



# 2019-2020

Central Australian **Aboriginal Congress**

ANNUAL REPORT





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*Please be advised 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 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 (IHD)
- 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 (CAHS)
- Central Australian Aboriginal Alcohol Programs Unit (CAAAPU)
- Central Australian Aboriginal Legal Aid Service (CAALAS)
- Central Australian Aboriginal Family Violence Legal Unit (CAAFVLU)
- Central Australian Women's Legal Service (CAWLS)
- Central Australian Academic Health Science Network
- Central Australian Football Club
- Central Australian Remote Health Development Services (CARHDS)
- Centre for Appropriate Technology (CAT)
- 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
  - Mutitjulu Community Aboriginal Corporation (MCAC)
  - National Aboriginal Community Controlled Health Organisation (NACCHO)
  - National Disability Insurance Agency (NDIA)
  - 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 (NPY) 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
  - Women's Safety Services of Central Australia
  - University of Newcastle
  - University of Melbourne
  - University of South Australia







Roseanne Ellis, Amoonguna  
*Researchers coming into community right way, 2019*

Acrylic on Canvas, 30 x 60 mm

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## ABOUT CONGRESS: PAST, PRESENT, FUTURE

Central Australian Aboriginal Congress (Congress) began at a meeting held on 9 June 1973, and since 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.

The name was modelled on the Congress Party of Mahatma Gandhi and it was open to all Aboriginal people in Central Australia. Over one hundred people from town and bush talked about the need to safeguard and promote the interests of Aboriginal people.

Congress' initial aims were to be a voice for the Aboriginal people of Central Australia on all matters that concerned them. A Cabinet was elected to represent people from Central Australia. Congress was the second organisation of Aboriginal people formed in the region (CAALAS was formed the morning of the same day) and one of the first in Australia.

Congress' first service was a 'Tent Program', providing shelter to Aboriginal people in town. As time went by, other Aboriginal organisations grew to take care of issues like housing, education, and land. But health remained

a great concern for Aboriginal people, and in 1975, Congress started a medical service in a house on Hartley Street. A doctor was employed and transport and welfare services set up.

Congress became the voice of Aboriginal health. The clinic moved to its current premises on Gap Road in 1988. Congress Alukura opened on its current site south of The Gap in 1994.

In December 2012, it was voted at a general meeting that Congress would register under the Corporations (Aboriginal and Torres Strait Islander) Act 2006 (CATSI Act), and the organisation officially became Central Australian Aboriginal Congress Aboriginal Corporation.

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.

From the Congress Archives



## CONGRESS BOARD OF DIRECTORS 2019-2020

### MEMBER DIRECTORS



**Graham Dowling**  
CHAIRPERSON



**Dorethea Randall**  
DEPUTY CHAIRPERSON



**Joseph Hayes**  
MEMBER DIRECTOR



**Sheralee Taylor**  
MEMBER DIRECTOR



**Michael Liddle**  
MEMBER DIRECTOR



**William Tilmouth**  
MEMBER DIRECTOR



**Taren Williams**  
MEMBER DIRECTOR

### INDEPENDENT NON-MEMBER DIRECTORS



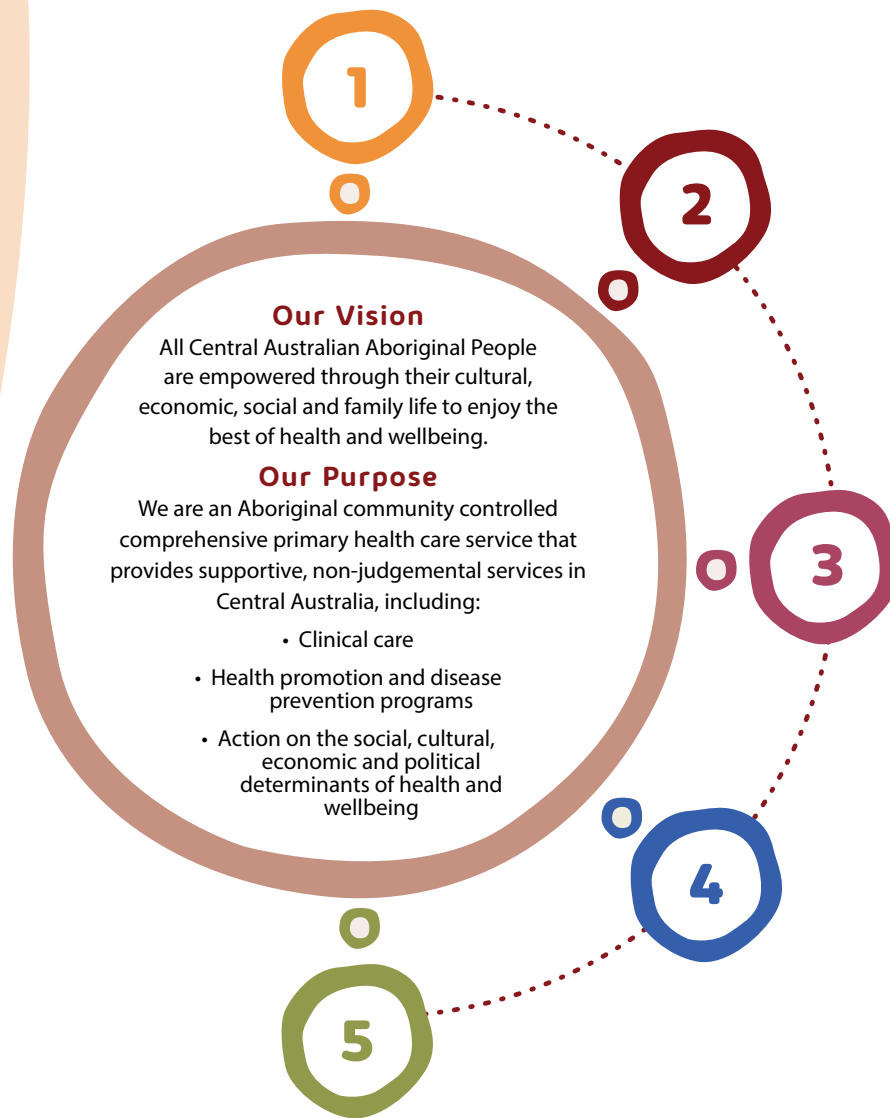
**Assoc Professor  
Peter O'Mara**  
PRIMARY HEALTH CARE



**Leanne Milligan**  
FINANCE



# 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.



## FROM THE CHAIRPERSON

Introducing Graham Dowling, Congress Chairperson. Originally from Katherine, Graham has lived and worked in Mparntwe Alice Springs for over 30 years and has a strong cultural and community understanding of both the local and the broader Australian Aboriginal community.

Werte. Firstly, I acknowledge the Central Australian Aboriginal people including members and consumers of Congress services, whose lands we are privileged to work on. You are our key partners, and it is our privilege to work with and for you to deliver your health service.

It is with pride that I introduce Congress' 2019-2020 Annual Report. I am privileged to be working alongside a team of Aboriginal leaders in our Member Directors, along with our Independent Non-Member Directors who specialise in finance and primary health care, to steer the direction of this important organisation. The Board continues its strong commitment to good governance and sound financial management including through the work of its dedicated subcommittees.

On behalf of my fellow Directors, I would like to thank our CEO, Executive Management and our dedicated staff for the ongoing commitment they have shown to continue to deliver our important services despite the challenges of the COVID-19 pandemic faced this year.

As the Board of a community controlled health service with such a long and rich history, turning 50 in 2023, we have a great responsibility to ensure that Congress is well placed not just to provide quality primary health care to our people, but to provide leadership in health and those social determinants that impact the wellbeing of our communities. This is especially true on the need to address overcrowding. In a submission Congress did this year to the Federal Parliamentary Inquiry into

Homelessness we made it clear that at the current rate of investment it will be 70 years before homelessness for Aboriginal people comes into balance with the national rate. The need to urgently address the social determinants of health has never been more evident than through the impact of the COVID-19 pandemic.

As the pandemic was declared, our community looked to us for the right information, the right guidance and the safe action to take. Our ability to provide those things and advocate early for strong border policies and supervised, hotel quarantine was second to none, and this continued through the last part of the financial year and beyond.

Our Strategic Plan 2019-23 outlines five priority areas for Congress to focus on to achieve our vision, which is that all Central Australian Aboriginal people are empowered through their cultural, economic, social and family life to enjoy the best of health and wellbeing.

We focus on these priority areas in delivering our vision and purpose, which is to provide supportive, non-judgemental services in Central Australia, including clinical care; health promotion and disease prevention programs; and action on the social, cultural, economic and political determinants of health and wellbeing. I will take this opportunity to tell you just some of the ways that we worked in those priority areas this year.

### Aboriginal Health in Aboriginal Hands

The Congress Board is dedicated to ensuring that community control is at the foundation of our work. We have 1022 corporation members which is a strong base. To ensure that the voices of our people are represented, we established a community advisory project, designed to engage with members on topics for which we provide submissions, positions and advocacy. An Aboriginal engagement officer was engaged, and a small but

focused group of members has started consulting on matters important to them and their families.

Our dedication to delivering a culturally safe and responsive environment for staff and clients led to the appointment of a Lead Cultural Advisor who provides guidance across the whole of the organisation on matters of culture as well as providing language classes and cultural inductions for new starters. In addition, the Aboriginal Staff Advisory Committee ensures that Aboriginal staff are represented and have a voice.

### Delivering quality health services

We engaged our clients about what they thought of the services that they were provided. You can read more about the results later in the Annual Report, however we acknowledge that ensuring that clients' first languages are accommodated, further reducing waiting times are just some of the things that can be worked on easily.

The Board endorsed position papers and submissions calling for policy changes across several of the determinants of health, acknowledging that climate, housing, income support and poverty are among just some of the drivers of health outcomes for our people.

### Supporting remote communities

The Board is focussed on making sure that everything Congress does in town we aim to provide in the bush and for our constituents who access our remote clinics. To ensure that our remote communities have a say in how their health service is provided, we maintained our schedule of remote board meetings including the use of Zoom and technology to ensure these meetings were able to be held during the challenges presented by COVID-19. The same was true for our combined remote board meetings, an important forum for sharing issues

and solutions and understanding the complexities of remote communities and their experiences. Additionally, we are proud that our Deputy Chair, Dorethea Randall and Member Director Taren Williams are also remote representatives on the Congress board.

We supported the establishment of a partnership with Advanced Training in Remote Indigenous Health, an exciting education program that has been developed for GPs to improve service delivery in Aboriginal communities in remote Australia. The program focusses on providing community specific skills and engagement, including language and includes a year's training with resources to be within a particular community for a doctor for the year. It is hoped that the program will make a big difference to the delivery of medical care in the future and is part of the start of raising the bar of Aboriginal health and tailored care for Aboriginal people.

We have also continued to explore the feasibility of transition to community control for communities in Central Australia who have approached us to do so.

### **Supporting our staff**

Our people are central to our ability to provide services in the community, and we are fortunate to have a highly skilled, diverse and dedicated workforce. Our commitment to building a strong Aboriginal workforce with a high percentage of Aboriginal people in leadership roles continues to be our priority, as does supporting all staff through creating and maintaining a culturally safe and positive organisational culture. We need more of our people to enter the health professions and we have cadetships, access to scholarships and other strategies to assist in this regard.

Maintaining staff safety through COVID-19 was paramount, and I commend our operational leadership in the way that this was managed, especially through the initial phases of the pandemic.

### **Working Together**

Good governance structures are vital to the success of an organisation like Congress, and ensuring that the Board is reflective and able to continuously improve is necessary. In line with this, the Board engaged an independent contractor to conduct a performance review. From this, there was a lot of good news about existing processes, along with productive pathways to further improvement.

The Board developed a risk appetite statement to ensure that strategic decisions are made with a clear understanding of what levels of risk the organisation is prepared to accept. The Board also developed a code of conduct which we are all bound to, an important document in ensuring that we and future directors know what is expected of them. We continue to be an open and transparent board to our members and the broader community and we have published a Communique on our website on the key issues and decision that are made after every board meeting.

