriginal prisoners on their holistic health and wellbeing including health promotions with tobacco cessation a focus. Sessions

also yarned on cultural roots and family connections to rebuild their cultural identity and self-worth, and reinforce positive behaviours and the consequences of impulsivity and violent behaviours. The team established trust and respect and assisted in reconnecting the men with family and reintegration into community.

Corrections staff continue to provide encouraging feedback on the positive impact visits have on the Aboriginal prisoners, noting changed attitudes and behaviours as the men reflect on the impact of their actions and ask for the next Ingkintja session.

Later in the year, Congress was awarded a select tender for a Prison to Work pilot program. This will be delivered by Ingkintja and will provide support to Aboriginal prisoners post release to reintegrate back into community through the coordination of health, wellbeing and social support services. Care coordinators will work with clients on health and wellbeing and facilitate linkages with employment and training providers.

The **men’s wash facility** continues to be a vital and highly accessible service, especially for men living rough. The facility affords men the obvious benefit of being able to wash and gain self-worth, and provides a critical engagement opportunity for the team to perform health checks, medical follow-up and other necessary referrals to services to improve their health and wellbeing. Our men are looking forward to a much needed upgrade of the facility in the forthcoming year.

**The Men’s Shed** farewelled long-time coordinator and colleague, Tony Linn, who retired after 5 years with Ingkintja. Ken Lechleitner was welcomed to the position and wasted no time in settling in and expanding



activities and services. Throughout the year, the Men's Shed connected with men through community events, clinic activity, and yarned with men who access the wash facilities. Leveraging these opportunities saw more men participate in the Ingkintja Men's Shed community.

Students from Alice Outcomes (a local flexible education program) and the Clontarf Academy were regular attendees at the Shed. A focus of their visit was to work on their billy kart for the Clontarf Billy Kart Derby. Students from Alice Outcomes enjoyed their visits so much that an ongoing agreement was created for the students to use the gym equipment, subject to good school behaviours and attendance. Ingkintja staff took advantage of this opportunity, using the time to yarn with the boys about their health, wellbeing and any other issues they may be facing.

**Over the year, Ingkintja optimised opportunities to connect with our men. We worked with our clients, providing support to build self-esteem and social connectedness, particularly in unfamiliar situations.**

A great example of this was an evening where a group of our men were guests of ibis Styles for dinner.

Throughout the year the Ingkintja team continued to engage with men in the community about the important issues surrounding them and their families through events, workshops and relationships while optimising their health and wellbeing outcomes. We advocated for more complementary services with some success. We thank our stakeholders, partners and all Congress services that have supported us. We look forward to building on progress made this year, working toward better health and wellbeing for our men through engagement and inclusion.







## ALUKURA WOMEN'S HEALTH SERVICE

Alukura is Congress' women's-only health service, delivering 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 Grandmothers and aims to preserve and recognise identity, culture, law and languages as they relate to pregnancy and childbirth and the provision of culturally appropriate care.

Throughout the year, Alukura delivered maternity care, women's health and the Australian Nurse-Family Partnership Program to over 1,600 women. The section consists of an expansive multidisciplinary team that includes a section manager, GPs, registered nurses and midwives, an Aboriginal health practitioner, Aboriginal liaison officers, Aboriginal community workers, transport officers and client service officers. This team collaborates with other services across Congress and externally to optimise health outcomes for clients.

The Women's Health Service provided culturally responsive women's health care to Aboriginal women. The service includes a GP, Aboriginal Health Practitioner and a women's health nurse.

Towards the later part of the year, an agreement was developed with the Alice Springs Women's Shelter for Alukura to provide a regular women's health session at the shelter, providing an opportunity to re-engage in health care in a space they feel safe.

A partnership with Yirara College delivered regular women's health care to female students. The AHP and Women's Health Nurse assisted the GP in conducting women's health checks and immunisations.

Young women were engaged in health promotion and cultural identity, and the positive message about taking good care of their health was reinforced.

The Women's Health Nurse and Aboriginal Health Practitioner delivered health promotions and screening sessions to women in the Alice Springs Women's Correctional facility and arranged follow up appointments at Alukura. It is hoped these health promotion sessions will encourage women to engage in their women's healthcare more regularly.

At the request of the Administrator of the Northern Territory, the Honourable Vicki O'Halloran AM, Congress facilitated the Administrator's visit to Alukura. The Administrator was inspired by the strength and activism that made way for the culturally responsive women's health services that Alukura delivers today.

**Maternity services** continue to use a client case management model of care. Women with confirmed pregnancies are allocated a midwife, to coordinate and deliver their antenatal and postnatal care. Over the year, over 120 women engaged in Alukura maternity care services.

Alukura provided a weekly outreach maternity care service to Santa Teresa in partnership with the local clinic.

Congress remains hopeful of achieving the strategic priority of re-establishing our Alukura Midwifery Group Practice in partnership with the Alice Springs Hospital. This will allow Alukura midwives to provide continuity of maternity care, including birthing. The arrival of our new Maternity Care Coordinator in February has assisted our negotiations and led the development of an operational plan.

A weekly clinic for our 30 gestational diabetes clients was maintained with an improved uptake of care from clients. The Congress diabetes nurse educator and midwives worked closely with the Alice Springs Hospital Diabetes Antenatal Clinic and Education (DANCE) service and participated in weekly client case management meetings. Alukura contributed to the NT Diabetes in Pregnancy Partnership, with Baker IDI, and have membership at the regional meetings with home grown midwife Denella Hampton representing Congress at these forums.

The **Australian Nurse-Family Partnership Program** (ANFPP), initially a pilot site in Congress, has evolved and expanded nationally over the last 10 years. The program involves sustained and scheduled home visiting that begins during the antenatal period with mums pregnant with an Aboriginal baby and continues until the child is two years old. Registered nurses and/or midwives work in partnership with women through an intensive home visiting program of evidence based interventions. Aboriginal family workers provide the cultural brokerage and vital cultural interface between clients and nurse home visitors.

After an initial rise in staff turnover, efforts in recruitment of nurse home visitors and rebuilding the team proved successful and managed to restore the service and rebuild caseloads. There are presently 80 clients enrolled in the program, and we hope to increase the number to over 100.

ANFPP re-established the local community reference group with the appointment of a nominated delegate from Congress Women's Health Subcommittee. The group provides valued input for cultural safe service delivery, quality improvement, program promotions and networking with other services, agencies and providers of care to women.

In March, the Ntaria service celebrated the second anniversary of the community based ANFPP program. The day was well attended by a diverse group of local Aboriginal children and babies at the Lukura centre. It was reassuring to see the community embrace the importance of this program.

The uptake of ANFPP in Western Aranda Health Service region has been remarkable with demand necessitating a second nurse home visitor to work part-time.

In September, staff attended a research workshop aligned with the "Healing the past by nurturing the future". The workshop informed the next stage of the project and featured a presentation from NPY Women's Council, on their publication Tjulpu and Walpa, a story of two children growing up differently, one has a happy supportive life and the other a lack of support and positive role models.

Congress has been actively involved in informing the local cultural content of the national ANFPP conference that will be held at Mparntwe later in the year. The conference will celebrate 10 years since the inception of the program.



## ALUKURA WOMEN'S HEALTH SERVICE

Alukura Staff pictured here with the Hon.Vicki O'Halloran AO.  
& General Manger of Health Services, Tracey Brand





## INTEGRATED HEALTH SERVICES

Integrated Health Services (IHS) provides seamless, effective and efficient care to clients across our town and remote clinics with the focus on ensuring clients are supported to access services required to improve their health and well-being through a multidisciplinary team of clinical practitioners. IHS supports our clinical workforce through skill development, clinical education and wellbeing. Allied health services are delivered across Congress town and remote sites with regular sessions allocated in all Congress primary health care clinics.

The section includes the following suite of programs and services:

- Frail Aged and Disabled
- Care Coordination
- Oral Health
- Allied Health Services
- Clinical Educators /AHP Training Coordinator
- Immunisation Coordinator
- Child Health Outreach Program
- Commonwealth Home Support Program

The **Frail Aged and Disabled** (FAAD) program provided community outreach services for medical care—including palliative care—to 32 Aboriginal clients with complex medical conditions who are unable to access Congress services due to frailty and/or disability.

**Care Coordinators** coordinated health care for 556 chronic disease clients and facilitated access to broader social support and mainstream health services for clients. This practical assistance is vital in ensuring clients access all the services that they need in a holistic, culturally responsive way. In May, the team attended a Territory wide care coordination workshop facilitated by AMSANT, to showcase care coordination across the Territory. The workshop provided a tremendous opportunity for coordinators to network and continue to improve partnerships across the sector.

Inherent to our care coordination program is the Congress renal primary healthcare program that coordinates care to over 250 of our renal dialysis clients. Renal care coordinators provided outreach to renal clients at the Flynn Drive and Nephrocare Dialysis units; bringing together primary, tertiary and specialist services in a partnership that comprehensively aims to address the full range of clinical and social needs of renal clients and their families. Without this program, many renal clients would not engage with primary healthcare services for many reasons, including access barriers and time constraints. By providing this service, Congress has effectively addressed service gaps and responded to community-driven needs in a way that is culturally appropriate, cost-effective and evidence-based. One of our most tireless Renal Case Managers, Kraut Hauth was a finalist in the Northern Territory Nursing Awards; an appropriate recognition for her care, compassion and relationship building with our renal clients.

The **Dental Clinic** provided oral health care to more than 2300 clients. Services were predominantly delivered at the Gap Dental Clinic. Bush clinics received periodic service through the fully equipped Congress dental truck. Congress is negotiating with the Royal Flying Doctors Service to meet the demand for more frequent dental services to bush clinics. In February, our trainee dental assistant completed her traineeship and now fills a permanent dental assistant position in the clinic.

Early in the year, the **Child Health Outreach Program** (CHOP) was moved into the Integrated Health Services section to allow a more strategic alignment of the service.

The transition enabled great coverage of secondary prophylaxis for those children with rheumatic heart disease requiring three-weekly injections. This is important in the prevention of rheumatic heart disease complications requiring interventions such as open heart surgery and valve replacements. Since transitioning, the team have maintained important relationships with Child & Family Service teams, local schools and the Alice Springs Hospital paediatrics ward, allowing a holistic and integrated approach to children's wellbeing. The success of the program will be delivered by the local team at the Chronic Disease Network/ Baker conference early in the forthcoming year.

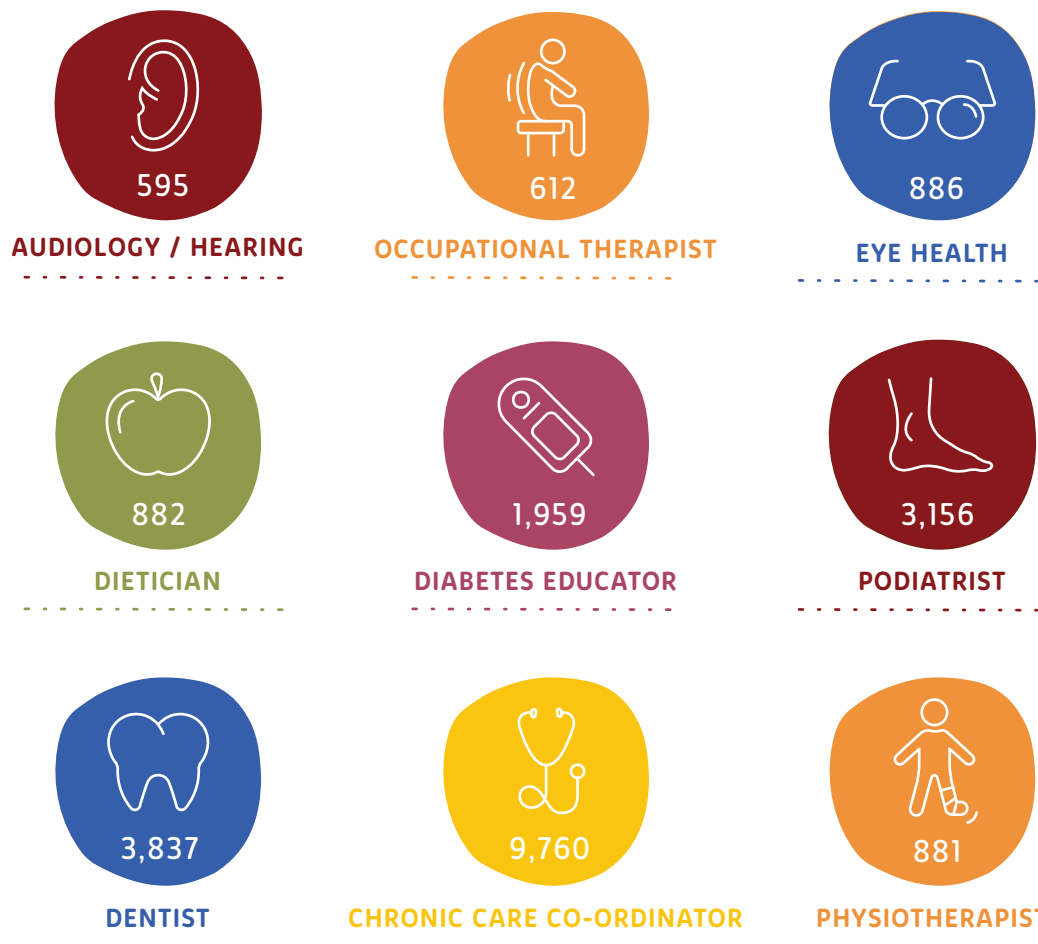
**Podiatry** services were delivered to over 1865 clients including a frequent outreach service to all our bush clinics and town renal facilities. With the high rate of amputations caused by diabetic foot complications, Congress expanded our podiatry workforce to ensure our clients have access to regular services to prevent amputations through education and awareness of diabetes foot care.

**Audiology/Hearing** health was delivered to around 450 clients across the life span. Young clients were a particular focus with hearing problems to ensure timely treatment.

Over 680 clients engaged in **Diabetes Education**. Diabetes Educators initiated a new partnership with the NT Department of Health, headspace, Healthy Living NT and the YMCA to deliver diabetes education and management to Aboriginal young people living with or at risk of developing diabetes. We hope to see more young people engage with our Diabetes Educators in care and prevention.