Partnerships were nurtured with local and national, Aboriginal and non-Aboriginal, government and non-government organisations. We realise the benefits of working together across our shared interests with organisations and groups who we share the same values. For example, the battle we collectively faced with COVID-19 was a great illustration of our organisations working together. Local partnerships with sister organisations such as the Central Land Council and Tangentyere Council meant that our people in town camps and remote communities alike had access to the

information they needed to feel safe and be safe through the pandemic. Beyond this, these partnerships are vital for us to continue in the right direction, and we are committed to maintaining them.

My introduction outlines just a small selection of the many steps that were taken this year to help improve health and wellbeing outcomes for our people and community. This Annual Report serves as a record for the year and I commend it to you proudly.

I look forward to the next year unfolding. We will continue to strive for what is important, and to be an organisation that is accountable, transparent and inclusive, representing the needs of Aboriginal people in Central Australia.

**Graham Dowling**  
**Chairperson**



## CEO'S REPORT

Congress CEO,  
Donna Ah Chee



I start this report the way many others are probably doing this year; recalling what the year was like before COVID-19. The impact of the virus has been profound, and the fear around the potential devastation in Aboriginal communities, very real. Also real was the ability of Aboriginal communities and community controlled organisations to use their strengths to be prepared for the struggle that lay ahead. I am immensely proud of Congress' response to the pandemic; of staff and community for their resilience and dedication to doing whatever it takes to keep our communities safe.

Although we feel fortunate about the way the pandemic has played out in Central Australia, it is not fortune that has kept us safe to now. Rather, it has been good policy prompted by strong advocacy, including our own. Simply, we have benefited from a strong public health response to the pandemic, and we are part of that response.

I am proud of our strong connections with other Aboriginal organisations like Central Land Council, Centre for Appropriate Technology and Tangentyere Council and our peak bodies AMSANT and NACCHO. These partnerships didn't only strengthen the powerful advocacy that closed the NT's borders early, but supported the introduction of secure, quarantine measures in hotels and broad reaching and effective community education and preventative action. I am proud of the influence we had on policy, most recently with the Contain and Test model adopted by governments as the way forward if a remote outbreak occurs. I am proud of the response of clinic staff and managers in responding and setting up triage, of the staff who walked the streets educating our community on how to stay safe. I am proud of the teams who planned

and ordered and donned and doffed and cleaned and swabbed and turned up every day, of those who worked with our people in quarantine to make sure they were kept safe and well and stayed put. I am proud of the staff who got swabbed and stayed home just in case.

Throughout recent months I have been reminded constantly about the strengths of the people at Congress – resilient, dedicated, considered, flexible, caring and informed. When I think about the year before the pandemic hit, I recognise those same strengths. Before COVID-19 the resolve of the Congress team was drawn upon every day; to provide quality, culturally safe health services, to fight for better conditions in housing and income, for the climate, for better action on the social determinants of health, and equity for our people. All of these issues have been shown to increase the severity of COVID-19. Even if we find an effective vaccine the social determinants of health must also be addressed to prevent any future pandemics having a devastating and unequal impact on our communities.

We hit the ground running at the start of the financial year, continuing to speak out, inform and influence policy makers through our positions on key issues impacting the community. We had a loud voice in very important conversations through direct advocacy, public positions and relationships with our peak bodies, partners and other stakeholders. Congress was invited to participate in the Royal Commission into Aged Care Quality and Safety. We were pleased to be able to give evidence at the hearing, advocating for the needs of older people in our communities, including the inherent cultural safety of aged care services being delivered close to communities and by Aboriginal people through Aboriginal community controlled services. Long before COVID exposed the problems in residential aged care facilities, Congress



Representatives from the Combined Aboriginal Organisations at a press conference advocating for NT border closure due to the pandemic.

“

Although we feel fortunate about the way the pandemic has played out in Central Australia, it is not fortune that has kept us safe to now. Rather, it has been good policy prompted by strong advocacy, including our own. Simply, we have benefited from a strong public health response to the pandemic, and we are part of that response.

was advocating for a much greater nursing workforce on proper wages as well as more effective clinical governance systems.

Congress staff rallied in solidarity with the Yuendumu community supporting the Yuendumu cultural leaders in the ceremonial gathering to express the feeling of great loss in the community. We stood with Kumanjayi Walker and his family. We echoed voices calling for a quick, transparent and fair investigation into the tragic loss of life. In response to this and other shared local concerns, we joined other local Aboriginal organisations to re-invigorate the Combined Aboriginal Organisations group, an important alliance of Aboriginal leaders from

the Mpartnwe community who come together to provide clear decisive direction where appropriate.

We gave evidence to the Senate inquiry into Newstart and joined the movement lobbying to raise the rate of the income support payment, given the impact of poverty on health outcomes of Aboriginal people. We were among great community partners as NTCOSS and Tangentyere Council gave evidence either side of us, presenting a strong united front. Now that we have experienced jobseeker we cannot go back to the old Newstart which was well below the poverty line.

I continued to represent the interests of Congress, our members and community through positions on the NT Children and Families Tripartite Forum (Chair) and the boards of the Aboriginal Medical Services Alliance of the NT (AMSANT), the National Aboriginal Community Controlled Health Organisation (NACCHO) and the NT Primary Health Network (NTPHN), and as a member of the National Aboriginal & Torres Strait Islander Health Implementation Plan Advisory Group (IPAG), Northern Territory Aboriginal Health Forum (NTAHF) and Alice Springs Peoples' Alcohol Action Coalition (PAAC). I was also part of an advisory group to inform the national approach to suicide prevention in Aboriginal communities, an issue that remains despairingly urgent.



Congress also played an important role in the development of a new funding model for Aboriginal community controlled health services working with NACCHO. This included the decision by Minister Hunt to allocate significant new funding to our sector. As a result of this our services in remote communities have had a significant and much needed boost in their core funding which is being phased in over the next 3 years. We were also successful in having our annual funding increase reinstated to reflect the increasing costs for running our services due to inflation.

Several important anniversaries were celebrated in the first part of the financial year, and I was pleased to have been invited to speak at these special events. The Australian Nurse-Family Partnership Program (ANFPP) hosted its tenth annual conference in Mparntwe Alice Springs in July last year. AMSANT's 25th anniversary was also celebrated in Alice Springs in August. This was a great event that celebrated the key role that Aboriginal community controlled health services are playing in the expression of Aboriginal self-determination in health and in improving the health and well-being of our people. In following months, the ten-year anniversary conferences for both the Indigenous Allied Health Association (IAHA) and National Aboriginal and Torres Strait Islander Health Worker Association (NATSIHWA) took place, in Darwin and Alice Springs respectively. Throughout these speaking events, the themes of our advocacy focussed on three pillars: the need for national investment in a comprehensive model of primary health care delivered through Aboriginal community controlled health services with national recognition that these services are the foundation for meeting the holistic needs of our diverse communities; the understanding that the delivery of these services by Aboriginal people is the

only way to make access to them truly and intrinsically culturally safe for all; and the need for a stable national policy and political framework for dealing with Aboriginal disadvantage: the Uluru Statement. The partnership between the Council of Australian Governments (COAG) and Aboriginal and Torres Strait Islander peak organisations was a historic development that provides real hope that these steps may be one day realised.

Early in the year we hosted visits from a range of key stakeholders. This included Prof Hugh Taylor, lead of the Indigenous Eye Health Unit at the University of Melbourne with whom we discussed key issues in relation to the ongoing work to ensure that trachoma is under control across Central Australia. The CEO of headspace, Jason Trethowan came to Alice Springs to witness first-hand the delivery of the vital service for young people in partnership with an Aboriginal community controlled health service. In February, NT Minister for Education, the Hon. Selena Uibo visited Congress to discuss our services for children and their relationship with NTG services and was moved to visit the Child Health and Development Centre where she expressed support for our planned delivery of similar services into remote communities. She was so impressed she returned for a second visit with the Chief Minister.

We formed important partnerships with Aboriginal legal services, including one with the North Australia Aboriginal Justice Association (NAAJA) to better deliver services in local correctional facilities, and Central Australia Aboriginal Family Legal Unit (CAAFLU) to facilitate access to legal services through our clinics. We expanded our services further in to key areas, including Back on Track, through which therapeutic services are provided to young people on diversionary programs through the court system; Jaila Wanti, a vital culturally

responsive service assisting men coming out of prison through real relationships and rediscovery of identity; and we further developed our reach into the NDIS space.

We welcomed Sabella Turner to the newly established position of Lead Aboriginal Cultural Advisor. This position has whole-of-organisation responsibility to provide cultural advice, mentoring and induction to staff and management across all Congress services and programs, with the aim to strengthen Congress' cultural responsiveness and security frameworks.



It was the first year we undertook a shared process with senior managers across all divisions to develop our corporate plan against the board's Strategic Plan. We conducted a workshop to focus on planning the priority activities that would mean important steps towards the strategic objectives were taken. This is an area we will keep improving and I look forward to reporting on our successes with this in future reports.

“

**We hit the ground running at the start of the financial year, continuing to speak out, inform and influence policy makers through our positions on key issues impacting the community. We had a loud voice in very important conversations through direct advocacy, public positions and relationships with our peak bodies, partners and other stakeholders.**

There were big changes at the Executive level, the largest of which was a review of Congress' organisational structure. In alignment with our strategic priorities, particularly the key focus on our children, young people and families, we announced the new Child Youth & Families Division. In September, we were very happy to welcome experienced and talented local Arrernte woman, Carolyn Renehan to oversee this new division. Toward the end of 2019, we sadly farewelled our colleague Ian Townsend as General Manager Human Resources, who moved on from Congress due to illness but remains in our thoughts. To fill the role, we welcomed Brett Capes, who commenced in March. Finally, General Manager Health Services, Tracey Brand left Congress in March after several years of service, having deservedly won the role of Chief Executive Officer at Derbarl Yerrigan Health Service in Perth. Congratulations to Tracey for this great achievement. Dr Colin Marchant is now acting in this key role.

Congress received two major awards during the year. Our Care Coordination team were awarded the Team Medal in the Administrator's Medals in Primary Health Care 2019, major recognition of the important work they do in our community. We were also awarded the Allied Health Leadership Award presented at the IAHA conference) recognising the work we do to expand our services and programs in this key area. Congratulations to all involved.

Congratulations also to those in the Congress team who reached their own milestones this year. I have been able to highlight just a few things from what has been quite a year.

My thanks go to the Board for their vision and guidance, and my fellow Executive Managers for their leadership and support.