Over 500 clients received services from Congress' **Dietitian**. The dietitian worked with our early childhood programs in supporting healthy menus and developed a partnership with the Santa Teresa community, Atyenhenge Atherre Aboriginal Corporation, the community store and local artists to develop food bags and healthy and culturally appropriate recipe cards encouraging better dietary choices for families. We hope to replicate the success of this partnership in other communities in the forthcoming year.

## Number of Contacts by Speciality







## CONGRESS' 2019 AHP TRAINEE INTAKE

Congress was proud to have four males in the traineeship program.

*Above: (L-R) Makisha Tilmouth, John Parfitt, Lynnette O'Bree  
(AHP Training Coordinator), Corey Baker, Tawhio McKay and Douglas Pipe*

**Eye Health** services were delivered to over 800 clients through a visiting optometrist. Funding was expanded through Brien Holden Vision to roll out retinal cameras to all Congress clinics embedding retinal screening for clients with diabetes as part of primary health care practice.

The Closing the Gap for Vision 2020 conference was held in Mpartnwe Alice Springs in February. The conference delegation agreed to a declaration calling on environmental and housing health to be addressed to achieve progress in trachoma and other eye conditions. Congress' Eye Health Coordinator, Heather Wilson was awarded the conference's Leaky Pipe Award. The award recognised Heather's commendable efforts in enabling Aboriginal clients to access eye health by coordinating visiting optometry services in Alice Springs and in remote communities and her work in the trachoma/trichiasis eye health area facilitating community screenings and mass treatments.

The **Clinical Educator** played a pivotal role in inducting new 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 nursing and allied health students including Congress' cadets, with two undertaking a registered nursing qualification and one undertaking exercise physiology.

A GP and nurse team formed the **Bush Mobile** and delivered weekly care to 51 clients living on outstations within a 100km radius.

To combat the impact of the influenza outbreak, Congress' **Immunisation Coordinator** ensured maximum uptake of immunisation for staff by providing outreach to all work sites through a 'flu clinic' service. This resulted in a significant increase in the number of staff receiving this vaccination. Congress also responded to requests from Aboriginal organisations NAAJA and AMSANT to provide an on-site flu clinic. The immunisation coordinator manages immunisations to staff and coordinates immunisation vaccines across all town clinics.

The **Commonwealth Home Support Program** was fully mobilised in the year, with an occupational therapist and physiotherapist working with over 600 registered clients, providing support to prolong their independent living. The physiotherapist also provided outreach support to men in Ingkintja.



## AHP TRAINING PROGRAM

Following a review of our Aboriginal Health Practitioner (AHP) training program, a dedicated AHP training coordinator position was established with a senior AHP (and former clinic manager), appointed mid-year.

In March, Congress welcomed the second cohort of trainees in our AHP training program that included a trainee from a remote clinic. Trainees commencing clinical placements and study. Over two years, our AHP Trainees will complete their Certificate IV in Aboriginal and/ or Torres Strait islander Primary Health care Practice (HLT40213) through a mixture of block learning at Batchelor

Institute of Indigenous Tertiary Education and a minimum of 800 clinical practice hours at our Congress clinics. On completion of course requirements, trainees can apply for registration with the Australian Health practitioner Regulation Agency as a Registered Aboriginal Health Practitioner, and progress to employment as an AHP with Congress. With 80% of Congress' AHP positions being filled by women, Congress prioritised engaging male trainees so as to strengthen and balance the workforce. Apart from supporting trainees, the AHP coordinator also provides in-serving and support to Congress' growing AHP workforce.

*Above: Tisharlia Abala, Alicia Williams, Leitisha Jackson, Tallira Anderson, Chanara Coombes, Tracey Brand, Amanda Swan, Robert Randle, Tayla McAdam, Lorraine Gilbert, Darelle Lankin  
Absent; Glenn Clarke and Helen Brown*





## SOCIAL & EMOTIONAL WELLBEING

Congress Social and Emotional Wellbeing (SEWB) 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 remote communities by a culturally competent multidisciplinary workforce that includes; Aboriginal Care Management Workers (AOD and Mental Health Certificate IV qualified), Psychologists (General, Clinical, Neuro, Forensic and Developmental), 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.

Congress' SEWB services are delivered through a culturally safe strengths-based Three Streams of Care model that embeds client's cultural considerations. The integrated model includes: social and cultural support, psychological therapy and medical treatment. After ongoing petitioning of the Northern Territory Primary Health Network, Congress received funding for a child focused psychologist to work with children under twelve who are experiencing, or at risk of, mild to moderate mental health issues. This resource fills an identified gap in our service delivery for children and families to access support.

The service continued to strengthen our **remote service delivery model**, building upon achievements over the last three years. The team continued to deliver weekly psychology services (delivered by both a male and female psychologist) to Ntaria and Santa Teresa. The Ntaria based female social worker was maintained and an Aboriginal

male mental health worker and Aboriginal female social worker delivered outreach and community engagement services to Santa Teresa three days a week and regular support to Amoonguna. Mutitjulu benefited from regular three weekly visits from a male and female psychologist to the community that also provided support to the local school and Aboriginal staff in Yulara. We continued to support the men's and women's groups in Ntaria and are working towards the continuation of this model in other communities where appropriate.

A service was maintained at the Alice Springs Youth Detention Centre with an Aboriginal Youth and Family Worker and psychologist attending three times a week. The services provided much needed support to the young people, including cultural support and linking with families as well as the assessment of neurodevelopmental and educational needs leading to the development of appropriate supports. We continue an active role in youth detention, advocating for the implementation of the recommendations made by the Royal Commission.

Congress was successful in tendering for the **Back On Track** initiative through Territory Families. September 2019 will see a team mobilised, including a child focused psychologist, two social workers, an Aboriginal youth worker and an Aboriginal family support worker to work with children aged 8-13 and young people aged 14-17 (as well as their families) who are at risk of engagement, or re-engagement, with the youth justice system. This funding represents an important step in the support of diversionary approaches for young people. Congress was the only Aboriginal community controlled health service funded across the Territory to work in this important space with Aboriginal youth.

Congress recognises the prevalence of suicide and its associated psychosocial impact in central Australia. With a focus in Aboriginal mental health awareness and building families and community capacity, Congress partnered with the Wesley Foundation to train five of our Aboriginal alcohol and other drug (AOD) care management workers to be able to offer basic education and support to individuals and families while working collaboratively with more skilled therapists and specialised services.

**We envision a more resourced, coordinated and accessible suicide response service for Central Australia for both town and more remote communities.**

Throughout the year, Congress was active in collaborating with others to advocate for the reduction, intervention and elimination of domestic violence. Congress maintained membership of the Central Australia Family Violence Sexual Assault Network (CAFSAN); its role in the Family Safety Framework meetings and continues to have representation with Central Australia Youth Justice committee (CAYJ) for the improvement of youth justice services and reduction in incarceration of young people. Congress's work in delivering case management and psychological services in the Alice Springs Youth Detention Centre and SEWB's expert advice towards the re-development and improvement of the centre's infrastructure provided important contributions to the committees. SEWB maintained membership with the local Alice Springs Accommodation Action Group with focuses on housing opportunities and stability as a key determinant of health.

Professional development of our workforce remained a priority. Our longest serving Aboriginal care

management worker graduated with a Bachelor of Arts (Psychology and Addiction Studies). Two Aboriginal AOD care management workers completed their Diploma in AOD with RMIT. Three more Aboriginal AOD care management workers including our trainees have enrolled in the Certificate IV in AOD with RMIT for the 2019-2020 course. Our therapeutic stream benefited from two courses run by the Centre for Clinical Intervention, focusing on trans-diagnostic treatment approaches and the treatment of eating disorders. This was on top of other in-service training and professional development opportunities provided to SEWB staff throughout the year. In response to the success of our programs, the Australian National Advisory Council on Alcohol and Other Drugs (ANACAD) commissioned a toolkit to be developed based on the Congress SEWB model. ANACAD believes the model would have relevance across a range of settings and could be of benefit to other services and organisations. SEWB team members have contributed to the development of this toolkit.

The **Congress Link Up Service** continues to provide an important service to our Stolen Generation members and their families. Link up engaged in various community events, with consultation with our members, to educate the community regarding the impact of past government removal policies and the marking of days of significance. In February the Link Up Service provided social media advocacy to extend important messaging around National Apology Day. In May, the team hosted a National Sorry Day community event at the Telegraph Station. Link up has completed 13 reunions in this period, providing much needed closure and support to individuals and families who have been affected. Congress Link Up hosted the National Link Up Leadership meeting welcoming CEO's, general managers and team leaders of Link Up services nationally to Alice Springs.

The group was impressed by the Congress service delivery model and the advantages of operating Link Up from an Aboriginal community controlled health service.

Congress is the lead agency of **headspace Alice Springs** and provided accessible services to 595 young people. The service was successful in acquiring Youth Severe funding to provide training and project support to clinicians working with young people with mental health. Two new positions were funded, a youth projects coordinator and a headspace cultural advisor. The projects coordinator led the development of further links between headspace and other youth service providers, including the establishment of referral pathways, and will lead the development of better working partnerships. The cultural advisor has provided much valued cultural support to headspace and had a significant role in the ongoing development of Aboriginal youth focused initiatives to help support and develop our young people. headspace Alice Springs was proactive in community events and worked closely with all senior schools.

**A dynamic group of young people were active in headspace Youth Action Group and informed an action plan, ensuring awareness of headspace and services continued to target our youth population.**

The service will be relocating in the new financial year. The new location will provide a more youth-friendly and a culturally-safe space for Aboriginal people.

headspace refreshed their consortium and established memorandums of understanding with key stakeholders, including the Central Australian Health Service Child and Youth Mental Health Service, The Mental Illness Fellowship, Lifeline, Karen Sheldon Employment and

Bushmob. This provides a platform for discussion of pertinent issues relating to the support of young people in Central Australia and the use of resources.



## ENGAGEMENT BY NUMBERS

In this creative engagement exercise, the headspace community engagement officer drew up this image and applied a number to each colour and space. The colour/number represented a trait or fact (e.g. green was born in Alice Springs).

Young people were then invited to colour the number section based on the trait or fact they related to. We then transferred the image and numbers to a large canvas and let the young people go at it! What great interactive engagement activity - and an awesome result!





## CHILD & FAMILY SERVICES

Services for children and families are a strategic priority for Congress. Our early childhood services are focussed on building the self-efficacy and strengths of our families, addressing multiple social determinants of health. Congress' focus on better outcomes for our children is based on a cultural adaptation of the Abecedarian Approach Australia (3a). 3a focuses on Language Priority (with local languages embedded), Conversational Reading, Enriched Caregiving and Learning Games. This child-focused learning promotes positive outcomes for children, including those impacted by intergenerational disadvantage. Independent research has found that the approach has a major impact on the developmental, educational and health outcomes across the lifespan for children from at-risk and vulnerable families.

Congress' investment in the early childhood space is strengthened by a dedicated continuous quality improvement committee that includes managers of Congress' early childhood programs, the Child & Family Services senior manager and the general managers of both the Health Services and Business Services divisions, facilitated by the Quality, Risk and Compliance team.

**Congress Ampe Kenhe Apmere Childcare Centre** is an approved early Learning and Development program under the National Quality Framework. The centre has capacity to provide care for up to 55 children from six weeks to five years of age. It is a fee-based service with fee subsidy available under the new Department of Human Services Child Care Subsidy system for eligible families that are either working or involved in approved training.

July 2018 was a major milestone for the centre, with the service receiving registration under the new Child Care Subsidy (CCS) system. This was a welcomed entitlement providing eligible families with subsidised childcare fees according to their income threshold. To assist our families and carers in registering and transitioning to the new system, the Commonwealth Department of Education, funded the centre for a short-term Family Engagement Officer. The introduction of the CCS provided a sense of reform in the centre with management and staff working with families in a more transparent and consistent manner to manage fee payments and debt payment plans. The centre also adopted a refreshed communication approach with educators engaging more confidently with families. This facilitated greater buy-in from educators into program development and supervision requirements; areas identified in our National Quality Frameworks Assessment and Ratings report as an improvement area. The recruitment of a qualified early childhood teacher in our preschool room enabled the centre to offer a preschool specific education program for the 3.5-5 year age group.

Partnerships with Early Childhood Australia, BluEarth, Fire and Emergency Services and the Starlight Foundation providing diversity to our education programs and complimented stimulated learning for our children.

We continued to ensure our play areas provided stimulated and safe play for our children with an upgrade in the outdoor play environment for our preschool children. Older climbing equipment was removed and a new fence and extended soft-fall was installed in the preschool outdoor learning environment. New skirting boards complemented the preschool indoor learning environment.

One of the challenges of our work in this area is the recruitment of qualified educators to work in the centre. Congress is rebuilding our educator workforce by investing in our unqualified educators through a certificate IV in Children's Services. Backfilling their study time with a casual pool did place a momentary strain on staffing and remains a focus area going forward.

A number of improvements were embedded in the centre over the year, including stronger interactions with our families and carers on children's development, through regular newsletters, quarterly portfolios of children's learnings and more enriching educational programs inherent to our ongoing commitment to quality early childhood education and learning. As a result, our centre exceeded our maximum placements with wait lists generated.

**Arrwekele Akaltje-Irretyeke Apmere (Child Health and Development Centre) (CHaD)** (formerly the Early Childhood Learning Centre) was established as a funded pilot program in 2017 to target the health development of disadvantaged Aboriginal children from 6 months to 3.5 years from non-working families.

The centre provided a focused health development program to 58 children using the bi-cultural adaptation of the 3a program embedding Language Priority, Enriched Caregiving, Conversational Reading and Learning games. One-on-one intensive sessions for all children were delivered daily with children engaged in at least two sessions a day. At least 60% of enrolled children achieved the 17.5 hours required under the program. With the centre servicing the most disadvantaged children in our communities, attendance was challenged regularly by a number of uncontrollable circumstances faced by our families and the local Aboriginal community.



Cheryl Campbell  
teaching one of the  
CHaD children to draw







.....

One of our Child Health  
& Development students



.....

Emma Bell with a young  
client at the Child Health &  
Development Centre

.....

An independently commissioned evaluation report for the program was finalised by the Baker Institute with positive results and some achievable recommendations for implementation and a few non achievable recommendations due to funding and leasing obstacles. Evaluation recommendations have informed an action plan that the team are implementing and reviewing with management every six months.