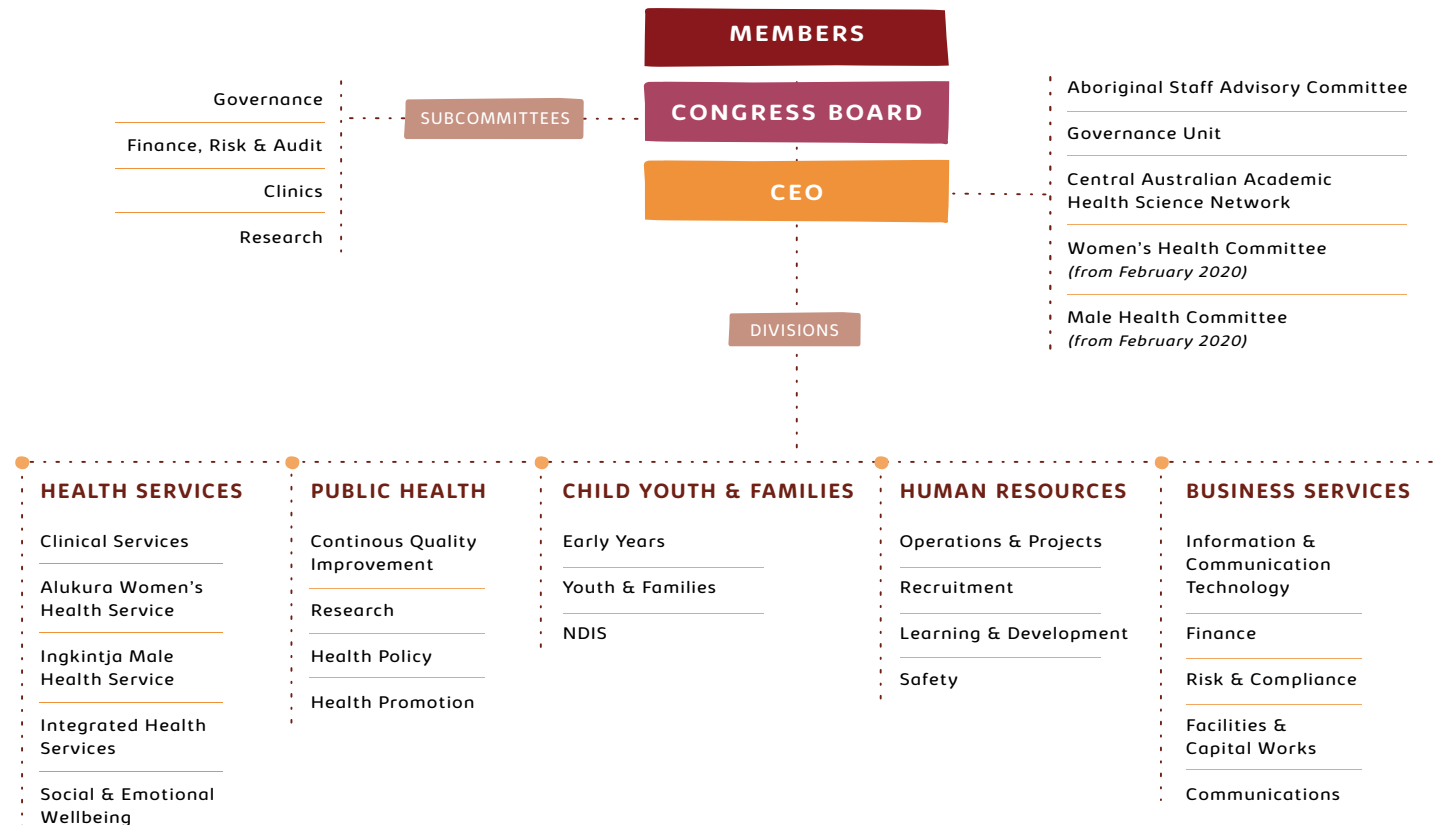
Finally, thank you and congratulations to the entire Congress team. The commitment and support you show me, the Executive Team and most importantly our clients and community, is inspiring.

— Donna Ah Chee



Donna speaking at the rally for Kumanjaji Walker

# CONGRESS ORGANISATIONAL STRUCTURE



Congress' Strategic Plan 2019-23 provides a number of exciting key priorities, including a key focus on our children, young people and families. With this in mind and in response to the growth that the organisation had experienced, a review of the organisation's structure was conducted to understand how this priority would be best served operationally. This recommended a new division be created; Child, Youth and Family Services.

Due to the significance of the change, management conducted consultation with staff with particular focus on those staff directly impacted. This proved useful in mitigating risks of the change, resulting in a successful implementation over a few months and the appointment of a new general manager for the new division. No job losses or demotions occurred as a result of the change.

The result of the restructure was a more manageable Health Services Division focussed on clinics and related services, and a division that integrates and aligns like child, youth and family related services to optimise operations, access and outcomes. It also created a place for the newly commenced NDIS operations.



# CHILD YOUTH & FAMILY SERVICES





## EARLY YEARS

The Early Years child-focused learning and health programs are delivered through a cultural adaptation of the Abecedarian Approach Australia (3a) focusing on Language Priority (with local languages embedded), Conversational Reading, Enriched Caregiving and Learning Games. The Early Years programs promote and work with children from at-risk and vulnerable families, to impact children's developmental, educational and health outcomes across their lifespan through the following integrated programs.

- Australian Nurse Family Partnership (ANFPP)
- Child Health Development Centre – Arrwekele akaltye-irretyeke ampere (CHaD)
- Preschool Readiness Program (PRP)
- Congress Child Care (Ampe Kenhe Apmere).

The employment of language speakers and cultural experts across programs to support children's learning and health development allows language to be embedded through quality education, health assessments and care using families as part of the teaching/learning environment.

The **Congress Ampe Kenhe Apmere Child Care Centre** is a 55-place centre, providing education and care to children aged six months to five years. The centre strives to deliver educational services and ensure its rating and assessment against the National Quality Rating System and its seven quality areas. During the year, the centre invested in new resources for age appropriate play, creation of space and painting, and new parent informed areas allowing parents to spend time and read about their child's day. The centre is bright and inviting with happy staff and happy children.

The centre operated at full capacity during the year with a waiting list of over 50 families with steady enquiries on placement daily. The implementation of the Early Years Improvement Plan in 2017 continues to direct the centre, prioritising employment and support of qualified staff to provide children with quality educational learning and care. 85% of centre staff hold diplomas and some continue to work towards other qualifications. Four staff are due to graduate in October 2020.

In response to COVID-19, the Federal Government introduced free childcare to relieve the financial stress of working parents and those affected by the pandemic nationally. Although our centre was not eligible for the newly released Job-keeper assistance during the pandemic, we remained viable due to subsequent financial assistance from the Australian Government for one-off payments in lieu of not receiving regular parent fee contributions.

The **Child Health and Development Centre** (previously known as the Early Childhood Learning Centre) underwent a major restructure in early 2020. This aligned the focus of the program more solidly with early interventions and health development of the young participants whilst maintaining quality care and stimulation as before. Relationships have been strengthened between the centre and other Congress health programs to increase access and referrals to important early intervention activities.

The new staffing structure saw new child engagement officer positions included to increase Aboriginal language speakers to strengthen the cultural aspect of the program. Throughout the year an average of 50 children were enrolled, but attendance was very evidently affected by COVID19.

18



Children transitioned from CHaD to PRP in the last 12 months

7



Children were transitioned to other preschool programs

8



Children were successfully transitioned to childcare



Children and educators at Ampe Kenhe Apmere

Children that attended regularly received the recommended dosage of 17.5 hours of engagement at the centre. Children are receiving regular child health checks and ASQTraks at each milestone. Regular support for the program is provided by the Congress Child, Youth and Assessment Treatment Service (CYATS) and our child health nurses.

Several Ministers visited the centre throughout the year including; NT Chief Minister Gunner, Education Minister Selena Uibo, Minister Fyles, Minister Wakefield and Minister Lawler.

We were also privileged to be visited by Australian Governor General His Excellency David Hurley and wife Her Excellency Linda Hurley.

The **Preschool Readiness Program** had another year providing intensive support program to children aged 3.5 - 5 years and their families in readiness for preschool. The program is a comprehensive Abecedarian program delivered to developmentally vulnerable children provided in a classroom environment over eight week intensive with outreach family support and engagement.

The program provided the intensives to 80 children throughout the year, of these our Aboriginal family support workers successfully assisted with the transition of 70 children and provided support to their families to enable enrolment into preschool.

ANFPP client Shakayla with baby Lakesha at the pool







Children get active playing at  
Ampe Kenhe Apmere

All children attending the program received child health checks and ASQ-Traks completed at the required milestone; these checks inform individual learning plans at PRP and guides goal setting and incorporates children's learning interests. Observation and individual learning plans demonstrate that a child can catch up on their development by as much as six months in an 8-10 week intensive.

The program has had changes during the reporting period with the intensive being delivered four days a week and one day allowing for outreach support to families to engage other services and attend visits to selected preschool, the change has allowed children to continue to learn solidly and the program to be inviting and exciting. The children have spent the best part of the

year establishing a vegetable garden, learning self-help and independence as well as sustainability, nutrition and garden to the table is promoting where all vegetables grown are prepared in their daily cooking of their lunch.

Transport for children to school continued to remain a huge barrier for many families. Congress has collaborated with the National Indigenous Australians Agency (NIAA), the Department of Education (Connected Beginnings) and Gillen School on a new initiative to provide a transport service to preschool children, for a transport and engagement program 2020-2021. The transport and engagement program increases family relationships with preschool, helping parents to enrol their child/children and contribute to regular attendances at preschool.

Sophie Foster and her son Trequan



### Congress Australian Nurse Family Partnership Program

Program is a strengths-based, solutions focused, home visiting service for women in Alice Springs who are pregnant with an Aboriginal baby. Nurses, midwives, and Aboriginal community workers visit women in their home from early in pregnancy until their child turns two to promote healthy pregnancy, enhance child health and development and support women to improve their life course. This evidenced based approach has shown a significant impact on the developmental, educational and health outcomes across the lifespan for children from at-risk and vulnerable families. In October 2019, Congress Australian Nurse Family Partnership Program celebrated ten years of working in partnership with families in Alice Springs, Amoonguna and Santa Teresa at the ANFPP Annual Conference held in Alice Springs.



Sophie Foster and her son Trequan



Getting creative outside at Ampe Kenhe Apmere

During the year we recruited an Aboriginal social worker. This position provides additional client and staff support and has allowed nurses to focus on health and developmental education, while continuing to support families to address their immediate social needs. Congress ANFPP collaborated with Drive Safe NT which saw fourteen clients complete their learners permits. Funding has been continued for 2020-2021 to support this important initiative.

ANFPP commenced in Ntaria in 2018 and this year celebrated with the graduation of the first four Ntaria clients.

COVID-19 saw staff redeployed to support the efforts of Congress to manage the pandemic and families continued to be supported by the nurses and Aboriginal community workers while maintain physical distancing and providing education to families in community around the pandemic.



## YOUTH & FAMILY SERVICES

Congress Youth Services expanded in September 2019 to include the **Back on Track Program**. The Back on Track Program is funded by the NTG Territory Families and is a new alternative sentencing program that provides alternatives to detention and pathways to divert young people (10- 17 years) away from the youth justice system. The program includes a holistic service coordination model based on four elements aimed at equipping the young person with the skills needed to deter them from reoffending. The four stages include:

- 1 Developmental and therapeutic needs**  
Address offending behaviour and identify individual needs
- 2 Consequences, restitution and giving back to the community**  
Restorative justice and victim offender conferencing, community service activities
- 3 Life skills and cultural connection**  
Connect with community elders, learn culture and foundational skills for adulthood, food security, health, hygiene and accommodation options
- 4 Vocational education and training leading to employment or further studies**  
Serve the community through project based training, volunteering and work ready programs with local businesses

In Central Australia, Congress is the service provider for Elements 1, 2 and 3. Saltbush Social Enterprises is the service provider for Element 4. Since inception 19 referrals have been received by the Congress Back on Track Program, seven females and 12 males.

The **Youth Outreach Team** continued to provide culturally appropriate case management, advocacy, social support and therapeutic and mental health support to young people aged 12- 25 years inclusively. Over the past twelve months, 83 young people received support through our Youth Outreach Team. More broadly, the Youth Outreach Team continues to be involved in many collaborative youth initiatives that strengthen the youth and justice sector, including membership in the Interagency Case Management meeting, Central Australian Youth Justice Network (CAYJ) and Interagency Task Coordination Group (ITCG).

**The Child and Youth Assessment & Treatment Service** (CYATS) is a paediatric multidisciplinary allied health team providing diagnostic assessment and therapeutic interventions to children and young people aged 0 – 18 years, suspected of having neurodevelopmental delay/ disorder/s.

The team of eight includes a team leader, two paediatric neuropsychologists, two speech pathologists, an occupational therapist, an Aboriginal family support worker and a clinical case coordinator. The team work in partnership with senior paediatricians from Alice Springs Hospital to see children/families alongside CYATS Clinicians one half-day weekly.

The team also work collaboratively with school special education teams, school psychologists and student inclusion wellbeing teams, Congress child health nurses and GPs, and Territory Families for children in out of home care and young people in Alice Springs Youth Detention

Centre. The CYATS Team also works with Congress' NDIS Team to support children and young people who are eligible to access NDIS supports post diagnosis.

The team have provided twelve information sessions throughout the year about CYATS/FASD to various sectors in the community, including schools, hospital paediatric registrars, special education teams, Central Australian Women's Legal Service, Owen Springs staff at Alice Springs Youth Detention Centre.

CYATS provides therapeutic interventions to children and young people at home and school either as part of an individualised plan or as part of group intervention sessions that take place at one of Congress' early learning services or at schools and preschools. Parents are supported to understand their child's needs and the use of specific strategies.

**174** Clients serviced

Therapeutic interventions completed **874**

**402** Assessment sessions completed

Children who received a new diagnosis **66**



66 Children received a new diagnosis, including FASD, ADHD and Autism Spectrum Disorder, (111 total diagnoses). This means that they will now be eligible to receive appropriate intervention either from the CYATS team directly or via NDIS providers or other early intervention providers. Of these, 36 children were diagnosed with FASD.

Over the past twelve months, **Congress' Family Support Service** (FSS) has provided support and advocacy to vulnerable families who have been experiencing a range of challenges in their lives including homelessness, substance misuse, health issues, domestic violence, as well as adapting to a world where coronavirus is a potential threat. Over the past year, the Congress FSS provided direct support to 48 Families and 126 children. The majority of families Congress FSS worked with in 2019/20 had had some contact with Territory Families (TF) either prior or during FSS's involvement illustrating the level of need within the families.

A strong working partnership has continued with TF at the operational level enabling a clear understanding of each other's roles and responsibilities as well as a shared understanding of the family's strengths and concerns. In the 2019/2020, 12- month period no children were removed from their family whilst they were receiving support from Congress FSS. This collaborative approach in working alongside families, TF and other key stakeholders, has enabled families to make positive changes improving outcomes for their children.

In September 2019 the Congress FSS Team presented at the National SNAICC Conference in Adelaide on the topic Supporting Indigenous Children and Families Through Partnership: A Bi-Cultural Journey Incorporating Parents Under Pressure Into Practice (PuP). This was a joint presentation facilitated by Congress FSS staff in

partnership with the PuP developers. The team also presented a workshop titled Working in Bicultural Pairs – a Culturally Sensitive and Appropriate Approach to Effective Engagement with Aboriginal Families. Both presentations were extremely well received by the large audiences.

Staffing within the Congress FSS Team has remained unchanged with no staff turn-over in the past 18 months enabling the team to build strong relationships with families and the key services they work alongside. One Aboriginal Family Support Worker (AFSW) within the team completed her social work degree in November 2019 and is a qualified social worker. Another AFSW is currently doing her honours in her social work degree through Deakin University, and another recently complete a Graduate Certificate in Developmental Trauma in June.

The **Congress Link Up Service** has continued to provide a valuable service to our Stolen Generation members and their families, with research and family tracing support provided to 32 individual clients and three face to face family reunions occurring in this annual report period. Most of the work within the service comes from requests for support from individuals within the Central Australian footprint, however, we also work collaboratively with other Link Up Services around Australia to support interstate clients with a Central Australian connection.

The service welcomed Glenn Clarke to the team leader/ case worker role, and Kylie Preece as client engagement officer who both settled in very quickly and have achieved great things in a short space in time.

Only days after commencement with the Link Up Service Glenn was successful in a small grant application to the Healing Foundation's 'Stolen Generations Collective Healing Initiative' to put together COVID-19 friendly care

packages for our local Stolen Generation members. Packs included bush medicine packs, blanket, pillow, toiletries (including hand sanitiser), gloves, beanie, scarf, kettle, and activity books to pass the time. Glenn and Kylie worked hard to put the packs together and personally deliver to our Stolen Generation members. Feedback from members suggest the packs were warmly received and appreciated.

COVID-19 restrictions and staffing shortages resulted in the absence of community events for Apology Day or Sorry Day in 2020 but these days were acknowledged by Congress by promoting Apology Day via social media outlets, and accepting an invitation from St Joseph's Catholic Flexible Learning Centre to attend the school on Sorry Day to provide some education to the students on the history of Government forced removal policies, the Stolen Generations, and the significance of the 26th May.

In addition, promotion of the Link Up Service has occurred in communities such as Tennant Creek, Ali Curung, Ntaria and Ltyentye Apurte where Link Up staff have engaged with local community groups and services to ensure people are aware of supports available for any members of the Stolen Generations who are searching for family members removed or 'lost' during forced removal policies.

## NDIS SECTION

**National Disability Insurance Scheme (NDIS)** is a national program which provides support to eligible people with intellectual, physical, sensory, cognitive and psychosocial disability. Linking with other services, early intervention supports can also be provided for eligible people with disability or children with developmental delays.

Over the year, Congress has been busily focussed on establishing this new program to ensure that our community has access and supports needed through the NDIS. This includes setting up our business systems, referral processes and recruitment. We also ensure that our other Congress services and programs understand NDIS so that clients can access information at any entry point. During the establishment phase, we have still helped our clients with NDIS whether it was accessing the scheme, providing support at planning meetings and ensuring that participants have had access to therapeutic supports.

This year we commenced providing an NDIS service to Aboriginal people requiring information to better understand and navigate the scheme to ensure they receive the right support they need so their skills, independence and quality of life improve over time. The NDIS central intake team receives referrals internally from clinicians or externally from other service providers, family members or individuals living with a disability.

We then support potential participants through the process. An important part of our process is ensuring we have each participant's permission to gather relevant information that will support their application to provide a better chance of having access met.

Once eligible, participants have choice and control with regards to which services and supports they require to have their needs met. The types of supports that the NDIS may fund for participants include:

- daily personal activities
- transport options to enable participation in community, social, economic and daily life activities
- workplace help to allow a participant to successfully get or keep employment in the open or supported labour market
- therapeutic supports
- help with household tasks to allow the participant to maintain their home environment
- help to a participant by skilled personnel in aids or equipment assessment, set up and training
- home modification design and construction
- mobility equipment, and
- vehicle modifications.



# HEALTH SERVICES





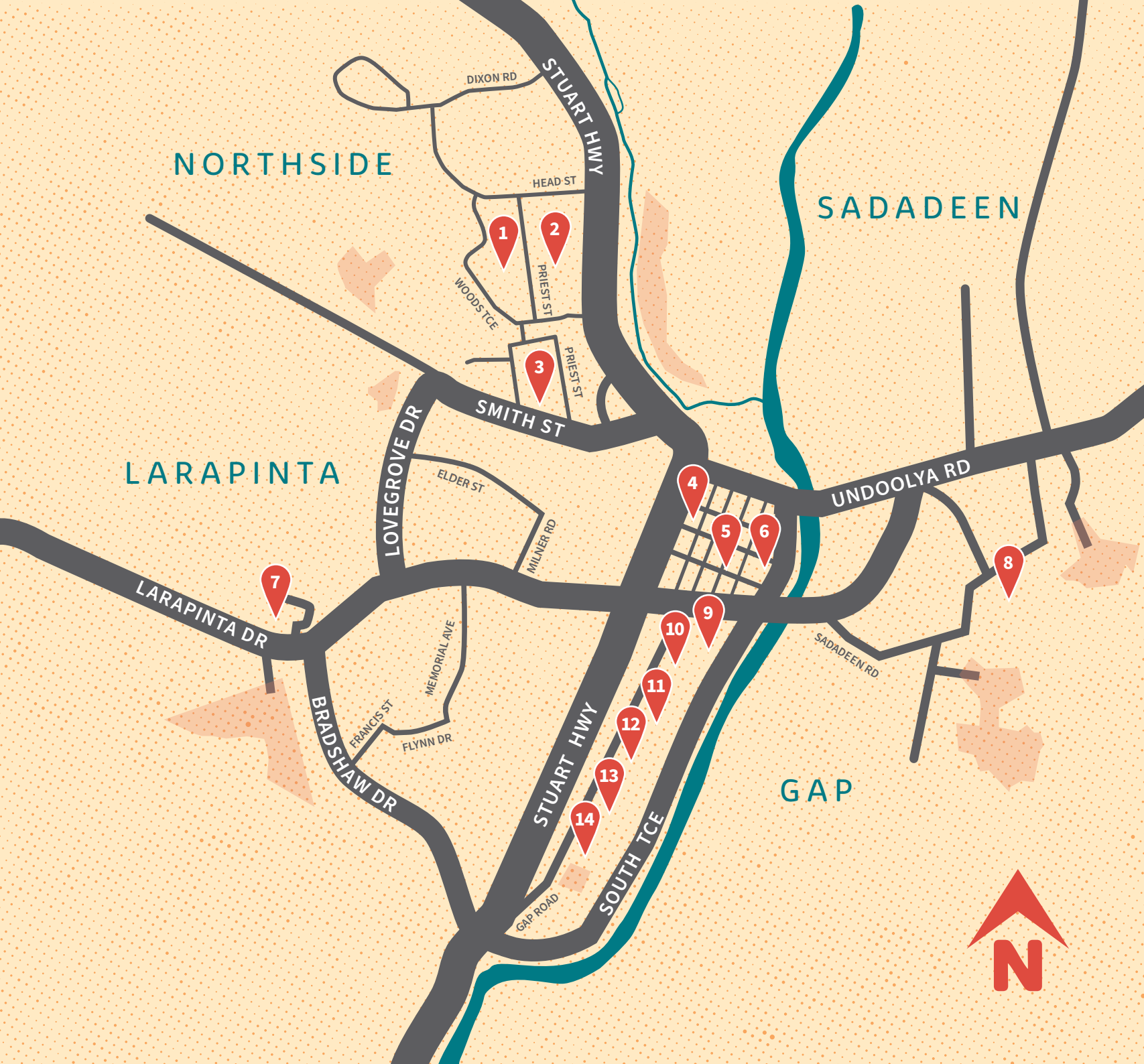
## CLINICAL SERVICES

**Congress' Clinical Services** are made up of a multidisciplinary workforce of over 200 staff across 14 primary health care clinics. 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.

Under the leadership of Dr Sam Heard, Congress provided 28 General Practitioner Registrar training placements. This is the highest number to date. The most exciting part of these numbers is that three of the registrars are Aboriginal. This year has seen registrars are undertaking short placements at Congress' remote clinics. These remote placements enable the registrars to experience working at a remote clinic and living in a remote community it is hoped that this will make more of our registrars and future GPs want to provide services to a remote community. GPR training is key in providing a well-trained GP workforce for the future.

COVID-19 impacted our clinical services significantly, with a need to divert client contact when possible through means like outreach and telehealth. The advent of telehealth and its ability to bridge some access gaps was a positive outcome of the pandemic, and we are hopeful that funding for this important access can continue beyond the pandemic. Clinic staff are to be commended on their adaptability and resilience in responding to the pandemic, encouraging safe and reassuring access to care through triage and other means.