The Child and Youth Assessment Treatment Service provided vital support to our children in speech therapy and occupational therapy, and is greatly supporting our children's developmental vulnerabilities. The service also supported families in having their children complete their annual child health check and regular immunisations. The opening of the new Northside clinic, conveniently located across the road from the centre, has enabled greater access for our families to engage in their children's healthcare.

Fortnightly family engagement days became popular at the centre, with an average of 25 families attending the service and engaging with staff and their children.

Sustainable environmental practices were introduced within the program including gardening and the regular community donations of recyclable resources.

A misting system was installed to support outdoor play in the summer months and has greatly assisted in our programming activities and active play.

Our trainee educator, progressed to a Diploma of Children's Services and established herself as a popular Educator. A number of our educators are working towards their certificate IV in Children's Services with the Batchelor Institute of Indigenous Tertiary Education. During the year, our team leader graduated with her Diploma in Children's Services.

Since opening, staff retention has stabilised, and the centre has evolved. It has gone from strength to strength with a number of external service providers referring children and families self-presenting for their children to be assessed for eligibility.

**The Child and Youth Assessment Treatment Service (CAYATS)** provides comprehensive assessment and treatment services to children and young people 0-18 years. The multidisciplinary team of seven includes a team leader, two paediatric neuropsychologists, two speech pathologists, an occupational therapist and an Aboriginal family support worker.

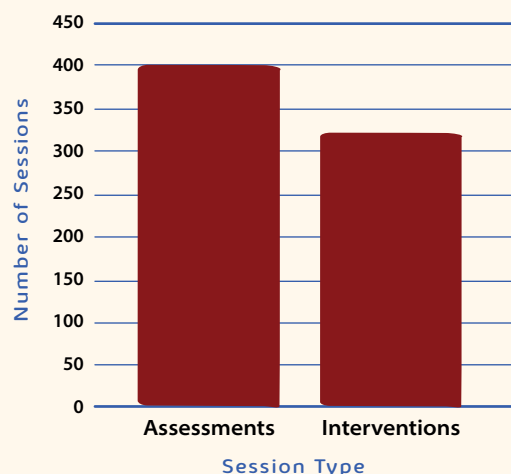
The service provides comprehensive assessments for a range of neurodevelopmental disorders and developmental delays and works collaboratively with families and other services including the Alice Springs Hospital paediatricians.

With half the service funded by Territory Families to provide assessment for children and young people in care, the team extended multi-disciplinary assessments to young people at the Alice Springs Youth Detention.

Over the year, they worked collaboratively with medical specialists, Congress services and external providers to support children, young people and families to improve their development, learning and engagement in the community and enable access to eligible clients to the NDIS.

### Child & Youth Assessment Treatment Service

Number of Assessments & Interventions



**The Congress Preschool Readiness Program (PRP)** is a well-established early intervention and support service to prepare our children aged 3-4 years for preschool. The program includes a 10 week intensive program for children with identified developmental vulnerabilities and behavioural challenges. Structured intensive programs are delivered four times a year. The program also provides assistance to families enrolling children into preschool and supports children's attendance for the first three months. The multidisciplinary team includes a team leader, an early childhood teacher, two early childhood educators and two Aboriginal family support workers.

Health check and ASQ-Trak results are collected before program commencement and assist to determine the complete needs of a child. A learning plan is developed with goals, outcomes and continued observations against the child's development documented. The evidence based cultural adaptation 3a approach has shown that a child can catch up on their development by as much as six months in an 8-10 week intensive.

The intensive program has a strong collaboration with the CAYATS team delivering a Speech and Occupational Therapy (SPOT) group twice a week. These early intervention services has proven to be a tremendous benefit to the children's learning and health development.

Children are supported by the team to transition to preschool following an intensive program. Wrap around services are mobilised and families supported by the program for three months following the transition to preschool.



.....

PRP's Bronwyn Fielding supporting a young child to become preschool ready



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Throughout the year, over 80 children attended an intensive program with 70 families supported by our Aboriginal family support workers to enrol children into preschool. From this, around 85% of the children attended preschool regularly.

Transport remains a significant barrier for many families and contributes to low attendance. Congress remains hopeful of securing funding to support an add-on transport service to the program to assist families with sustainable transport to their local preschool.

The service provides assistance to all Aboriginal families enrolling their children in preschool in Alice Springs. Predominantly, referrals are generated from our network of clinics and usually following a child health check or an opportunistic clinic presentation. Family support programs are another great feeder to the program.

The Preschool Readiness Program continues to work collaboratively with Connected Beginnings on preschool data attendance and families in common.

The program has representation on the Health and Preschool Partnerships working group and the Early Learning Working Group.

In October, the program presented at the Little People Big Dreams conference in Darwin and generated great interest from delegates.

**The Congress Family Support Service (FSS)** consists of two programs, Intensive Family Support Service (IFSS) and Targeted Family Support Service (TFSS). The TFSS program is the early entry/prevention family support program and the IFSS program works more directly with those families who may have entered the child protection system due to concerns relating to neglect. The service has a bi-cultural approach to working with Aboriginal families that is grounded in an understanding of the unique and often challenging social and cultural context of everyday life within Alice Springs. Caseworkers and Aboriginal family support workers work together in pairs with families to deliver a culturally safe service that is founded on high-quality, strength-based child-focused casework.

Throughout the year, the service provided support and advocacy to 53 vulnerable families who have been experiencing a range of challenges in their lives including homelessness, substance misuse, health issues, domestic violence, etc. This included 133 children. Almost 40% of families were referred by Territory Families and had open child protection cases. The other 60% of referrals were received from other programs in Congress. External referrals included government and NGO services.

A strong working partnership has been developed with Territory Families, enabling a clear understanding of our responsibilities and limitations and a shared understanding of our families' strengths and needs. Of the families that received support from the service, no children entered Territory Families out-of-home care system. It is through this collaboration and holistic family support that families have been able to make changes to ensure children are safe and cared for. It is also a testament to the bi-cultural team's abilities to work with families to enable this behaviour change and self-efficacy.

The IFSS programs across the Northern Territory are currently being independently evaluated, with a final evaluation report due in the forthcoming year. Staff and three client families have provided input into the evaluation.

The service relocated in October and was strategically located closer to other child and family support services. Having the service co-located with the Congress Child and Youth Assessment and Treatment Team enhanced synergies between services, which resulted in seamless service access for shared clients with, coordinated case-management and collaborative case conferencing.

The Parents under Pressure (PuP) Framework has continued to be developed and adapted into the Congress Family Support Program. In November, the Team with the PuP developers, Professor Sharon Dawe and Dr Paul Harnett, presented to a large contingent of Government and Non-Government stakeholders in Alice Springs on the implementation of this Framework into their practice and how it is applied.

To optimise our service delivery, staff continued to access professional development opportunities and in-services throughout the year including training and coaching in using the Yarning Mat from developer Faye Parriman. The Yarning Mat is a resource designed to engage families to share their stories and is used in a strengths-based way, respecting that individuals are the experts in their lives. Staff were able to confidently apply the Yarning Mat to effectively engage and empower families to work through solutions.

Three of our Aboriginal family support workers are studying for tertiary qualifications; two are working towards a Bachelor in Social Work with Deakin University and another working towards a Graduate Certificate in Developmental Trauma.



## YARNING MAT

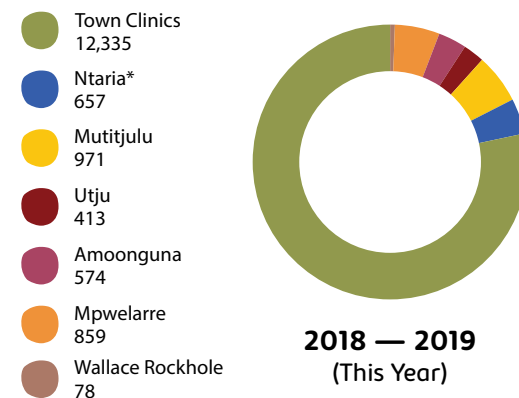
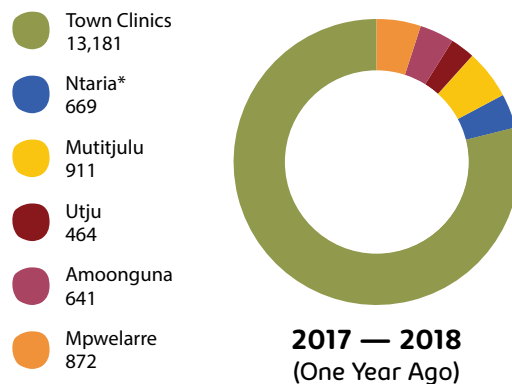
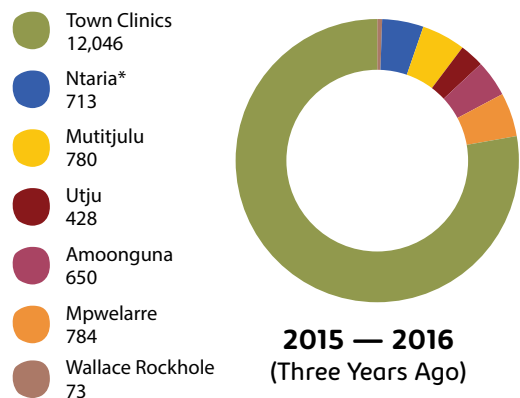
The Yarning Mat is a resource designed to engage families to share their stories and is used in a strengths-based way, respecting that individuals are the experts in their lives. Staff were able to confidently apply the Yarning Mat to effectively engage and empower families to work through solutions.

*Above: The Family Support Team are pictured here with PuP framework developers Sharon Dawe and Paul Harnett, Yarning Mat developer, Faye Parriman and Fiona Arney the Co-Director for the Australian Centre of Child Protection.*



# KEY PERFORMANCE INDICATORS

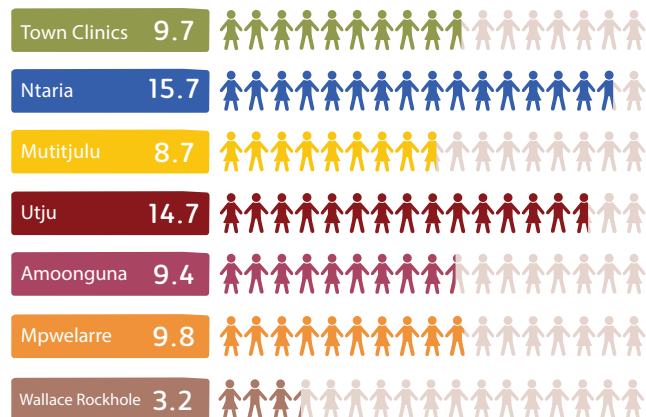
## Number of Aboriginal people accessing Congress services



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

## Episodes of care

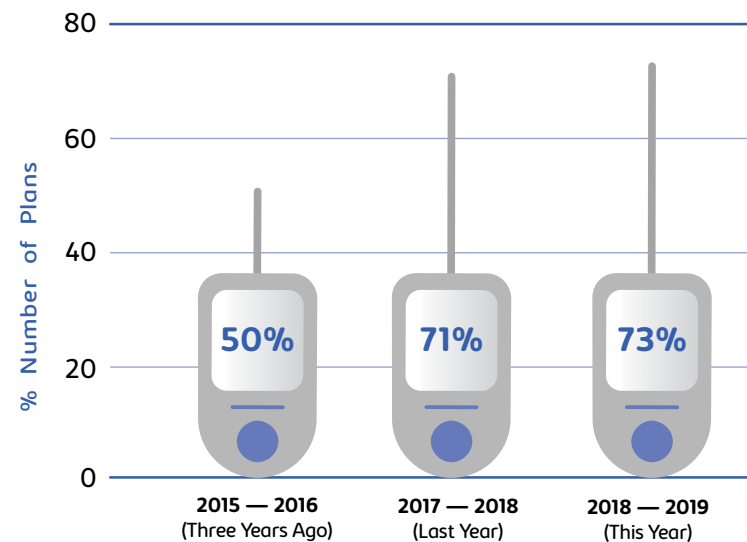
During 2018—2019 Aboriginal people living in the area attended clinics on average, the following times:



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

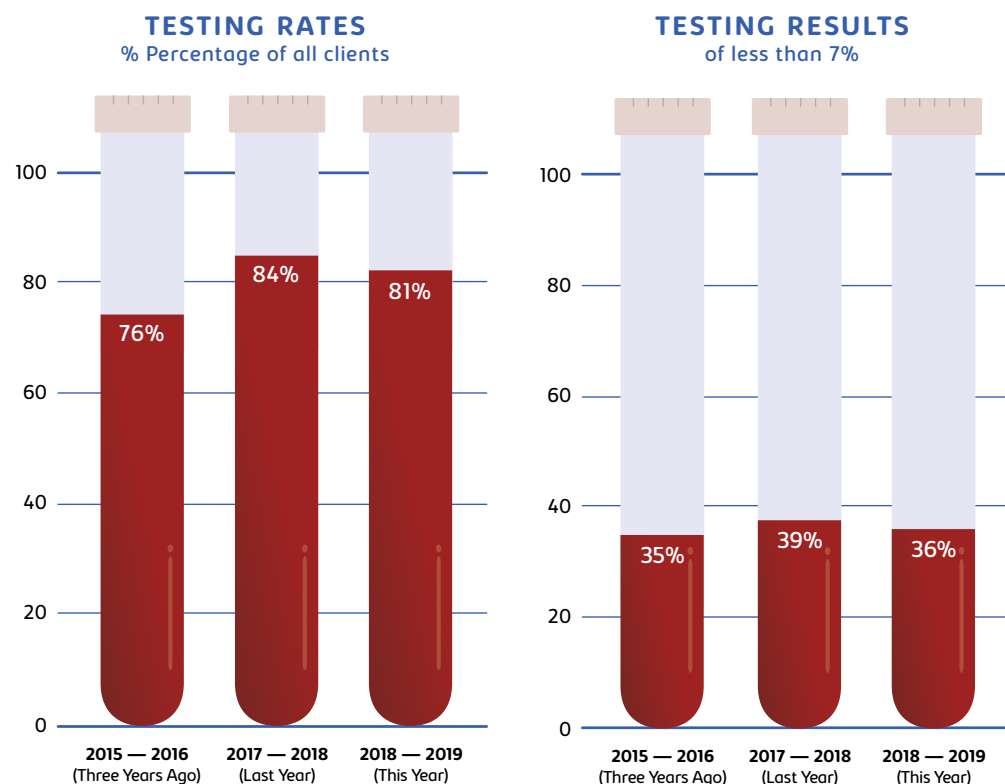
This graph demonstrates that more clients with a diagnosis of Diabetes are getting help to manage their health through access to Congress' multidisciplinary teams of GPs, Diabetes Nurse Educators, Podiatrists and other allied health practitioners.