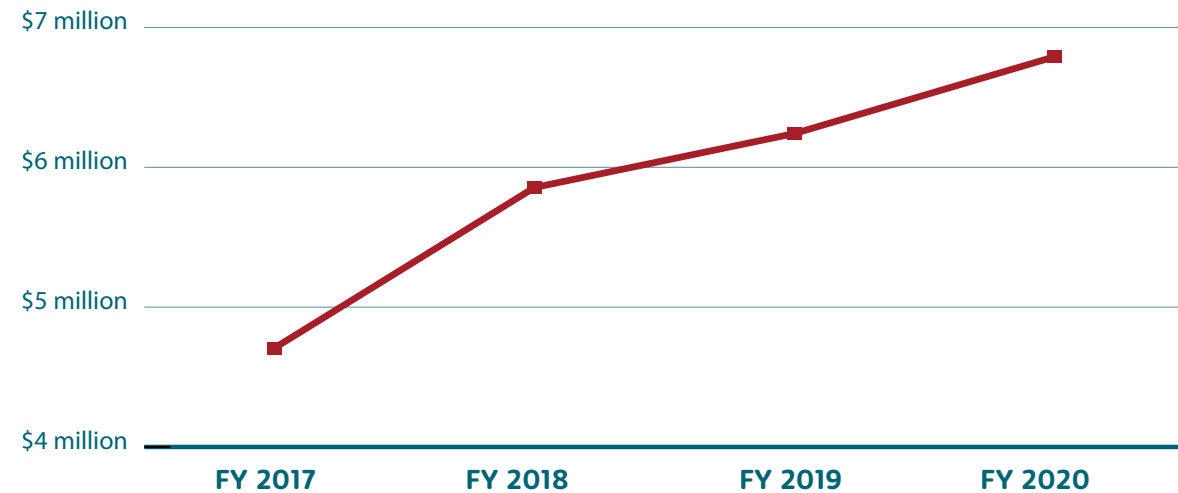




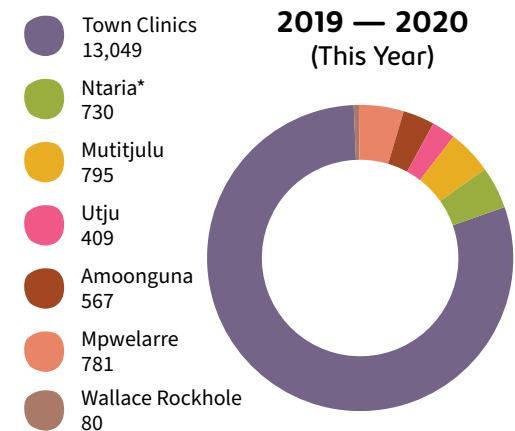
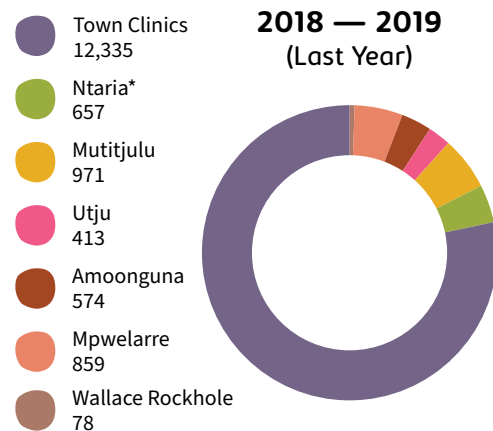
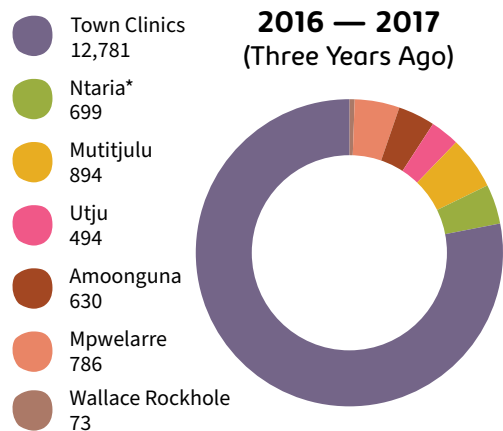
- 1 Child Health and Development Centre (CHaD)**  
13 Keckwick Ave
- 2 Northside Clinic**  
Northside Shopping Complex  
North Stuart Hwy
- 3 Business Services / HR**  
32 Priest St
- 4 Australian Nurse Family Partnership Program**  
Jock Nelson Building  
16 Hartley St
- 5 headspace**  
Shop 4-6 Colacag Plaza, 74 Todd St
- 6 Head Office**  
14 Leichhardt Tce
- 7 Larapinta Clinic**  
Diarama Shopping Village
- 8 Sadadeen Clinic**  
70 Spearwood Rd
- 9 Preschool Readiness Program**  
South Tce
- 10 Congress Respiratory Clinic**  
127 Todd St
- 11 Ingkintja Male Health Service**  
19 Gap Road
- 12 Child & Family Services Office**  
21 Gap Road
- 13 Congress Childcare Centre**  
23 Gap Road
- 14 Gap Clinic**  
25 Gap Road

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. We are proud to see this income growing.

## MEDICARE REVENUE



## NUMBER OF ABORIGINAL PEOPLE ACCESSING CONGRESS SERVICES





## EPISODES OF CARE

This shows the number of visits on average, per individual client.

### Town Clinics: 10



### Ntaria: 11



### Mutitjulu: 8.2



### Utju: 14.9



### Amoonguna: 7.5



### Mpwelarre: 8.9



### Wallace Rockhole: 4.6



## MUTITJULU CLINIC

Over the financial year, Mutitjulu Clinic has become an example of what a committed team of staff can achieve when supported by the community health board.

The resident General Practitioner, Dr Deidre McAlpine, and the recently appointed Clinic Manager, Mellissa Walsh, along with a growing team of permanent remote area nurses are providing the community with a high quality primary health care service and the result is being seen in improved health outcome.

The Mutitjulu Health Aboriginal Corporation (MHAC) board is well engaged with the clinic team and is a great representation of the community and is providing strong leadership especially with challenges of COVID-19 and having an international airport on their doorstep. Together with the Mutitjulu Community Aboriginal Corporation (MCAC), the MHAC have been advocating strongly to keep the community safe.

The money story for Mutitjulu has always been a handicap of the service. The new funding formula has provided better allocation of funding to remote services bringing available resources in line with other clinics.

Over the past three years Mutitjulu has achieved

**263%**

increase in Medicare income

**144%**

increase in GP contacts

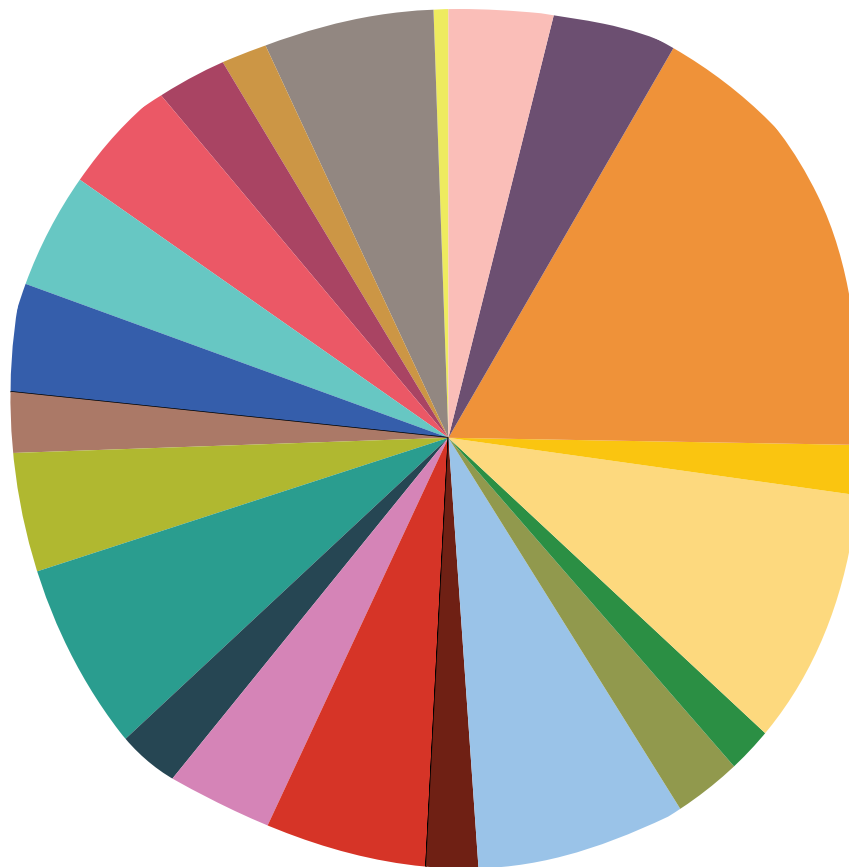
**25%**

increase in care planning rates for diabetics

**43%**

increase in adult health checks (15-54 years)

## Breakdown of Episodes of Care by Service



Congress has achieved tremendous outcomes over the year to improve the health and wellbeing of our people. Here is a snapshot of episodes of care accessed throughout the financial year across clinical services



## ALUKURA WOMEN'S HEALTH SERVICE

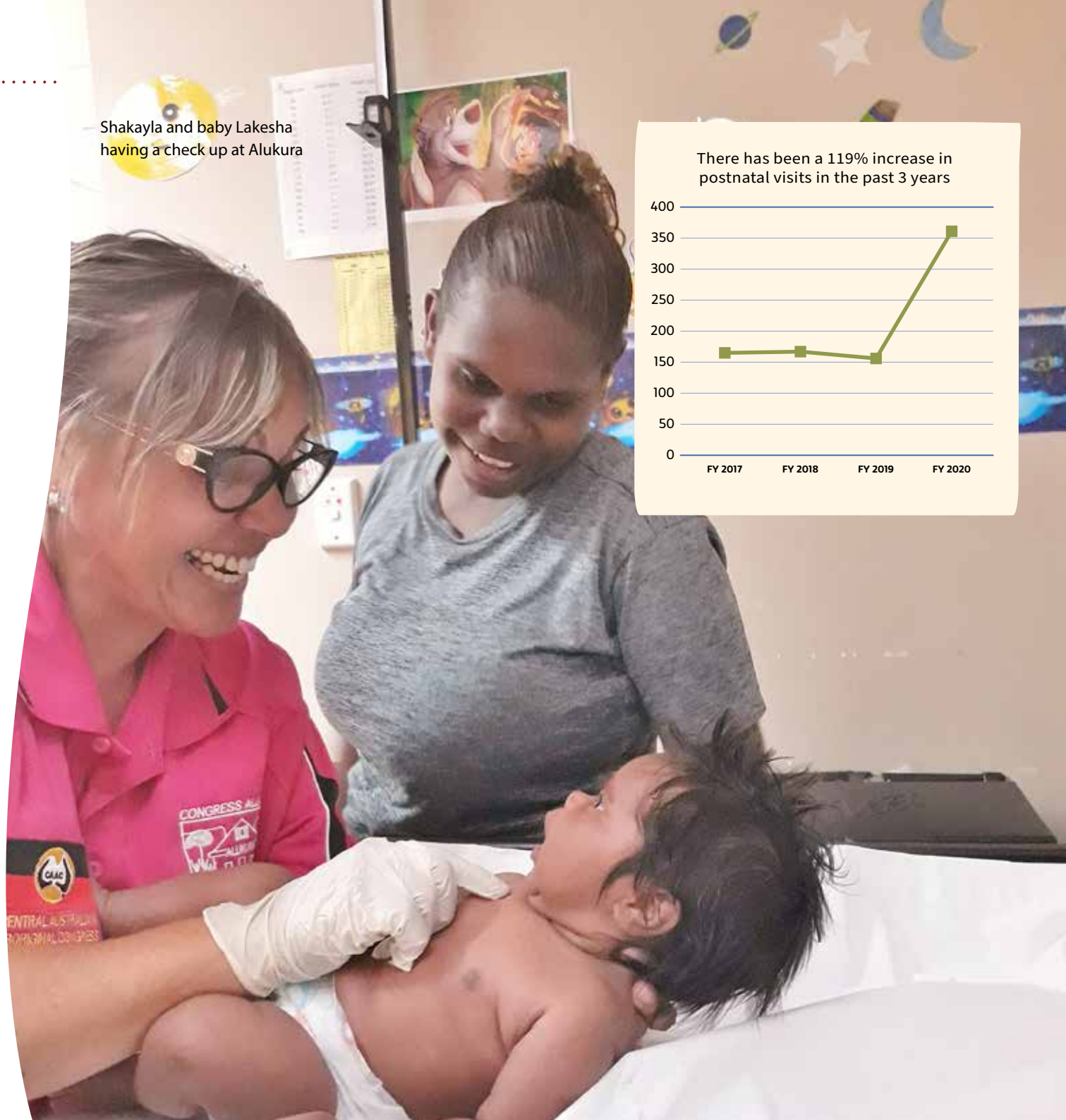
Alukura's visiting obstetrician and gynaecologist clinic is provided by Dr Lakshmi who has been attending Alukura now for over 10 years. This clinic continues to be very well attended and provides a vital service for Aboriginal women in Central Australia.

Dr Lakshmi not only provides support to pregnant women and the midwives caring for them but also supports women through postnatal care and assists with infertility and a wide range of gynaecological conditions. Women using the clinic have access to onsite ultrasound service and colposcopy, the test used to follow up abnormal cervical screening tests. The recent changes to how Australian women are screened for cervical cancer means that the easy access to colposcopy services is a priority for high risk women to access specialist care and treatment which is a major preventative measure for cervical cancer (along with vaccine) which used to be a significant preventable cause of death.

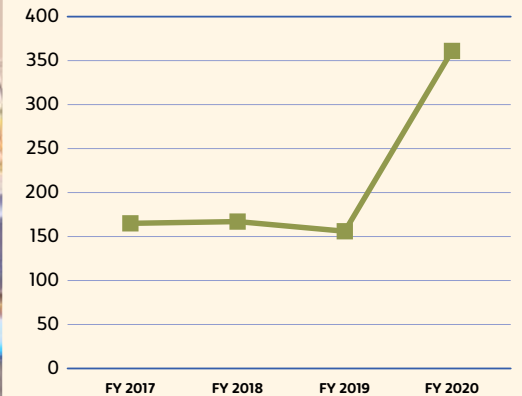
Alukura had an extended Christmas close down period to enable the replacement of the old roof which had rusted out and meant that with rain Alukura would be troubled with water leaking into the ceiling. The new roof and repairs to the ceiling will last another 25 years.