## Diabetic Care Plans issued



## HbA1c testing

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

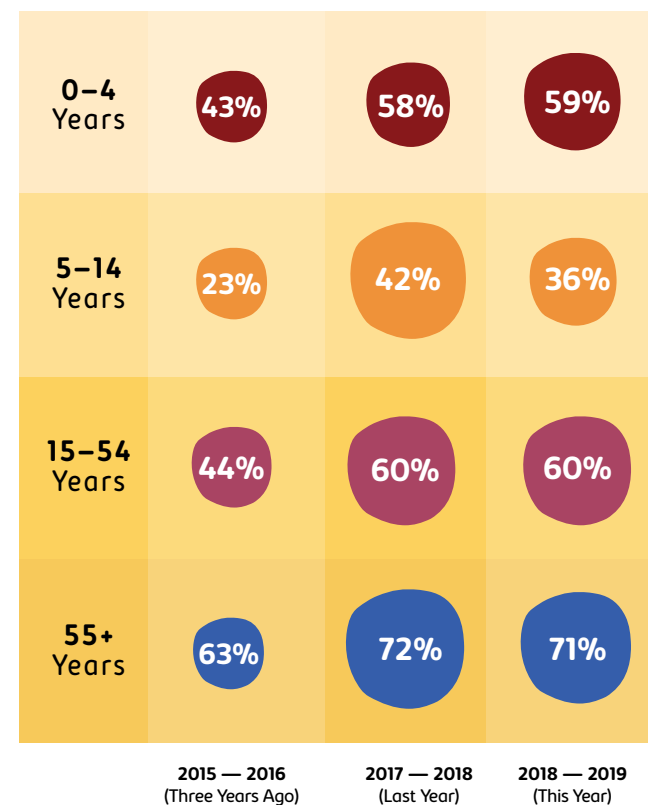


## ASQ trak

46% of children aged 0—4 years receiving a health check were screened for developmental concerns using the validated ASQ Trak tool.

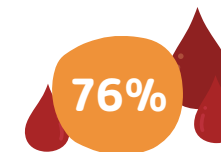


## Health checks



## Anaemia testing

In 2018—2019 we tested 76% clients for Anaemia.







## HEALTH PROMOTION

It was a busy year in health promotion at Congress, with all programs in full swing delivering evidence based messaging to the community. There were new positions created, including the health promotion communications officer, to assist in strengthening media and communications outputs. The team underwent a restructure, to address workflow and allow for better succession planning. As a result, three team leader positions were created, all filled by Aboriginal people, presenting Aboriginal staff with leadership opportunities and the chance to upskill in these areas.

The Making FASD History project, a partnership with Telethon Kids Institute, commenced with the recruitment of two Aboriginal staff members. The project team are doing significant work in workforce development, community education and targeted health promotion activities.

The Congress Community Health Education Program has been in the process of updating and developing new and existing resources to allow their target group to safely and privately access information they need. This includes updating the manual content and moving it to a digital platform.

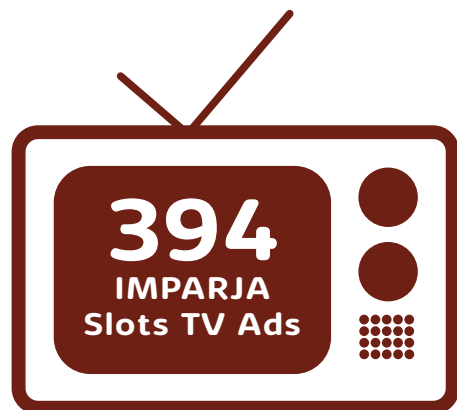
The Redtails Pinktails Right Tracks Program funding was extended to continue the success of this program. The program is making great gains, with 11 clubs signed up and 9 of these Good Sports accredited. Good Sports accreditation recognises the club's management of

alcohol related activities. 48 program participants were signed up with Karen Sheldon Catering & Employment and 44 participants have successfully gained employment.

An increase in health checks has been reported amongst sports people in participating clubs, and education sessions on alcohol and other drugs, domestic violence, tobacco and sexual health have been regularly provided to clubs.

The team coordinated and delivered a number of strongly attended events including the NAIDOC Mile, International No FASD Day, the Warrior Run, Congress Youth and Family Day and the World No Tobacco Day Colour Run. Additionally, the team attended community events including the Alice Springs show, NAIDOC week activities, Stress Less in the Park and school health expos.

The World No Tobacco Day Colour Run, led by the Tackling Tobacco team with support from other health promotion staff, aimed to increase awareness of the effects of second-hand smoke via the campaign 'Fill the sky with colour, not smoke.' The event engaged 320 community members who were exposed to tobacco health promotion messaging. All participants were treated to a healthy lunch following the event.







## COLOUR RUN

Congress fills the sky with colour,  
not smoke.

Over 320 Community members were  
engaged at The World No Tobacco  
Day Colour Run, an active event  
with exposure to health promotion  
messages, followed by a healthy lunch.







## RESEARCH AT CONGRESS

**Congress partners with research institutions across Australia to conduct research in clinical care, health promotion and disease prevention, and actions on social, cultural, economic and political determinants of health and wellbeing.**

The Research section ensures all research carried out at Congress operates within strict ethical and governance guidelines.

**This year we continued to focus 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.**

*Doing it Right* is a collaboration between Congress and researchers from Menzies School of Health Research and the University of Sydney, who have expertise in knowledge translation and quality improvement. In May 2019, we wrapped up the Lowitja Institute funding, and received the following message from Lowitja: "I want to congratulate you and the team on such a fantastic job on delivering on the project, really a wonderful achievement given the issues that have arisen in the project. A great testament to the strength of the Congress Research Team and all the support staff involved."

Funding has since been received from the Central Australian Academic Health Science Network (CAAHSN) to continue the project with other Aboriginal Community Controlled Organisations in Central Australia.

Aboriginal researchers, Glen Sharpe and Amunda Gorey with Research Manager, Bronwyn Silver presented at the Lowitja Institute International Indigenous Health and Wellbeing Conference in Darwin. Our presentations focused on contextualising the fundamentals of good

research practice for the Central Australian Aboriginal community. The National Health and Medical Research Council's six core values of ethical conduct of research provided a foundation for the team to establish a process of making these values meaningful for Aboriginal people. This led to engagement and consultation with broader Aboriginal staff networks and relevant organisations. A concept map was used to show the relationships between each core value and to facilitate the use of appropriate words and language. Workshops with Health Boards were an evolving process of learning, rethinking, evaluating and changing to a more conversational process. This included discussing how research has been done in the past, how the community would like research to be done, the health issues of the community and how they would like health research messages communicated.

The journey has commenced Aremella Arratyenye-ileme!

Due to the high burden of participation in health research, we had a six month pause on any new research applications. This allowed us to improve our internal processes with the implementation of new governance and monitoring systems and templates and the opportunity to focus on our Research Strategy. This has now been implemented and will direct us until 2023.

Congress continued to partner with some of Australia's leading research organisations to undertake research across a wide range of topics. We also partnered with members of the CAAHSN such as Aboriginal Medical Services Alliance of the Northern Territory (AMSANT) and Central Australian Health Service (CAHS). Key partners that provided capacity building opportunities for Congress research staff were the Menzies School of Health Research; The Kirby Institute, University of New South Wales; University of Melbourne and the Australian National University.

Next year we look forward to commencing the Congress history project Aboriginal History in Aboriginal Hands- Stories from Congress on the first 50 years of self-determination and primary health care in Central Australia. This important and innovative project was successful in receiving funding from the Aboriginal Benefits Authority and the CAAHSN.

### Congress' Research Priorities

**Action on the social, cultural, economic & political determinants of health and wellbeing**

Aboriginal Community  
Controlled Health Service

Preventable Chronic &  
Communicable Conditions

#### Clinical Care

Mental Health,  
Alcohol &  
Other Drugs

**Health promotion  
& disease prevention  
programs**

Cultural & Social  
Determinants of Health

Congress will develop research projects in partnership with the community and research institutions that align with our Core Values. Commitment to **Doing It Right** means following these six values:







## HEALTH POLICY

Congress continued to play a major role in influencing government on the decisions and policies that impact on the health of Aboriginal people, including health services and workforce, health systems and the social determinants of health. All of our public submissions can be found on our website.

In 2018-19, both the Northern Territory and Commonwealth governments consulted on major policies affecting children and young people.

**We have consistently and repetitively argued support for: healthy growth and development from birth; a strong and nurturing family; access to quality education services; and a therapeutic approach to youth justice. Only then will we see improved outcomes for the next generation of Aboriginal people and their children.**

Responding to the Australian Government's National Action Plan for the Health of Children and Young People 2020 to 2030, we provided detailed evidence to support universal access to health and developmental screening for all children 0-5 years, alongside early learning programs and two years of preschool and family support programs. Subsequently, the final Action Plan had a much greater focus on child and youth health and development, and actions for strengthening families.

We also provided detailed submissions to:

- The Commonwealth Government Department of Social Services: Stronger Outcomes for Families
- The Productivity Commission: Systems for a public health approach to protecting children; and Expenditure on Children in the Northern Territory
- The Northern Territory parliament: Inquiry into the Care and Protection Of Children Amendment Bill 2019
- In these submissions we provided data and research evidence, including independent evaluations, and argued that governments should:
- Set targets for demonstrable reductions in out-of-home care
- Support Family Group Conferencing and Aboriginal kinship care
- Apply the Aboriginal Child Placement Principle in out-of-home care
- Resource services such as Intensive and Targeted Family Support programs delivered by Aboriginal Community Controlled Health Services (ACCHS)
- Address the social determinants of health and large population health measures to reduce out-of-home care including: alcohol control, early childhood programs and addressing overcrowded housing.

Congress consistently and frequently advocated to the National Disability Insurance Agency (NDIA) on mechanisms to improve disability services in town and remote communities. This includes support for ACCHS

that are already providing therapeutic services (e.g. early childhood speech pathology) in their capacity as comprehensive primary health care providers.

We provided a detailed submission to the Productivity Commission's Inquiry into the Social and Economic Benefits of Improving Mental Health, and the Executive met with officers from the Commission.

**Again, we argued that a central tenet of good mental health, along with effective culturally-secure Social and Emotional Wellbeing services provided by ACCHS, are those social determinants, including housing.**

Similarly, we informed the consultations for the National Tobacco Strategy that a renewed Strategy should include a specific focus on Aboriginal tobacco use and recognise that action on Aboriginal disadvantage and marginalisation is central to addressing smoking rates for Aboriginal people.

Over the past 12 months we consistently argued that governments must address overcrowding and housing maintenance as a fundamental action to addressing the high rates of communicable and chronic diseases in remote communities. Unfortunately, this is an area where both levels of government have been slow to act although there is finally evidence of significant progress. We submitted a funding application to the NT Department of Health to employ an environment health officer to support communities to identify and report housing maintenance problems. We were not successful in this application however will continue to fight for quality housing as a major determinant of good health and wellbeing, not only in disease prevention, but to support other determinants such as school attendance and good mental health.

Congress staff and community  
members at the NAIDOC week march

We also highlighted the importance of action against climate change in the development of the Northern Territory Climate Change Strategy, noting that Aboriginal communities are at a disproportionately high risk of harm to health. We challenged the NT government to commit to a zero emissions target by 2050, to ban fracking, and to invest in renewable energy and Aboriginal traditional knowledge. We also promoted the need for an economic paradigm that is not as focused on excessive private profits, excessive inequality and extractivism, and is more consistent with public health approaches.

Our response was echoed throughout social media and by public health journalists.

A key role for the health policy section is to develop major grant applications. As with all ACCHSs across Australia, Congress was required to reapply for our core funding under the Australian Government's Indigenous Australian's Health Program which includes our primary health care funding, the Australian Nurse Family Partnerships Program and the Connected Beginnings program.

We successfully applied for a number of new programs including the Australian Government's Prison to Work Program to support prisoners after release to connect with health services, and support the connection to culture, family and address the other social determinants of good health including access to housing.

Congress successfully applied for the NT Government's Back on Track youth diversion program. This will allow us to provide comprehensive assessments to all young people on the program, then supporting them through restorative justice processes and reengagement with education, employment, family, community and culture.







## CONTINUOUS QUALITY IMPROVEMENT

Continual service improvement is embedded across all programs and services delivered by Congress, supported through our dedicated Continuous Quality Improvement (CQI) team. The team works across the Congress network to focus on standardising services, continuously measuring performance, identifying areas requiring improvement and facilitate the implementation of solutions for service improvement.

During the year, the CQI team provided support and training to all Communicare users across Congress, from administrators and client service officers to AHPs, GPs and nurses.

We trained over 180 staff on Communicare and resolved 6843 helpdesk tickets in the 12 month period.

The team continues to support the section managers and executive leadership by providing reliable data for decision-making. We provided monthly internal KPI reports to Executive Management to assist monitoring of the quality of services and to identify areas requiring improvements. We presented the National, NTAHKPI, and the Indigenous Australian Health Program (IAHP) reports to Congress clinic staff. Clinic and program managers use these reports to review and improve the quality of services.

We provided comprehensive support to the CQI Clinical Governance Committee to improve the quality and safety of clinical services. This committee reviews all high-risk clinical incidents, including the 30 service complaints received in the 2018/19 financial year. We performed a root cause analysis of the reported clinical incidents and implemented solutions to help avoid recurrence

of adverse events, and to support clinical services to function reliably and safely.

In areas of innovation, we contributed to the implementation of My Health Record system (MHR) and the electronic prescribing system in Congress. CQI initiated a project to standardise the commonly used clinical items across all Congress Communicare databases in 2018, and we are working on standardising sixteen clinical items across all Congress clinics. We facilitated review and approval of 26 clinical policy documents in the 2018/19 financial year.

Clinical audits were conducted regularly to ensure accurate and reliable delivery of clinical and administrative services. Audits included: compliance with the childhood anaemia treatment protocols and suggested areas requiring improvement; compliance with the rheumatic heart disease treatment plan for clients diagnosed with RHD/ARF and suggested areas requiring improvement; and the mandatory reporting of child sexual harm.