In October 2019 Alukura hosted a collaborative Women's Law and Culture event in partnership with Central Land Council. This event was a success with over 250 Aboriginal women participating throughout the week in this event. The event was recognised as an occasion for strengthening and healing.

Shakayla and baby Lakesha having a check up at Alukura



There has been a 119% increase in postnatal visits in the past 3 years



## INGKINTJA: WURRA APA ARTWUKA PMARA

Ingkintja: Wurra Apa Artwuka Pmara Male Health Service at Congress has for many years been a national leader in Aboriginal health, not only through its male-only comprehensive primary health care service providing a full suite of medical care complemented by social support services, but through the emphasis that the service places on preventative health with annual 715 health check and weekly engagements, servicing over 1,000 men every year.

Ingkintja takes the lead in supporting men in cultural activities across central Australia by providing equipment and medical support when requested by community leaders.

Incorporated into the male-only service are showers and laundry facilities, a gym, and Men's Shed.

Congress' decentralisation of social and emotional wellbeing services meant that a psychologist and Aboriginal care management worker are available through Ingkintja, allowing therapeutic care (counselling, violence interventions), brief interventions, cultural and social support to men.

Ingkintja also delivers the **Jaila Wanti** prison to work program, which provides support to Aboriginal prisoners 90 days prior to release and also post release to reintegrate back into community through the coordination of health, wellbeing and social support services. Male prison transitional care coordinators work with clients on health and wellbeing, and facilitate linkages with employment and training provider. Through the program, Ingkintja deliver regular visits to Aboriginal prisoners in the Alice Springs Correctional facility; conducting sessions with Aboriginal prisoners

on their holistic health and wellbeing including health promotions with a focus on staying off the smokes and grog. Sessions also focus on cultural roots and family connections to rebuild cultural identity and self-worth, and to reinforce positive behaviours while also reflecting on the consequences of impulsivity and violent behaviours. The team establish trust and respect and assist in reconnecting the men with family and culture and to reintegrate into community. Corrections staff have provided encouraging feedback on the positive impact that these 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.

The **Ingkintja men's wash facilities** were recently upgraded and continue to be a vital and highly accessed service, especially for men living rough. The facility gives 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.

The **Ingkintja men's shed and gym** has regular sessions that enable males, both young and old, to come together and access valuable skills, such as fitness, comradery and practical life skills.

Ingkintja have also been equipped with a male health truck, currently being fitted out with three consult rooms, which will increase the reach of the service's holistic approach further to remote communities in a culturally responsive – and mobile – way. A number of Ingkintja staff successfully gained the HR class driver's license which is required to drive the Ingkintja Male Health Truck.



Ingkintja men, from Left: Terry Braun, John Liddle, David Galvin, Wayne Campbell, Ken Lechleitner



# INTEGRATED HEALTH SERVICES

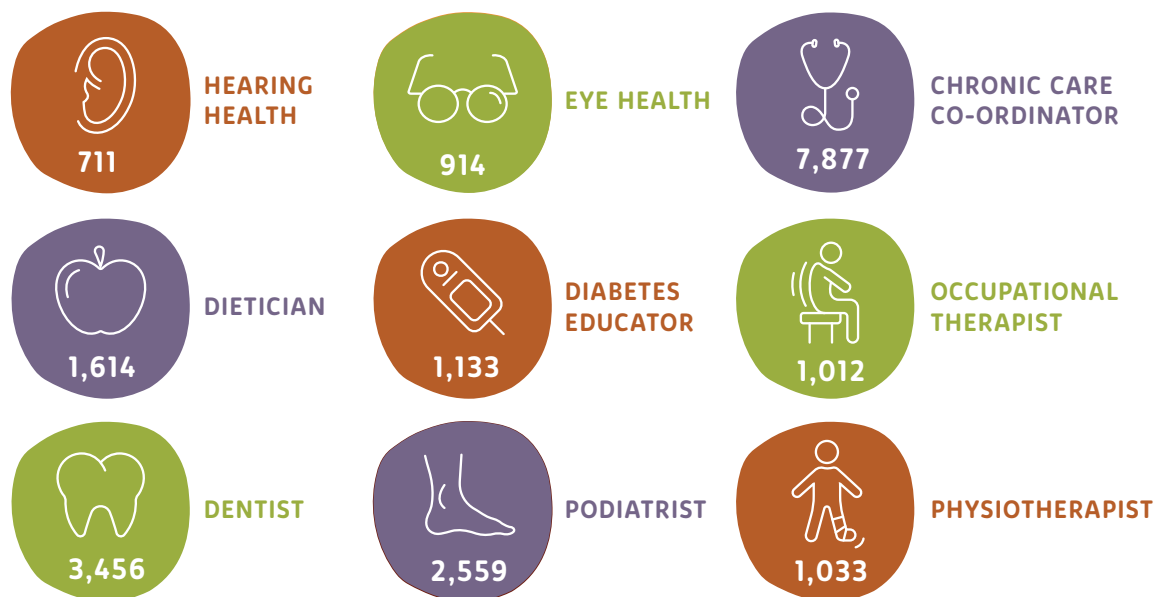
Integrated Health Services (IHS) provides seamless, effective and efficient care to clients across our town and remote clinics with the focus on ensuring clients are supported to access services required to improve their health and well-being through a multidisciplinary team of clinical practitioners. 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.

Late last year, Congress has partnered with RFDS to provide much needed dental services to Mutitjulu at an anticipated rate of 6 visits per year. The dental team made their maiden voyage for a week in early March where they utilised Congress's mobile dental clinic (see photos). Dr Deirdre from Mutitjulu clinic provided very positive feedback, acknowledging that "dental disease is such a massive contributor to poor overall health outcomes and so difficult for community members to access that I feel this is such a positive step forward for ongoing health care in this community".

Congress had five AHP Trainees on average throughout the year. AHP trainees attended six two-week blocks of training in Batchelor with BIITE (Batchelor Institute of Indigenous Tertiary Education) to complete the Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice HLT40213. Despite COVID-19 interrupting the coursework for AHPS trainees, we were able to facilitate in-house training blocks to ensure that their qualifications continued.

Our care coordinators, who work in both the community and renal dialysis units, had to constantly modify their

## Number of Contacts by Specialty



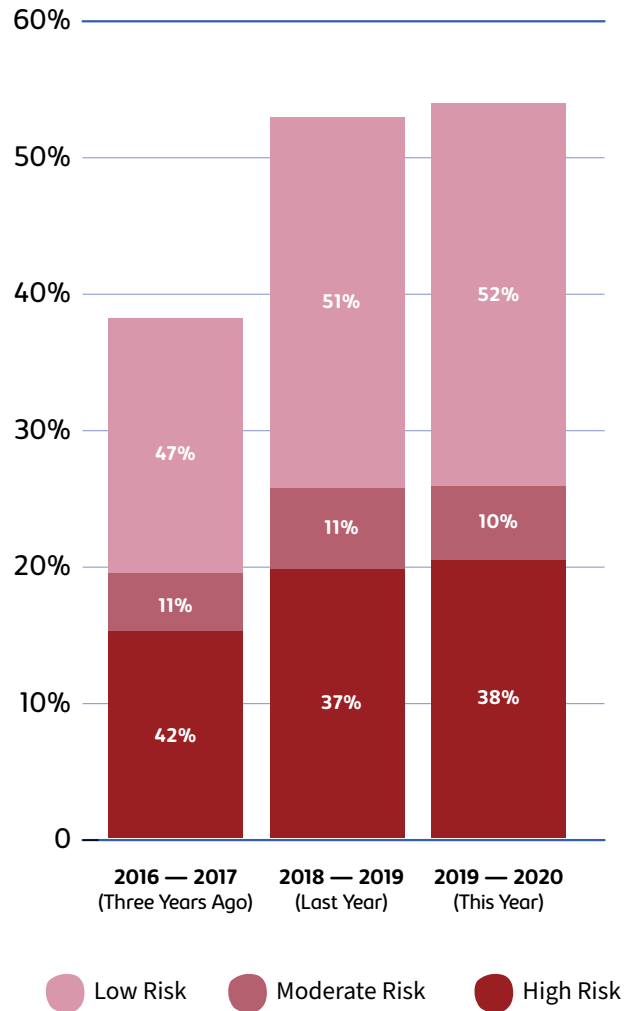
work practices throughout the year due to the impact of COVID-19. Our three renal care coordinators ceased outreach services into the two dialysis units for a period of time to reduce the risk to very vulnerable renal clients by minimising any potential risk the visiting care coordinators could bring to the renal units. This was at the direction of the NT Department of Health. The care coordinators continued to support clients at home to ensure urgent and high priority care was maintained though combination of telehealth and home visits.

As part of our COVID-19 plan, care coordinators at our town clinics temporarily expanded their scope

and provided outreach services to any client in their health service area who required essential chronic disease management such as bicillin injections for rheumatic heart disease (RHD), INR management, Insulin management and any other injections that were required. They also had a major focus on providing influenza immunisations to all of our clients but in particular those over 65. This focused effort has seen a major increase in influenza vaccine uptake in over 65s compared to previous years.

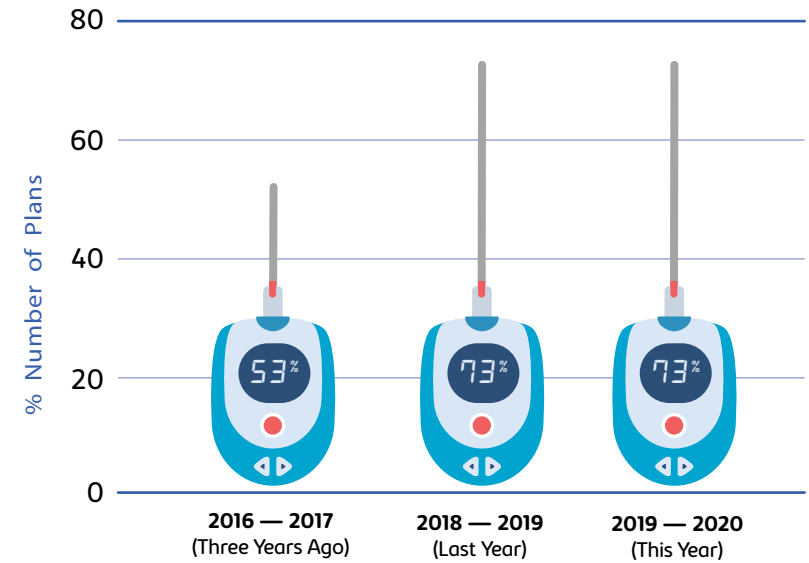
## KEY PERFORMANCE INDICATORS

### Cardiovascular Testing

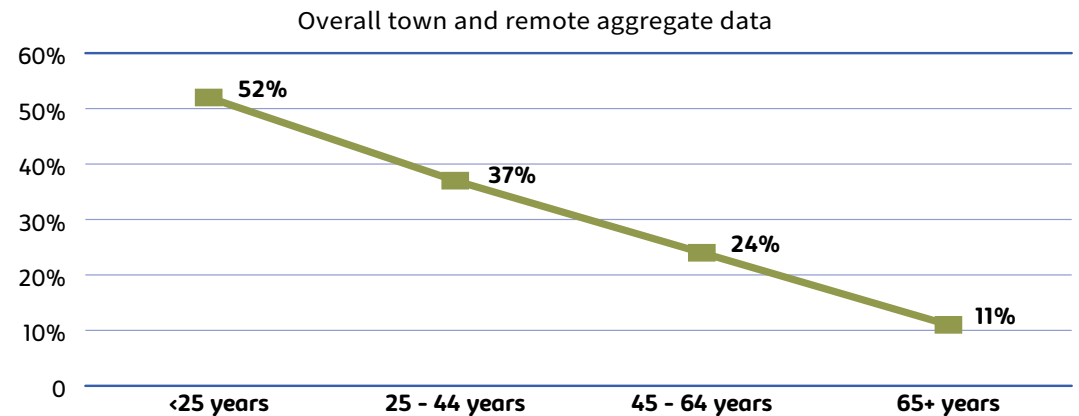


### Diabetic Care Plans issued

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.