Current priorities for the team include facilitating improvement initiatives on childhood anaemia, rheumatic heart disease and sexual health, based on the PDSA improvement methodology and look forward to reporting on the success of these initiatives.

Congress received the highest overall assessment rating (optimised) in the data quality assessment report prepared by KPMG. KPMG were commissioned by the Indigenous Health Division to work with Aboriginal community controlled health services to assess and support improvement in data quality including data extraction, analysis and reporting systems. It is very reassuring that this audit showed such a high level of data maturity and use at Congress.

Congress completed our second annual client satisfaction assessment survey, with the report being presented to the Board and Executive early in 2019. This provided us with important knowledge on areas needing improvement, but was overall very positive and encouraging, confirming that we are on the right track.

**Sharing knowledge and outcomes across peer organisations strengthens the sector and increases our collective capacity.**

In this spirit, Congress participated in the CQI Collaborative organised by AMSANT in October, presenting: *Caring with quick intelligence-CQI at the Central Australian Aboriginal Congress; A data driven approach for continual service improvement; and Mandatory reporting – Audit tool and results so far.*

We co-authored documents reporting the outcomes of an evaluation of the Australian Nurse Family Partnership Program (completed in the previous financial year).

- Nguyen, H, Zarnowiecki, D, Segal, L, Gent, D, Silver, B & Boffa, J. (July 2018). Feasibility of Implementing Infant Home Visiting in a Central Australian Aboriginal Community.
- Segal, L, Nguyen, H, Gent, D Hampton, C & Boffa, J. (Dec 2018). Child protection outcomes of the Australian Nurse Family Partnership Program for Aboriginal infants and their mothers in Central Australia.

We look forward to the next 12 months, working with teams across Congress to promote quality of clinical services in the next year through the audit and standardisation of key services, and by working with teams to improve specific processes.

## Overall Client Satisfaction

**99%**  
felt staff were  
**KIND** 😊

**98%**  
felt involved in  
decisions made  
about them

**99%**  
said they were given  
adequate information  
to make decisions  
about their health

**98%**  
were happy  
with the  
cleanliness  
of clinics

**97%**  
of clients voiced their  
**OVERALL SATISFACTION**  
with Congress' services

**99%**  
would recommend  
**CONGRESS**  
to family / friends

**99%**  
trusted the  
staff that  
they saw

**98%**  
felt that their  
culture and  
traditions were  
respected

**97%**  
felt that  
the staff  
listened  
to them

Congress completed our second annual client satisfaction assessment survey. This provided us with important knowledge on areas needing improvement, but was overall very positive and encouraging, confirming that we are on the right track.



# HUMAN RESOURCES

Human Resources (HR) provides learning and development, recruitment, employee relations, organisational development, work health, safety, and injury management services that support the Congress workforce. This year saw the operationalisation of a new structure and realignment of HR as a division in its own right.

The division now supports Congress across four specialty areas, HR Operations & Projects, Recruitment, Learning & Development and Safety.

One of the key highlights from the 2018/2019 reporting period was the completion of Congress Bi-Annual Employee engagement Survey carried out in November/December. The participation in this survey remains very strong indicating that employees see providing their feedback as valuable. 66% of our workforce responded, this represents the opinions of 268 employees.

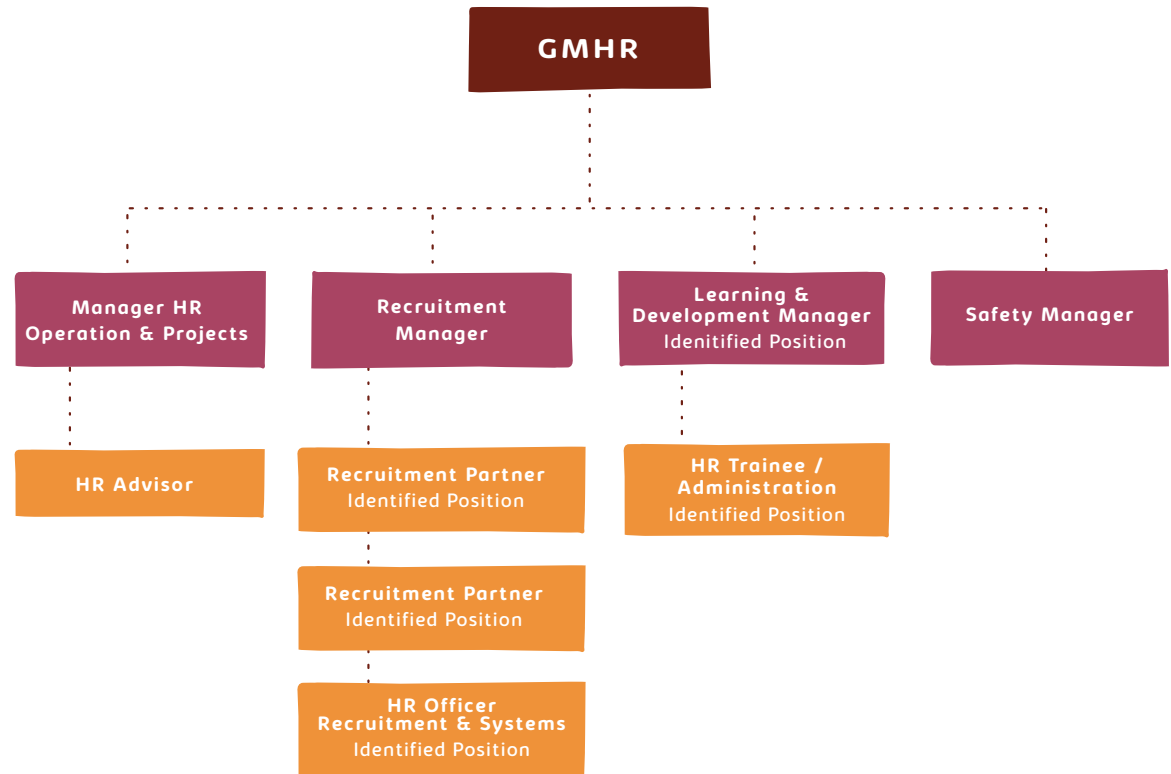
**Compared to our previous survey overall engagement across Congress had risen to 76% a fantastic response and result.**

As a result of the detailed analysis of the results Congress has identified three focus areas for improvement and over the coming months the following will be put in place by Congress:

## Honest two-way Communication

As part of the 2019/2020 Annual Corporate Plan an internal communications plan is being developed by the communications team which will address regular and consistent communication across various channels that will ensure corporate messages are widely dispersed and employees subsequently feel “in the loop”. HR will also be providing supervisor and manager training in feedback

## The new Human Resources structure



and performance appraisal that should also help address and improve this concern. Recent changes to policy and procedure for organisational meetings with meetings now to be held at section level will also improve this.

#### Generally, the right people are rewarded at Congress

2019 will see a revamp of the Congress performance appraisal and the methodology behind it. This will also include training for managers and supervisors about recognising and rewarding employees for the correct workplace behaviours in an unbiased and objective manner. Recent introduction of a peer nomination recognition being published in the weekly wrap has also been implemented.

#### When someone is not performing the manager does something about it.

2019 will also see a new disciplinary policy and associated training for managers and supervisors introduced by the Human Resources Team who will provide support and coaching on best practice implementation of a robust and equitable and fair application of disciplinary action.

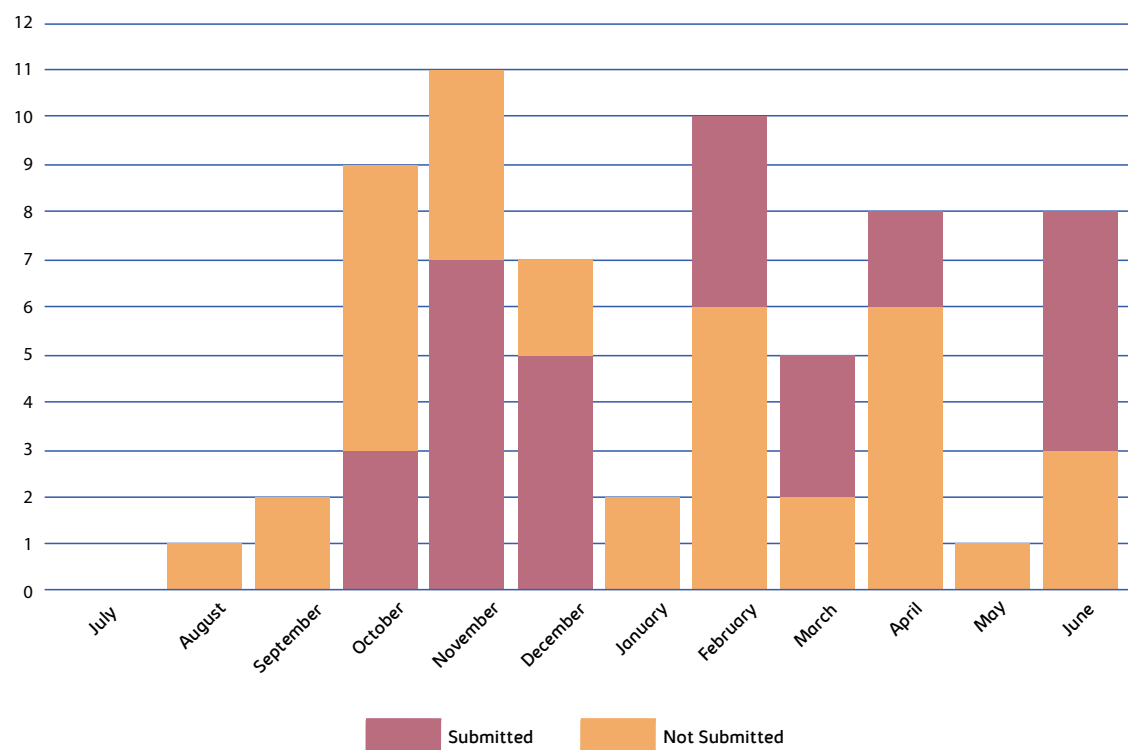
**HR Operations & Projects** targeted specific areas of focus during the year to continuously improve our HR practices.

As at 30 June 2018 Congress employed 428 staff in full-time, part-time and casual roles. This is an increase from 394 at the start of the financial year.

#### Participation in Exit Surveys

Not all employees choose to participate in **Exit Surveys** when finishing up at Congress. To enhance this experience, we have introduced the Aboriginal Staff Advisory Committee (ASAC) as part of the process.

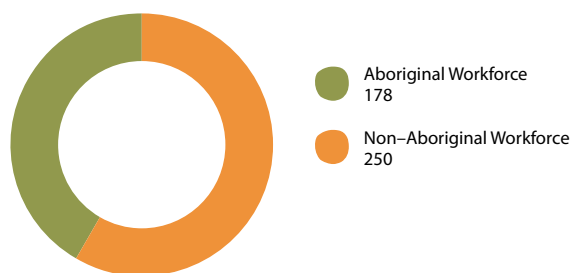
Designed to increase the level of cultural safety in the exit process, leaving staff have the option to have a confidential yarn with an ASAC member. For this financial year there has been 50% participation that meant 32 out of 64 responses were returned.





## Aboriginal Workforce Participation

The average length of tenure for an employee of the organisation is 3.4 Years. At the end of June 2019, Congress had a total headcount of 428 made up of 178 Aboriginal and 250 non-Aboriginal staff members, which means our Aboriginal workforce participation is 42%.



The proportion of leadership roles at Congress that are occupied by Aboriginal people was 33% at the end of the year, which increased from 27% in December 2018.

With the development of a dedicated Recruitment Team encompassing two Recruitment Partners, an HR Officer Recruitment & Systems and Recruitment Manager, Human Resources is better equipped to support the developing needs of our growing workforce. Congress continued to apply streamlined recruitment processes making our jobs attractive to Aboriginal people and non-Aboriginal people. Aboriginal people are on every selection panel and for remote roles the panel includes a member appointed by the community health board. Congress uses collaboration and flexibility in recruitment and selection to promote the organisation's needs, and to draw the best candidates for our roles. Innovative and

cost-effective marketing tools such as social recruitment, are employed working closely with hiring managers and our communications team to target our advertisements. To promote internal development, we actively encourage existing staff to apply for internal transfers and promotion opportunities.

Congress had a presence at the 2018 Skills Employment Careers Expo, which was held at the Convention Centre in Alice Springs in August. Designed to target current and future jobseekers, the expo welcomed 1350 attendees through the doors.

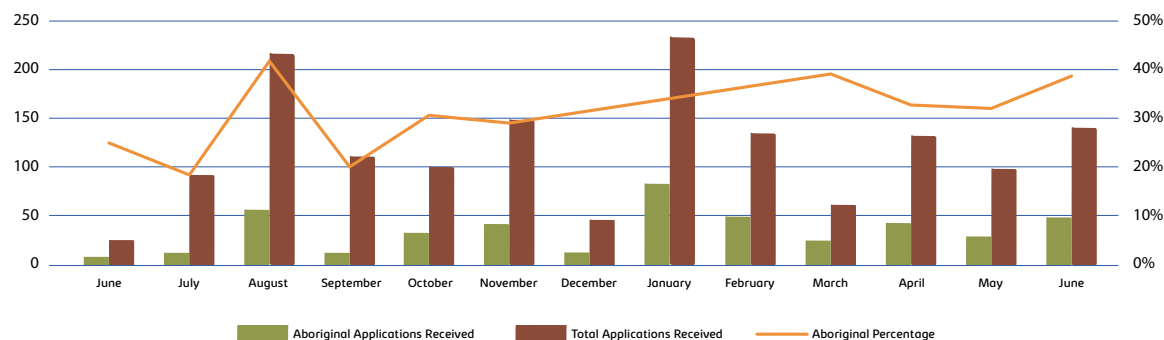
**Through this, Congress was able to promote the variety and value of careers available. It also gave us a chance to talk to them about our cadetship program.**

During the financial year, 191 people were recruited and commenced employment. The number of applications received that were from Aboriginal candidates increased through the year from 19% in July to 38% in June 2019. (This represents online applications only so would not incorporate all resumes submitted in person or via email.)

The opening of our Northside Clinic meant that we needed to staff the service, which provided opportunities for career progression of current Aboriginal employees. A clinic manager and senior CSO were recruited internally to support this new clinic with the remainder of the team coming over from the established team at Gap Clinic.

With challenges in securing a second clinical educator to support our growing clinical teams, and after review of the AHP Training and Graduate Program, a

## Employment Applications received by Aboriginal People



new position was developed. An Aboriginal health practitioner training coordinator position was established as a dedicated resource for AHPs to better support our workforce development. The incumbent was also recruited internally, providing another opportunity for a qualified employee to mentor and develop Congress' AHP workforce. This includes the five current AHP graduates working across the organisation and the five new AHP trainees recruited in February, just in time for their training block in March 2019.

**Learning & Development** featured strongly, in line with our workforce plan.

**Congress partnered with AMSANT to commence leadership workshops aimed at Aboriginal staff in management (including team leaders) and also aspiring managers/team leaders.**

The inaugural session was held in December 2018, with 32 participants from Congress.

In 2018 Congress hosted an invitational study tour of Congress and its services to five members of the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM). The idea behind this study tour is to bring Aboriginal Nurses and Midwives over to Alice Springs to see what working at Congress and in particular working Remote would look like. This initiative proved to be very popular with the CATSINaM Members and we are actively engaged with CATSINaM for 2019-2020.

**The Cadetship program** offers full time undergraduate university students an opportunity to be paid a wage and textbook allowance while they study. It also provides them with 12 weeks of full-time work during semester breaks. In 2018 – 2019 the program expanded from two Cadets 2017 – 2018 to four cadets in 2018 – 2019.

These cadetships are in Nursing, Social Work, Business/Accounting and Rehabilitation/Physiotherapy, with the cadets working towards formal qualifications relevant to those areas.

**The Congress traineeship program** continues to grow.

**As at 30 June 2019, 15 Aboriginal people were engaged in new and existing traineeship arrangements in careers including trainee Aboriginal health practitioners, dental assistants, early childhood education and care, health administration, education support and business administration.**

As at 30 June 2019 Congress offered study support to 59 staff members (comprising of 40 Aboriginal staff, 19 Non-Aboriginal staff) to commence or continue to undertake formal studies that will lead to a qualification.

As part of the divisional restructure, Congress recognised the importance of **Work Health & Safety** at Congress by adding an additional position whose sole focus is on safety and the return to work of employees.

The year saw our Directors undertake formal induction including WHS obligations under the Act. We also delivered de-escalation training through a behavioural strategies workshop, and fire warden training.

Following feedback from a number of staff that had not experienced a culturally sensitive service from our previous EAP provider Congress entered into a contract with local EAP provider EASA.

The WHS Committee was active, meeting on three occasions. In addition, we ran an *HR for Leaders* session focused on development and delivery of internal workers compensation in line with Congress procedure.

There was one notifiable incident that required the organisation to report an incident to the regulator. Importantly, there was no adverse finding brought against Congress from this incident.

A review of Congress Safety Management System has been commenced. This will result an analysis of the any gaps in safety policy and procedure at Congress with a particular focus on remote and outreach worker safety.



Congress leaders problem solving at the AMSANT leadership workshop





## BUSINESS SERVICES

**Business Services manages the corporations finance, risk & compliance, facilities & capital works, information & communication technology and communications.**

In line with our commitment to innovation and data security in Information & Communications Technology, Congress initiated the move of our servers – including our Communicare servers – to Amazon Web Service (AWS), or the cloud. The Intranet and all of our email systems have been migrated to Office 365, and all of the on-premise infrastructure has almost been replaced with connections to the cloud, dramatically reducing IT risk and increasing cost efficiency for Congress. In addition, our record keeping has been strengthened by a system that allows maintenance and monitoring of Congress' electronic communications. It has also reduced the impact of power failures by removing the reliance on electricity at Gap Clinic to maintain operation of Communicare.

**The success of this project was the result of a well-trained, well-led team that planned carefully and managed risk throughout the process.**

Notably, three of our IT team members are Amazon qualified, a number that exceeds that of other NT organisations, and speaks to our commitment to support our services through technology.

We continued to build on best practice **records management** from the previous year, with work conducted to maintain our legal and other obligations. The Controlled Document Register is used to manage the cycle of review of policies and procedures, and was audited as part of ISO9000:2015 accreditation.

**Risk and Quality** maintained a positive focus across the organisation. Congress successfully attained recertification against the ISO 9001: 2015 Quality Management Systems Standards in January 2019, for 3 years (until 20 January 2022). This QMS assessed governance practices across the entire organisation and is a source of information that we use to improve the way we operate. Recommendations from this process are monitored and regularly reported on to ensure that high standards are maintained.

**Communications** at Congress continued to be an action-packed area.

**The organisation was busy in the public sphere through events, campaigns and media. We worked hard to nurture our brand and reputation, maximising opportunities to engage, advocate and promote messages to our audience groups and to impact government and the community.**

The Congress Communications Strategy was approved towards the end of the reporting period, detailing the approach Congress will be taking in the next three years to ensure that the right message is sent to the right people in the right way. This plan, created in line with the Congress Strategic Plan, mandates an audience-focused approach to communications, with a focus on measurable outcomes and an investment in internal communications.

**Capital works** were conducted to improve our services, including the opening of our new Northside Clinic in September. This state-of-the-art development was designed with 11 consult rooms, 2 emergency beds, a dispensary and pathology room. Two of the 11 consult

rooms are designated to house SEWB clinicians, in line with Congress' decision to decentralise these services.

Both Sadadeen and Larapinta Clinics commenced extensions to facilitate the change to SEWB service provision, and in response to demand. The work at Sadadeen was completed in October, with four rooms added to the existing five. When complete, Larapinta will have ten rooms in total.

Minor works and **maintenance** took place across other services to improve safety and access. This included modifications to Ingkintja to make the clinic wheelchair accessible by widening doorways and providing ramps to the front door. The Gap Clinic staff meeting room was renovated to allow family consult meetings and repairs were conducted at Alukura. At the Congress Childcare centre, works were completed to increase safety and comfort for children while at the centre. This work, a recommendation from the QCENT accreditation process, included increasing the air conditioning capacity in the building and installation of soft fall matting.

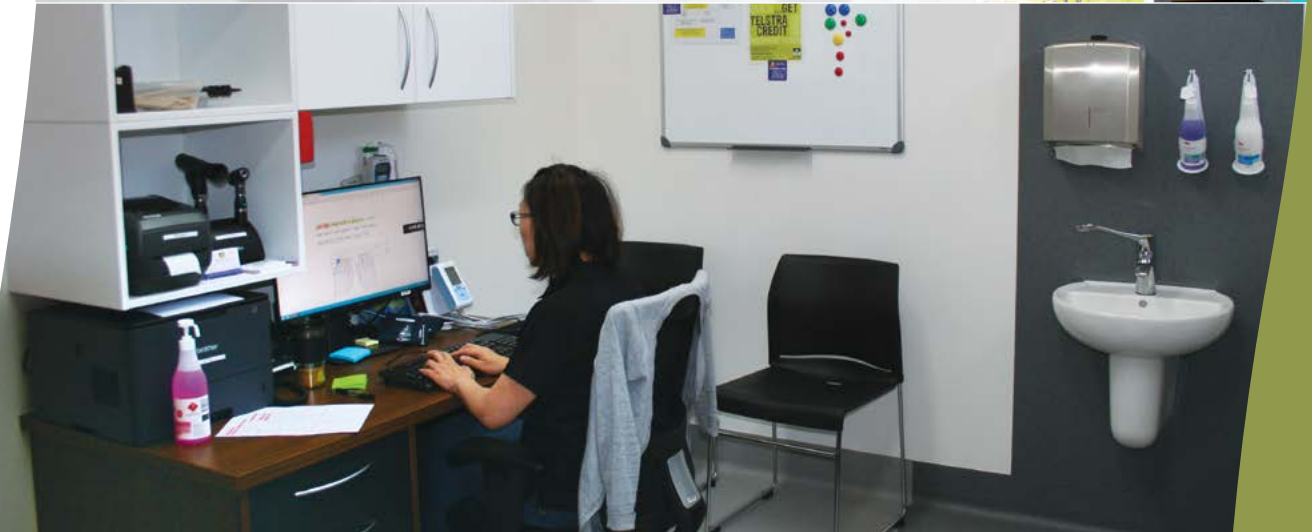
Our **cleaning team** remained an integral resource supporting service delivery, with cleanliness and hygiene standards being key to accreditation, safety and perception. During the year, town cleaning services were extended to Amoonguna, including the NTG self-dialysis facility (located next to the clinic).

**The cleaning team received feedback on multiple occasions throughout the year, recognising their professionalism, hard work and approachability.**

.....

The changed model of care continued to deliver benefits to Medicare income and in turn client care, through practice incentive payments (PIP). In particular this increased our tier one and tier two payments. The team worked hard to empower clinicians and frontline staff to increase their claiming efficiency.

Our finance teams remained focussed on the good management of our accounts, grants and support services, ensuring accountability and transparency in reporting outcomes and processes to stakeholders; including the production of the Annual Financial Reports.



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Congress' new Northside Clinic used learnings from previous clinic builds to create a state-of-the-art service for nearby residents.

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# FINANCIAL STATEMENTS

for the financial year ended 30 June 2019

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## Directors' Report for the financial year ended 30 June 2019

*Your directors present this report on the corporation for the financial year ended 30 June 2019.*

### 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	1st July 2018 to 30th June 2019	Chairperson - Member Director	4
Graham Dowling	1st July 2018 to 30th June 2019	Deputy Chairperson - Member Director	6
Joseph Hayes	1st July 2018 to 30th June 2019	Member Director	7
Michael Liddle	29th November 2018 to 30th June 2019	Member Director	6
Sheralee Taylor	1st July 2018 to 30th June 2019	Member Director	6
Dorethea Randall	6th March 2019 to 30th June 2019	Member Director (Remote)	4
Leanne Milligan	1st July 2018 to 30th June 2019	Independent Director (Finance)	9
Peter O'Mara	1st July 2018 to 30th June 2019	Independent Director (Medical)	5
Marion Swift	1st July 2018 to 30th June 2019	Member Director (Remote)	6
Nicolette Dunn	1st July 2018 to 29th November 2018	Member Director (Youth)	0
Board Meetings held throughout the year			9

## 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	Men's Health Subcommittee	Women's Health Subcommittee
William Tilmouth	3	3	2	4	1	
Graham Dowling	3	3	3	4	1	
Joseph Hayes		2	1		2	
Michael Liddle					1	
Sheralee Taylor	1	2				
Dorethea Randall	1					
Leanne Milligan	6			3		
Peter O'Mara		2	2			
Marion Swift						1
Nicolette Dunn						
Meetings held throughout the year	6	3	5	4	2	1



## Secretary

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

Ms Marina Boyle—1st July 2018 to 30th June 2019

## Subsequent Events

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

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

## Environmental regulations

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

## Auditor independence

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

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

On behalf of the directors,



Chairperson 10th October 2019

## Auditor's Independence Declaration



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420 King William St  
Adelaide SA 5000  
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AUSTRALIA

### DECLARATION OF INDEPENDENCE

BY ANDREW TICKLE

TO THE DIRECTORS OF CENTRAL AUSTRALIAN ABORIGINAL CONGRESS ABORIGINAL CORPORATION

As lead auditor of Central Australian Aboriginal Congress Aboriginal Corporation for the year ended 30 June 2019, I declare that, to the best of my knowledge and belief, there have been:

1. No contraventions of the auditor independence requirements of the *Corporations (Aboriginal and Torres Strait Islander) Act 2006* in relation to the audit; and
2. No contraventions of any applicable code of professional conduct in relation to the audit.



Andrew Tickle  
Director

BDO Audit (SA) Pty Ltd

Adelaide, 14 October 2019

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## Statement of Profit or Loss and Other Comprehensive Income for the year ended 30 June 2019

	Notes	2019 \$	2018 \$
<b>OPERATING INCOME</b>			
Grants and Contributions provided	2	42,651,029	41,004,358
Medicare & practice incentive payment income	3	8,032,325	7,151,662
Investment income	4	358,271	507,733
Other operating revenues	5	1,002,836	817,811
Net gain on disposal of assets		3,500	12,409
<b>Total operating income</b>		<b>52,047,961</b>	<b>49,493,973</b>
<b>OPERATING EXPENSES</b>			
Employee benefits expenses	6	38,697,685	36,372,854
Interest charges		8,683	8,855
Depreciation & amortisation	16, 17	775,200	704,272
Medical supplies & program expenses	7	3,780,148	3,646,907
Motor vehicle & travel expenses	8	2,167,678	2,261,649
Rent & occupancy expenses	9	2,708,367	2,428,081
Minor equipment expenditure	10	427,385	302,118
Other operating expenses	11	3,447,978	3,353,436
<b>Total operating expenses</b>		<b>52,013,124</b>	<b>49,078,172</b>
<b>Surplus for the year</b>		<b>34,837</b>	<b>415,801</b>
Other comprehensive income		-	-
<b>Total comprehensive income</b>		<b>34,837</b>	<b>415,801</b>

Notes to the financial statements are set out on page 57.

## Statement of Financial Position for the year ended 30 June 2019

	Notes	2019 \$	2018 \$
<b>CURRENT ASSETS</b>			
Cash and cash equivalents	12	15,644,738	19,389,693
Other current assets	13	435,009	490,842
Trade and other receivables	14	886,582	642,396
<b>Total current assets</b>		<b>16,966,329</b>	<b>20,522,931</b>
<b>NON CURRENT ASSETS</b>			
Investments	15	2	2
Property, plant and equipment	16	12,645,950	12,598,800
Intangible assets	17	619	27,541
<b>Total non current assets</b>		<b>12,646,571</b>	<b>12,626,343</b>
<b>Total assets</b>		<b>29,612,900</b>	<b>33,149,274</b>
<b>CURRENT LIABILITIES</b>			
Trade and other payables	18	1,670,985	7,175,881
Employee benefits	19	4,434,394	4,239,844
Grants received in advance	20	1,279,541	377,915
Unexpended grants	22	4,122,832	3,364,685
<b>Total current liabilities</b>		<b>11,507,752</b>	<b>15,158,325</b>
<b>NON CURRENT LIABILITIES</b>			
Employee benefits	19	545,503	466,141
<b>Total non current liabilities</b>		<b>545,503</b>	<b>466,141</b>
<b>Total liabilities</b>		<b>12,053,255</b>	<b>15,624,466</b>
<b>Net assets</b>		<b>17,559,645</b>	<b>17,524,808</b>
<b>EQUITY</b>			
Accumulated funds		9,063,151	9,093,215
Reserve funds		8,496,494	8,431,593
<b>Total equity</b>		<b>17,559,645</b>	<b>17,524,808</b>

Notes to the financial statements are set out on page 57.