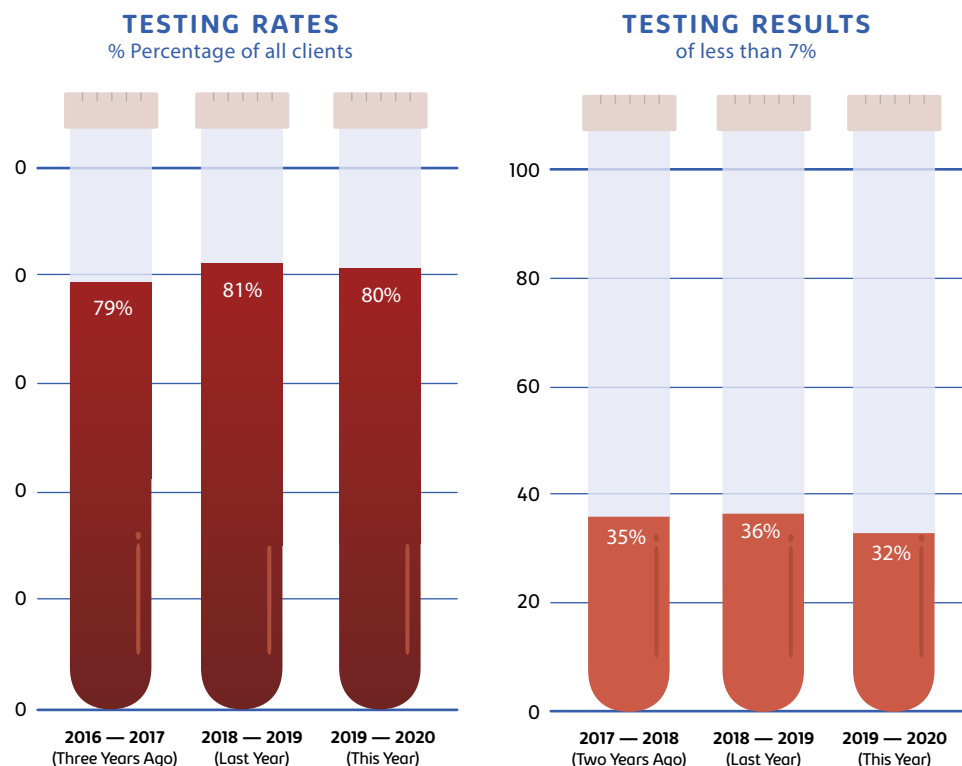
### Poor Blood Sugar Control (HbA1c) >10% by age group



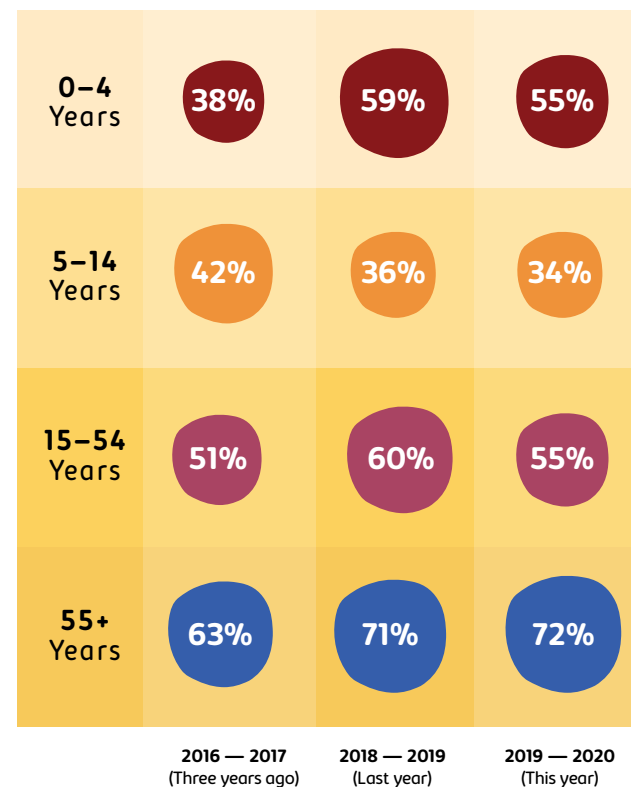


## HbA1c testing

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



## Health checks



## ASQ trak

55.38% of children aged 0–4 years receiving a health check were screened for developmental concerns using the validated ASQ Trak tool. This is up 9.38% from last year



## Anemia testing

In 2019–2020 we tested 70% clients for Anaemia.



## 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. The team is comprised of Aboriginal care management workers (Alcohol and Other Drugs Certificate IV qualified), psychologists (general, clinical, neuro, forensic and developmental), social 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 model includes: social and cultural support, psychological therapy and medical treatment. Each of the town-based clinics has a male and a female psychologist and an Aboriginal care management worker providing services across the week.

Data this year demonstrated that for those clients accessing the service for support with alcohol and other drug (AOD) use, there was an increase in access to psychological therapy. Of clients who accessed the service for support with AOD, 44% engaged with a Psychologist, compared with 14% (58 clients total) two years ago. This demonstrates the ongoing success of the Three Streams of Care model within SEWB in integrating care provided by different disciplines within the team to achieve optimised care for our clients.

SEWB has expanded to service children under the age of 12 through Access to Allied Psychology Services (ATAPS) funding provided through the NT Primary Healthcare Network, and welcomed a child psychologist to the team in July, 2019. SEWB continues to deliver in-reach psychology services to CAAAPU, both individual and group therapy interventions for men and women accessing the service to support recovery and relapse prevention from alcohol and substance use. SEWB established a successful partnership with the Red Cross to facilitate a weekly women's group for a broad range of ages, engaging women in a range of creative and therapeutic activities that they themselves requested, including painting and sewing, yoga, cooking, workshops focused on alcohol reduction and parenting, and a number of bush trips. This group promoted positive social connections and self-esteem among the participants.

Throughout the year, SEWB was active in collaborating with other agencies to advocate for the reduction, intervention and elimination of domestic and family violence. An experienced Aboriginal AOD care management worker from SEWB attended the Family Safety Framework (FSF) meetings (domestic violence crisis management meetings chaired by NT Police) on a fortnightly basis. SEWB maintained membership of the Central Australia Family Violence Sexual Assault Network (CAFVSAN), with the senior social worker participating in the drafting of the Common Risk Assessment Tool and the Domestic Violence (DV) framework document which will soon be the primary tools in NT for DV assessment and intervention. SEWB continues to have representation with the local Alice Springs Accommodation Action Group which focuses on housing opportunities and stability as a key determinant of health. SEWB also participated

in the Alice Springs AOD Sector Meetings, which allows continued information sharing, updates and sector improvements between agencies.

Professional development of our workforce remained a priority. Two Aboriginal AOD care management workers completed their Diploma in AOD with RMIT, three are in the process of completing this qualification and one new trainee to join the team has enrolled in the Certificate IV in AOD for the 2020-2021 course. All staff accessed a range of externally delivered professional development opportunities, including three of the SEWB Psychologists attending intensive training in eye movement desensitisation and reprocessing (EMDR), an evidence-based trauma treatment approach.

Congress is the lead agency of **headspace** and as such Congress is responsible for the clinical services that are provided (both medical and psychological) and the direction it takes for young people between the ages of 12 to 25 in Alice Springs. In the last financial year headspace Alice Springs saw 400 young people between the ages of 12 to 25 years. Of those, 23.6% of our young people identified as Aboriginal Australians. headspace Alice Springs provided 1888 occasions of service in the last financial year. In the last financial year headspace completed the design and remodelling of our new headspace building. This included refurbishing with culturally inclusive signage and artwork and engaging with the Centralian Middle School Language Centre to develop mental health messaging in Arrernte for some of the stationery and centre displays. The service has consistently delivered workshops about mental health in at many of the local schools in Alice Springs over the course of the year. During February and March 2020, headspace collaborated with YMCA to jointly deliver the



MYND Pump program, a free and inclusive program for young people in Alice Springs who experience mental health difficulties and who wish to become more active, with two headspace engagement officers providing mental health education, facilitating mindfulness, and initiating discussion around these issues with participants.

The COVID-19 pandemic had significant immediate and ongoing effects on the SEWB team. The team continued to treat people with anxiety, depression, posttraumatic stress disorders or syndromes, as well as substance abuse among those directly and indirectly affected by the pandemic. The team had to adapt to delivering psychology and some AOD support services via telephone and videoconference due to social distancing requirements. SEWB continued to provide outreach services within Alice Springs to clients who were vulnerable and needed support during the period with access to Centrelink, housing, and domestic violence support. One of our team members, an Aboriginal female social worker played a key role in the quarantine support team, monitoring and delivering vital social and mental health support to Aboriginal people in hotel quarantine. While the delivery of SEWB services to remote communities was ceased for some time before biosecurity measures in the NT were lifted, staff worked diligently to provide consultation and support to Congress health service providers, and service providers from other agencies based in the communities, to support their wellbeing and ongoing work in the community. The SEWB team played a key role in supporting Congress staff wellbeing during this stressful period, providing resources, workshops, and psychology sessions where staff members identified they would benefit from individual support.

## SEWB REMOTE SERVICE DELIVERY SNAPSHOT



### NTARIA

- Outreach to Utju and Wallace Rockhole communities
- Male and female psychologist visits weekly
- Female social worker provides support
- Community based Aboriginal male mental health worker
- Men's and women's groups run regularly
- Referrals from Community Corrections to support justice clients returning to the community

### AMOONGUNA

- Remote SEWB Caseworkers at the clinic two days per week.
- A steady improvement in referrals was noted as well as better tracing of clients between Amoonguna, Santa Teresa and Alice Springs.

### MUTITJULU

- Regular visits from a male and female Psychologist to the community who also provided support to the local school and Aboriginal staff in Yulara.
- Visiting female Psychologist partnered with NPY Women's Council to provide psycho-education sessions to a group of female elders who wished to learn more about trauma to share with the community.

### SANTA TERESA

- Male and female psychologist visits weekly
- Female Aboriginal social worker three days per week
- Partnered with Gan'na Healing's Lucas Williams to deliver a trauma informed healing camp and a men's healing circle.

## COVID-19: CONGRESS' RESPONSE TO THE PANDEMIC

Under the direction of our Board, our approach to the COVID-19 pandemic as it unfolded involved two complementary approaches:

- **public health advocacy** to keep the Aboriginal peoples of the Northern Territory safe; and
- **implementation of a Pandemic Service Model**, a very rapid and extensive change in the way we provide services to our clients.

Aboriginal people in Central Australia became concerned from the outset about the potential catastrophic impact of COVID-19. Along with historic context, these concerns were borne out by the devastating impact of COVID-19 on First Nation, Black and low-income communities elsewhere in the world [1,2].

In Central Australia, this vulnerability stems from high levels of poverty, over-crowded housing, high rates of chronic disease and an inadequately resourced health system comparative to need.

In addition, many in the Aboriginal community became concerned about the particular threat the virus poses to our Elders. The loss of our Elders would mean a loss of extensive and valuable cultural knowledge. This has been described by the Central Land Council as the equivalent to “burning down our library”.

As a result, throughout the pandemic Congress commenced advocating for the strongest possible public health responses.

As part of our ‘go hard, go early’ philosophy, in early March we developed a proposal to establish a Central Australian Viral Control Zone. This was to include check-



The Q Team! From Left: Darren Talbot, Jenna Pauli, Rachael Howard, Jacinda Roberts, Ian McAdam

points on all entry points into the tristate region with a requirement for 14 days mandatory quarantine; provision of adequate PPE; establishment of a surge workforce in Alice Springs; and the need for enhanced testing.