## Statement of Changes in Equity for the year ended 30 June 2019

	Accumulated surpluses \$	Medicare reserves \$	Other reserves \$	Total \$
<b>Balances at the beginning of the previous 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	5,342,553	(1,708,153)	(3,634,380)	–
Total comprehensive income for the year	415,801	–	–	415,801
<b>Balances at the beginning of the current year</b>	<b>9,093,215</b>	<b>905,727</b>	<b>7,525,866</b>	<b>17,524,808</b>
Transfers to/from reserves from accumulated surpluses	(64,901)	23,413	41,488	–
Total comprehensive income for the year	34,837	–	–	34,837
<b>Balances at the end of the current year</b>	<b>9,063,151</b>	<b>929,140</b>	<b>7,567,354</b>	<b>17,559,645</b>

Notes to the financial statements are set out on page 57.

## Statement of Cash Flows for the year ended 30 June 2019

	Notes	2019 \$	2018 \$
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
<b>Payments</b>			
Employee costs		(38,423,773)	(36,628,479)
Materials, contracts and other costs		(12,694,122)	(12,321,211)
Interest paid		(8,683)	(8,855)
<b>Receipts</b>			
Receipts from activities		9,121,216	7,950,736
Interest received		391,443	507,733
Receipts from funding bodies		43,947,389	40,031,223
<b>Net cash provided by operating activities</b>		<b>2,333,470</b>	<b>(468,853)</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
Payments for property, plant & equipment		(6,081,924)	(451,363)
Payments for intangibles		(1)	–
Proceeds on sale of assets		3,500	12,409
<b>Net cash used in investing activities</b>		<b>(6,078,425)</b>	<b>(438,954)</b>
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>			
<b>Capital grants received</b>		<b>–</b>	<b>–</b>
<b>Net cash provided by financing activities</b>		<b>–</b>	<b>–</b>
<b>Net increase (decrease) in cash held</b>		<b>(3,744,955)</b>	<b>(907,807)</b>
<b>Cash at beginning of the year</b>		<b>19,389,693</b>	<b>20,297,500</b>
<b>Cash at end of the year</b>	<b>12</b>	<b>15,644,738</b>	<b>19,389,693</b>

Notes to the financial statements are set out on page 57.

## Notes to the Financial Statements for the year ended 30 June 2019

### 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) and Corporations (Aboriginal and Torres Strait Islander) Act 2006.

The Corporation is a not for profit entity for reporting purposes under Australian Accounting Standards. The financial statements are for the corporation as an individual entity. The financial statements were authorised for issue on the 10th day of October 2019, in accordance with a resolution of the directors. The directors have the power to amend these financial statements after they have been issued.

#### 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:

- i. It is probable that grant funding will be used for the designated purpose;
- ii. Control has been obtained over the grant income; and
- iii. The grant income is measurable.

Grant income that meets the above revenue recognition criteria is recorded as income in the year of receipt. A liability is recognised when there is a present obligation to repay unspent grant funds.

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

All other project related income is fully

recognised in the year of receipt.

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

#### c. Employee benefits

Provision is made for the Corporation's liability for 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	2019	2018
Full time equivalent employees	364.8	349.5
Number of employees	428	394

#### 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:

- 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
- 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:

	2019 (YEARS)	2018 (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

The corporation has adopted AASB 9 from 1 July 2018. The standard introduced new classification and measurement models for financial assets.

A financial asset shall be measured at amortised cost if it is held within a business model whose objective is to hold assets in order to collect contractual cash flows which arise on specified dates and that are solely principal and interest. A debt investment shall be measured at fair value through other comprehensive income if it is held within a business model whose objective is to both hold assets in order to collect contractual cash flows which arise on specified dates

that are solely principal and interest as well as selling the asset on the basis of its fair value. All other financial assets are classified and measured at fair value through profit or loss unless the entity makes an irrevocable election on initial recognition to present gains and losses on equity instruments (that are not held-for-trading or contingent consideration recognised in a business combination) in other comprehensive income ('OCI'). Despite these requirements, a financial asset may be irrevocably designated as measured at fair value through profit or loss to reduce the effect of, or eliminate, an accounting mismatch.

For financial liabilities designated at fair value through profit or loss, the standard requires the portion of the change in fair value that relates to the entity's own credit risk to be presented in OCI (unless it would create an accounting mismatch).

New impairment requirements use an 'expected credit loss' ('ECL') model to recognise an allowance. Impairment is measured using a 12-month ECL method unless the credit risk on a financial instrument has increased significantly since initial recognition in which case the lifetime ECL method is adopted. For receivables, a simplified approach to measuring expected credit losses using a lifetime expected loss allowance is available.

## 2. Grants & Contributions Provided

	2019 \$	2018 \$
<b>AUSTRALIAN GOVERNMENT FINANCIAL ASSISTANCE</b>		
Department of Health	27,413,971	26,650,719
Department of Social Services	1,044,417	1,293,838
Department of Prime Minister and Cabinet	4,124,737	4,246,166
Department of Education and Training	930,377	656,577
<b>Total Australian Government Financial Assistance</b>	<b>33,513,502</b>	<b>32,847,300</b>
<b>NORTHERN TERRITORY GOVERNMENT FINANCIAL ASSISTANCE</b>		
Department of Health	2,303,486	2,117,669
Department of Children and Families	469,602	912,893
Department of Corrections	(129,928)	44,234
Department of Education	45,400	28,483
Other Northern Territory Government	320,535	–
<b>Total Northern Territory Government Financial Assistance</b>	<b>3,009,095</b>	<b>3,103,279</b>
<b>OTHER FINANCIAL ASSISTANCE</b>		
Northern Territory General Practice Education Ltd	1,976,221	1,736,289
Northern Territory PHN	2,667,345	2,617,958
Other grants	1,484,866	699,532
<b>Total Other Financial Assistance</b>	<b>6,128,432</b>	<b>5,053,779</b>
<b>Total Grants and Contributions</b>	<b>42,651,029</b>	<b>41,004,358</b>

## 3. Medicare Income and Practice Incentive Payments

Medicare income	6,241,839	5,855,434
Practice incentive payments	1,790,486	1,296,228
<b>Total Medicare Income and Practice Incentive Payments</b>	<b>8,032,325</b>	<b>7,151,662</b>



<b>4. Investment Income</b>	<b>2019 \$</b>	<b>2018 \$</b>
Interest income	358,271	507,733
<b>Total Investment Income</b>	<b>358,271</b>	<b>507,733</b>

#### **5. Other Operating Revenues**

Fees received	782,662	583,501
Rent received	21,415	43,832
Other receipts	198,759	190,478
<b>Total Other Operating Revenues</b>	<b>1,002,836</b>	<b>817,811</b>

#### **6. Employee Benefits Expense**

Fringe benefits tax	70,257	107,445
Salaries	34,631,451	32,353,008
Superannuation	3,097,675	2,968,584
Workcover insurance	483,146	408,677
Income protection insurance	162,003	203,568
Employee recruitment and relocation	41,479	42,431
Employee training and development	211,674	289,141
<b>Total Employee Benefits Expense</b>	<b>38,697,685</b>	<b>36,372,854</b>

#### **7. Medical Supplies and Program Expenses**

Contract staff	1,873,372	1,867,540
Equipment maintenance	271,758	197,408
Medical supplies	700,588	710,849
Program consumables	456,162	368,878
Meeting expenses	46,938	44,476
Communicare licence and other subscriptions	431,330	457,756
<b>Total Medical Supplies and Program Expenses</b>	<b>3,780,148</b>	<b>3,646,907</b>

<b>8. Motor Vehicle and Travel Expenses</b>	<b>2019 \$</b>	<b>2018 \$</b>
Motor vehicle—fuel and oil	282,459	252,710
Motor vehicle—repairs and maintenance	232,067	197,094
Motor vehicle—leasing	796,299	891,849
Motor vehicle—insurance and registration	135,299	103,322
Motor vehicle—GPS charges	119,597	35,010
Motor vehicle—hire	28,861	14,950
Travel—fares and accommodation	444,178	591,350
Travel allowance	128,918	175,364
<b>Total Motor Vehicle and Travel Expenses</b>	<b>2,167,678</b>	<b>2,261,649</b>

#### **9. Rent and Occupancy Expenses**

Rent and rates	1,230,650	1,207,627
Electricity, water and gas	446,524	415,533
Cleaning	138,692	84,958
Maintenance to buildings	557,584	376,953
Security	245,842	269,159
Waste management	89,075	73,851
<b>Total Rent and Occupancy Expenses</b>	<b>2,708,367</b>	<b>2,428,081</b>

#### **10. Minor Equipment Expenditure**

Buildings	116,923	75,690
Office furniture & equipment	66,881	30,118
Computers	157,766	146,052
Motor vehicles	–	514
Plant & equipment	85,815	49,744
<b>Total Minor Equipment Expenditure</b>	<b>427,385</b>	<b>302,118</b>

<b>11. Other Operating Expenses</b>	<b>2019 \$</b>	<b>2018 \$</b>
Computers, communications and technology	936,750	1,045,688
Equipment leasing	54,054	71,491
Insurances	235,569	157,915
Telecommunications costs	353,445	399,152
Consulting	429,435	686,321
Advertising and promotion	427,902	474,503
Administrative costs	296,313	262,865
Commissioned Research	444,704	–
Sundry expenses	269,806	255,501
<b>Total Other Operating Expenses</b>	<b>3,447,978</b>	<b>3,353,436</b>

### **12. Cash and Cash Equivalents**

Cash on hand	4,355	4,450
Cash at bank	124,473	94,740
Cash on investment	15,515,910	19,290,503
<b>Total Cash and Cash Equivalents</b>	<b>15,644,738</b>	<b>19,389,693</b>

### **13. Other Current Assets**

Bonds paid	45,342	45,342
Prepayments	389,667	445,500
<b>Total Other Current Assets</b>	<b>435,009</b>	<b>490,842</b>

<b>14. Trade and Other Receivables</b>	<b>2019 \$</b>	<b>2018 \$</b>
Trade debtors	937,801	602,835
GST/FBT Receivable	–	84,426
Provision for impairment	(51,219)	(44,865)
<b>Total Trade and Other Receivables</b>	<b>886,582</b>	<b>642,396</b>

<b>Trade and Other Receivables Ageing</b>	<b>2019 Gross \$</b>	<b>2019 Allowance \$</b>	<b>2018 Gross \$</b>	<b>2018 Allowance \$</b>
Not past due	788,052		226,525	–
Past due: 0 – 30 days	9,090	–	69,079	–
Past due: 31– 60 days	15,352	–	124,073	–
Past due: 61– 90 days	24,671	–	119,072	–
Past due: 90 days and over	100,663	(51,219)	64,086	(44,865)
	<b>937,801</b>	<b>(51,219)</b>	<b>602,835</b>	<b>(44,865)</b>

<b>15. Investments</b>	<b>2019 \$</b>	<b>2018 \$</b>
Shares in Centrecorp Aboriginal Investment Corporation Pty Ltd.	2	2



## 16. Property, Plant and Equipment

	Land & Buildings \$	Work in Process \$	Motor Vehicles \$	Office Equipment \$	Office Furniture \$	Plant & Equipment \$	Total \$
<b>GROSS CARRYING AMOUNT</b>							
Balance at start of prior year	8,454,791	338,608	811,153	296,487	176,230	783,366	10,860,635
Additions	3,900,000	2,439,101	–	17,050	5,950	42,469	6,404,570
Transfers between Asset Classes	–	(316,435)	–	234,477	–	81,958	–
Disposals	(153,795)	–	(52,881)	(29,175)	–	–	(235,851)
Balance at end of prior year	12,200,996	2,461,274	758,272	518,839	182,180	907,793	17,029,354
Additions	78,860	635,869	–	24,229	–	56,470	795,428
Transfers between Asset Classes	1,612,697	(1,895,596)	–	37,667	50,668	194,564	–
Disposals	–	–	–	–	–	–	–
Balance at end of current year	13,892,553	1,201,547	758,272	580,735	232,848	1,158,827	17,824,782
<b>ACCUMULATED DEPRECIATION</b>							
Balance at start of prior year	2,517,132	–	648,688	268,815	144,820	437,981	4,017,436
Charge for the year	408,941	–	66,859	30,988	7,161	135,020	648,969
Accumulated on disposals	(153,795)	–	(52,881)	(29,175)	–	–	(235,851)
Balance at end of prior year	2,772,278	–	662,666	270,628	151,981	573,001	4,430,554
Charge for the year	467,808	–	56,922	59,745	11,728	152,075	748,278
Accumulated on disposals	–	–	–	–	–	–	–
Balance at end of current year	3,240,086	–	719,588	330,373	163,709	725,076	5,178,832
<b>NET BOOK VALUE</b>							
Balance at start of current year	9,428,718	2,461,274	95,606	248,211	30,199	334,792	12,598,800
Balance at end of current year	10,652,467	1,201,547	38,684	250,362	69,139	433,751	12,645,950

## 17. Intangible Assets

### GROSS CARRYING AMOUNT

	Computer Software \$
<b>Balance at start of prior year</b>	<b>425,836</b>
Additions	–
Transfers between Asset Clashes	–
Disposals	–
<b>Balance at end of prior year</b>	<b>425,836</b>
Additions	–
Transfers between Asset Clashes	–
Disposals	–
<b>Balance at end of current year</b>	<b>425,836</b>

### ACCUMULATED DEPRECIATION

<b>Balance at start of prior year</b>	<b>342,992</b>
Charge for the year	55,303
Accumulated on disposals	–
<b>Balance at end of prior year</b>	<b>398,295</b>
Charge for the year	26,922
Accumulated on disposals	–
<b>Balance at end of current year</b>	<b>425,217</b>

### NET BOOK VALUE

<b>Balance at start of current year</b>	<b>27,541</b>
<b>Balance at end of current year</b>	<b>619</b>

## 18. Trade and Other Payables

	2019 \$	2018 \$
Trade and other payables	1,565,191	3,275,881
Property purchase settlement	–	3,900,000
Provision	33	–
GST/FBT payable	105,761	–
<b>Total Trade and Other Payables</b>	<b>1,670,985</b>	<b>7,175,881</b>

## 19. Employee Benefits

### CURRENT LIABILITIES

Annual leave	2,281,560	2,166,886
Long service leave	1,401,321	1,371,977
Accrued salary & wages	751,513	700,981
<b>Total Current Liabilities</b>	<b>4,434,394</b>	<b>4,239,844</b>

### NON CURRENT LIABILITIES

Long service leave	545,503	466,141
<b>Total Non Current Liabilities</b>	<b>545,503</b>	<b>466,141</b>
<b>Total Employee Benefits</b>	<b>4,979,897</b>	<b>4,705,985</b>

## 20. Grants Received In Advance

Advanced receipts for programs to be conducted in the following Financial Year are as follows:

Commonwealth Department of Health	1,000,000	133,333
Other	279,541	244,582
<b>Total Grants Received in Advance</b>	<b>1,279,541</b>	<b>377,915</b>



## 21. Operating Leases

<b>a. Vehicle Operating Leases</b>	<b>2019 \$</b>	<b>2018 \$</b>
Payable within 12 months	610,262	673,114
Payable 12 months to 5 years	813,023	775,786
<b>Total Vehicle Operating Leases</b>	<b>1,423,285</b>	<b>1,448,900</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

Payable within 12 months	17,815	41,354
Payable 12 months to 5 years	814	12,872
<b>Total Equipment Operating Leases</b>	<b>18,629</b>	<b>54,226</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

Payable within 12 months	1,235,519	1,225,385
Payable more than 12 months	941,594	826,522
<b>Total Premises Operating Leases</b>	<b>2,177,113</b>	<b>2,051,907</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 2019, two leases have expired and are operating on a monthly tenancy. For the expired leases, we have included 12 months of the current arrangement in the disclosures above. No capital commitments exist with regards to the lease commitments at year end. Lease payments are constant throughout the term of the lease.

## 22. Statement of Unexpended Grants

Grants and contributions received which were obtained on the condition that they be expended for the specific purposes for which they were granted, but which are not yet expended in accordance with those conditions, are as follows:

<b>Commonwealth Department of Health</b>	<b>2019 \$</b>	<b>2018 \$</b>
Primary Health Care - Safety Supports	215,419	–
CHSP - Allied Health and Therapy Services	127,165	–
IRSD Traineeship Program	–	152,886
Australian Nurse Family Partnership Program (ANFPP)	136,732	153,908
Childcare Minor Capital Grant	2,491	–
Alukura Service Maintenance 2018 - 2019	26,060	–
Ingkintja	160,274	–
Early Childhood Development Centre	12,215	32,116
Alcohol Action Initiative - Right Tracks Program	23,189	34,003
PHC and Avoidable Hospitalisations	17,895	–
Rapid Applied Research Translation Program	52,522	88,889
CAAHSN Research Grant - MRFF Stage 2	523,051	–
Tackling Indigenous Smoking	57,970	227,872
Early Childhood Development Centre	–	905,740
Australian Nurse Family Partnership Program (ANFPP)	161,045	161,045

### Department of Prime Minister and Cabinet

AOD (Safe and Sober) Program	129,562	26,718
Cadets - Central Australian Aboriginal Congress	11,676	14,000
Pre - School Readiness Program	–	69,285
Community Wellbeing and Violence Intervention	41,291	8,958
Stolen Generation Link Up Service	31,151	6,896
Stolen Generation Service Evaluation	75,000	75,000
Stolen Generation Link Up Service	224,842	224,842

<b>Department of Social Services</b>	<b>2019 \$</b>	<b>2018 \$</b>
Royal commission youth detention service	–	29,655
Intensive family support service	–	40,538
IFSS—service enhancement one-off funding	–	4,188
ICSS support plan	–	7,531

#### **Department of Health NT**

Transition to Community Control Project	50,000	–
Ltyentye Apurte—Mental Health Worker	21,230	–
NT Toy and Equipment Subsidy	10,257	7,381
NT Toy and Equipment Subsidy (CHADC)	25,184	–
Coordination Support and Capacity Buildings for NDIS	–	90,909
Fetal Alcohol Spectrum Disorder	140,000	–
Aboriginal Workforce Grant Abor Super Mentoring	64,000	–
Alcohol Action Initiative—Right Tracks Program	–	31,197
Sexual Health and Blood Borne Virus Program	–	7,278
Commit—Support Service for Offenders	406,229	276,301
AOD Aftercare	137,948	73,036
AOD Repairs and Mainenance Grant (One off)	4,559	4,559
Remote AOD Workers	106,679	–
Clinical Director and Training (AOD)	21,948	21,948
Mental Health Worker Youth Detention	11,733	11,733
Mental Health Worker SEWB	33,396	14,998
Santa Teresa Health Services (NT)	–	34,967
Sexual Health and Blood Borne Virus Program	–	16,123

<b>Northern Territory PHN</b>	<b>2019 \$</b>	<b>2018 \$</b>
Student Support Grant (NT PHN)	6,000	–
NT PHN Intergrated Team Care Coordination	26,196	–
Home Support Program - Nursing Care	110,196	110,196
Youth Mental Health Capacity Building Program	121,062	–
Allied Psychological Services (ATAPPS)	82,001	6,953
Graduate Pathways for AHP Graduates	36,400	–
Chronic Disease Supplementary Services	–	17,906

#### **Fred Hollows Foundation**

UTJU Trachoma Project	6,268	6,268
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Other	2019 \$	2018 \$
Mutitjulu Clinical Equipment Purchase	530	530
Patches Youth Diagnostic Services	2,130	–
NDIS Remote Community Connectors	50,000	–
HSTAC	18,182	18,182
Alcohol Action Initiative—Right Tracks	–	33,464
Central Australian Youth Study	14,122	–
MOST (More Options for STI Testing) Research	217,434	1,487
Baker IDI—Next Generation	–	13,599
Evaluation ECLC—Baker IDI	–	11,032
Doing it Right - Aremele Arratye Mpwaretyeke	–	76,217
Intergenerational Trauma (La Trobe University)	38,784	–
Doing it Right (CAAHSN)	25,108	–
Central Australian Academic Health Science Centre	84,706	24,366
FASD—A Multi-Site Prevention Program	168,868	26,511
After Hours Youth Service	52,132	52,132
MOST (More Options for STI Testing) Research	–	92,921
My Health Record Engagement & Registration (AMSANT)	–	13,653
Smart Start for Kids—I-CAN Program	–	2,000
Yarn Safe Grant	–	2,768
<b>Total Unexpended Grants</b>	<b>4,122,832</b>	<b>3,364,685</b>

### 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.

	2019 \$	2018 \$
Directors' fee payments during the year	104,811	78,157

The Directors during the financial year were:

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

REMUNERATION LEVEL	2019	2018
\$0 to \$5000	2	3
\$5,001 to \$10,000	2	5
\$10,001 to \$20,000	5	0
\$20,001 to \$40,000	1	1

### 24. Key Management Personnel Compensation

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

	2019 \$	2018 \$
Short term employee benefits	1,127,145	1,067,451

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

<b>2019</b>
<b>Ms Donna Ah Chee</b> (period 1 July 2018 to 30 June 2019)
<b>Dr John Boffa</b> (period 1 July 2018 to 30 June 2019)
<b>Mr Eric Brown</b> (period 1 July 2018 to 31 August 2018)
<b>Ms Tracey Brand</b> (period 1 July 2018 to 30 June 2019)
<b>Mr Stephen Marshall</b> (period 12 November 2018 to 30 June 2019)
<b>Mr Ian Townsend</b> (period 1 July 2018 to 30 June 2019)
<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)

## 25. Related Party Transactions

During the financial year ended 30 June 2019, no loans or other related party transactions were made to any Board member or key management personnel.

## 25. 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.

## 26. Auditors' Remuneration

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

	2019 \$	2018 \$
Audit or review services	20,967	26,060
Other services	4,000	5,500
	<b>24,967</b>	<b>31,560</b>

## 27. Financial Risk Management

The Corporation's financial instruments consist mainly of deposits with banks, short-term investments, accounts receivables and payables.

### Financial risk management policies

The Corporation's Directors are responsible for, among other issues, monitoring and managing financial risk exposures of the Corporation. The Directors monitor the Corporation's transactions and review the effectiveness of controls relating to liquidity risk, credit risk, market risk and interest rate risk. Discussions on monitoring and managing financial risk exposures are held bi-monthly and are minuted.

The Corporation's Directors overall risk management strategy seeks to ensure that the Corporation meets its financial targets, whilst minimising potential adverse effects of cash flow shortfall.

### Specific finance risk exposures and management

The main risks the Corporation is exposed to through its financial instruments are liquidity risk, credit risk, market risk and interest rate risk.

#### a. Liquidity risk

Liquidity risk is the risk that the Corporation will not be able to meet its obligations as and when they fall due. The Corporation manages its liquidity risk by monitoring cash flows and also through its budget management process. Due to the nature of its business, the Corporation is able to accurately estimate its income and expected expenditure on a quarterly basis based on grant funding release time frames.

The Corporation does not have any material liquidity risk exposure.

#### b. Credit risk

Credit Risk is the risk of financial loss to the Corporation if a customer or 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 \$15,640,383 and the Corporation has reduced this risk by holding it across 5 banking institutions being National Australia Bank, ANZ Bank, Bendigo and Adelaide Bank, Bank of Queensland 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

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

FINANCIAL ASSETS	2019 \$	2018 \$
Cash at bank	<b>15,640,383</b>	<b>19,385,243</b>

The table below details 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

Cash at bank + 1%	<b>156,404</b>	<b>193,852</b>
Cash at bank – 1%	<b>(156,404)</b>	<b>(193,852)</b>

#### EFFECT ON EQUITY

Cash at bank + 1%	<b>156,404</b>	<b>193,852</b>
Cash at bank – 1%	<b>(156,404)</b>	<b>(193,852)</b>

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	2019 \$	2018 \$
<b>Financial assets—cash flows realisable</b>			
Cash and cash equivalents	12	15,644,738	19,389,693
Trade and other receivables	13, 14	1,321,591	1,133,238
<b>Total</b>		<b>16,966,329</b>	<b>20,522,931</b>
<b>Financial liabilities due for payment</b>			
Trade and other creditors	18	1,670,985	7,175,881
Other liabilities	19, 20, 22	9,836,767	7,982,444
<b>Total</b>		<b>11,507,752</b>	<b>15,158,325</b>
<b>WITHIN ONE YEAR</b>			
<b>Financial assets—cash flows realisable</b>			
Cash and cash equivalents	12	15,644,738	19,389,693
Trade and other receivables	13, 14	1,321,591	1,133,238
<b>Total</b>		<b>16,966,329</b>	<b>20,522,931</b>
<b>Financial liabilities due for payment</b>			
Trade and other creditors	18	1,670,985	7,175,881
Other liabilities	19, 20, 22	9,836,767	7,982,444
<b>Total</b>		<b>11,507,752</b>	<b>15,158,325</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.

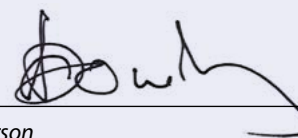
## Directors' Declaration for the year ended 30 June 2019

*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 2019 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 10th day of October 2019.



Chairperson

## Independent Auditor's Report



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

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

##### Opinion

We have audited the financial report of Central Australian Aboriginal Congress Aboriginal Corporation (the Corporation), which comprises the statement of financial position as at 30 June 2019, the statement of profit and loss and other comprehensive income, the statement of changes in equity and the statement of cash flows for the year then ended, and notes to the financial report, including a summary of significant accounting policies, and the directors' declaration.

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

- (i) Giving a true and fair view of the Corporation's financial position as at 30 June 2019 and of its financial performance for the year ended on that date; and
- (ii) Complying with Australian Accounting Standards - Reduced Disclosure Requirements and the *Corporations (Aboriginal and Torres Strait Islander) Regulations 2017*.

##### Basis for opinion

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

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

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

##### Other information

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

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

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

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

##### Responsibilities of the directors for the Financial Report

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

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

##### Auditor's responsibilities for the audit of the Financial Report

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

A further description of our responsibilities for the audit of the financial report is located at the Auditing and Assurance Standards Board website (<http://www.auasb.gov.au/Home.aspx>) at: [http://www.auasb.gov.au/auditors\\_files/ar3.pdf](http://www.auasb.gov.au/auditors_files/ar3.pdf).

This description forms part of our auditor's report.

##### Report on Other Legal and Regulatory Requirements

##### Opinion

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



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

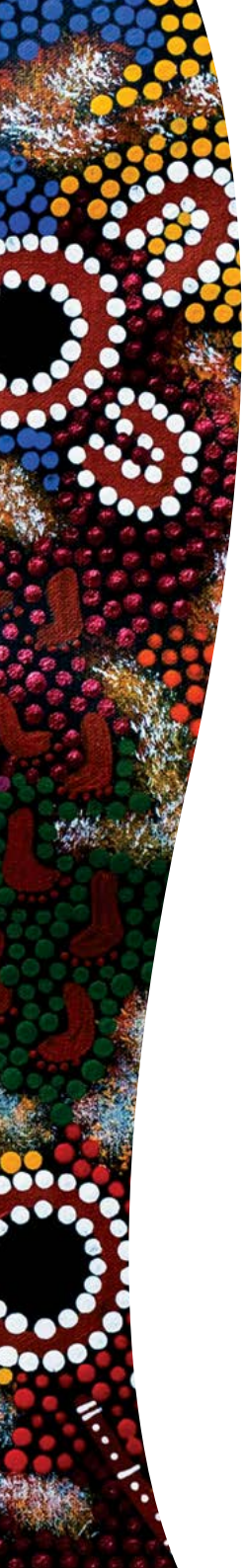
The directors of the corporation are responsible for the preparation and presentation of the financial report in accordance with the *Corporations (Aboriginal and Torres Strait Islander) Act 2006* and the *Corporations (Aboriginal and Torres Strait Islander) Regulations 2017*. Our responsibility is to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

BDO Audit (SA) Pty Ltd

Andrew Tickle  
Director

Adelaide, 14 October 2019





# 2018 - 2019

Central Australian **Aboriginal Congress**

ANNUAL REPORT

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