This proposal was adopted by our national peak body, the NACCHO on 16 March, and on 19 March by the Combined Aboriginal Organisations of Alice Springs, who stated that:

*All Aboriginal organisations were really clear that we need to make the entire NT and the tristate region a Special Control Area for COVID 19. This means that we want to apply the same travel restrictions that apply to international visitors nationally to visitors to the Northern Territory from any Australian jurisdiction.*

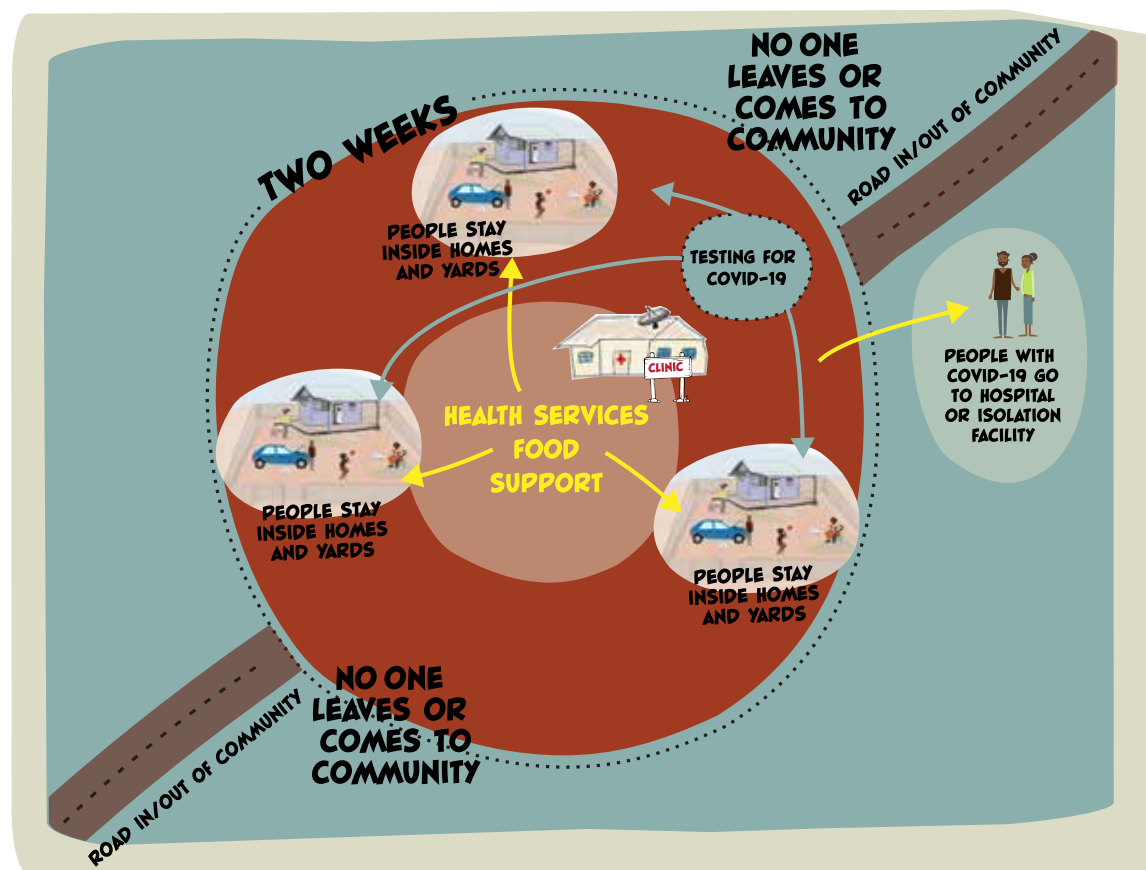
The subsequently introduced Northern Territory border controls (24 March) were key to keeping our communities and all Territorians safe so far.

Congress was actively involved in contributing to public policy since the early days of the pandemic, including by developing evidence-based position papers on a number of issues and advocating for their implementation at a number of national and Territory-level public health planning bodies. This has included, for example, the need for a national, graduated risk-management approach to quarantine to protect remote areas; and a strategy for dealing with suspect cases that is responsive to the risk they pose to encourage community members to undergo testing and reduce the burden on isolation facilities including hospitals.

We also undertook extensive work on developing an evidence-based, best-practice model for responding to an outbreak in a remote community.

Called this the 'contain and test' model, this responds to the evidence that a significant proportion of COVID-19 infections are transmitted by either people who are asymptomatic or those who are not yet unwell (pre symptomatic) [3, 4]. Symptom-based screening by itself is therefore not enough to control the spread of infection, especially in communities of people living closely together where those communities contain high numbers of high risk people [5]. Once a suspected case of community transmission is identified, 'contain and test' requires:

- restricting all movement in and out of a community;
- confining all community members to their house and yards;
- offering relocation of particularly vulnerable elderly or sick people;
- multiple rounds of testing for COVID-19;
- relocating people identified with COVID-19 to hospital or an isolation facility outside the community;
- use of masks throughout the community and amongst staff;
- mobile delivery of health services including social and emotional wellbeing and addiction services;
- delivery of food, communications, other essential services to people to their houses
- implementing environmental controls (decontamination etc); and
- enforcement of movement restrictions.





While 'contain and test' is a significant undertaking, expert epidemiological modelling suggests that if implemented successfully, it is the best way of keeping our remote communities safe. The model has been presented to a number of forums of remote Aboriginal leaders, and is supported by Congress, AMSANT and the Central and Northern Land Councils

### **Pandemic Service Model**

In parallel to our work advocating to keep our communities and all Territorians safe, Congress developed a Pandemic Service Model to respond to the health need of the communities we serve during the pandemic. This necessitated substantial changes to the type of services we deliver and how we deliver them including the following.

### **Infection control measures**

It has been a significant change to ensure that anyone with respiratory symptoms or fever does not gain entry into any of our clinics in the normal way. Instead, they are offered assessment and testing at home, in our Congress Respiratory Clinic or, if still needed, in a special isolation room in every clinic. All waiting areas have taped seats to ensure physical distance and key hygiene message are displayed everywhere.

### **Provision of services by telehealth and through outreach**

Congress established a GP staffed, free-call COVID-19 hotline to enable Aboriginal people to obtain advice on how to access our services. Anyone phoning Congress in the normal way was also offered a telehealth consult where possible or a home visit if needed. Fluvax, pneumovax and other immunisations were provided in an outreach service beginning with the elderly.

Medications were delivered to people's homes. These measures dramatically reduced the number of people attending our clinics.

### **Quarantine**

Before the introduction of border controls, Congress responded to community concerns that people returning from interstate were going straight from the airport to overcrowded housing in town camps and town. Congress staff took interstate arrivals to motels and then worked hard to support them to stay there. This required a team of re-deployed staff including Aboriginal health promotion officers, nurses, social workers, GPs and others. The introduction of security at motels by NTG was key in ensuring compliance with mandated quarantine requirements.

### **Testing (Congress Respiratory Clinic)**

Congress established a model of outreach, home based COVID-19 testing early in the pandemic. When the opportunity arose, we applied for and received funding from the Australian Government for a GP Respiratory Clinic to maintain this outreach model along with a drive up service. Aboriginal people in Central Australia have the highest rate of testing of any group anywhere in the Territory.

### **Community education and health promotion**

The Congress Aboriginal health promotion team went door to door to explain to people the seriousness of this virus and the key things they could do to protect themselves and their families. This combined with some very effective posts on social media explaining all the key messages and exploding some of the key myths that appeared including the myth that the virus was only a "white man's disease".

### **Conclusions**

The pandemic is ongoing, and is still a considerable threat. However, Congress believes that there are some key lessons being learnt already.

First, poverty, poor housing and the other social determinants of health are key risks that must be addressed. While the COVID-19 pandemic is the single largest public health emergency to affect the Northern Territory for the last 100 years, the substantial, unequal threat it poses to Aboriginal communities stems from the continuing experience of inequality, dispossession and poverty. While the virus does not discriminate and can infect anyone, the risk of contracting the disease and the consequences of infection are very unequally distributed, in accordance with what is already well-known about the social gradient of health in the Northern Territory.

Second, Aboriginal community controlled health services and other Aboriginal organisations such as Land Councils have provided critical leadership in responding to COVID-19 and keeping not just the Aboriginal community but all Territorians safe. ACCHSs provide a unique space for Aboriginal and clinical expertise to inform responses to public health issues, and are a crucial part of the public health infrastructure of the Northern Territory.

Third, collaboration and joint planning are key. Comprehensive primary health care is about effective partnerships with the broader health system and with other sectors, and the Northern Territory's highly effective response to COVID-19 to date has demonstrated how effective these pre-existing partnerships have been.

A snapshot of Congress' COVID service delivery between March and June 2020



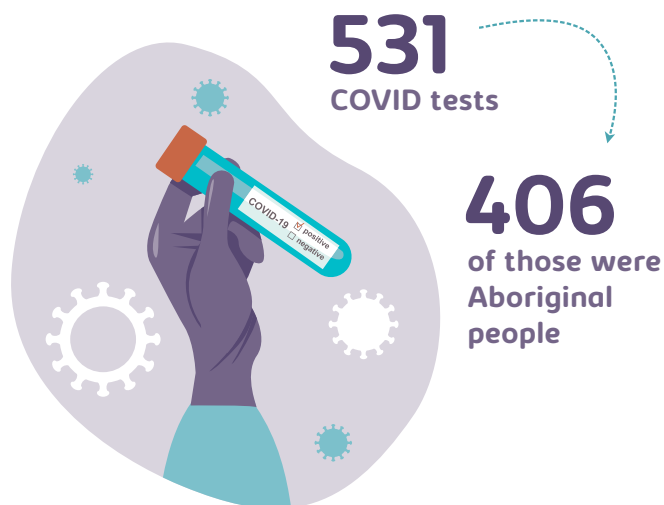
**287** Respiratory Clinic Consults  
(Average 10 consults per day)



**75%**  
of over 65s immunised  
for influenza by end of June



**4,018** Telehealth consults and  
1,179 hotline phone calls



**531**  
COVID tests

**406**  
of those were  
Aboriginal people

**868** Home medicine deliveries  
to 557 unique clients

**& 2,900** Quarantine visits  
to 411 unique clients



1. Koma W, et al. Low-Income and Communities of Color at Higher Risk of Serious Illness if Infected with Coronavirus. 2020 7 May 2020; Available from: <https://www.kff.org/>.

2. Navajo Department of Health. Dikos Ntsaagii-19 (COVID-19). 2020 29 April 2020; Available from: <https://www.ndoh.navajo-nsn.gov/COVID-19>.

3. Central Australian Aboriginal Congress. A COVID-19 'contain and test' strategy for remote Aboriginal communities. 2020; Available from: <https://www.caac.org.au/news-events/news/2020/6/a-covid-19-contain-and-test-strategy-for-remote-aboriginal-communities>.

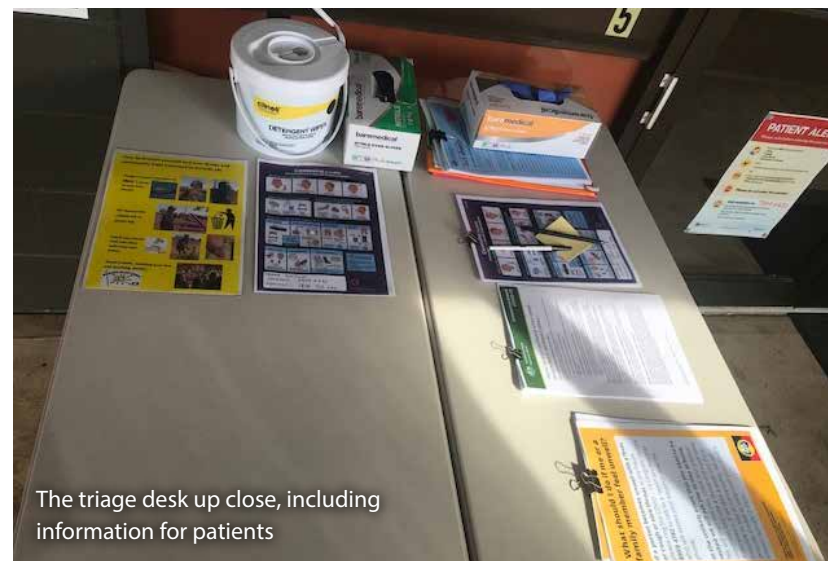
4. Moriarty LF, et al., Public Health Responses to COVID-19 Outbreaks on Cruise

Ships — Worldwide, February–March 2020. MMWR Morb Mortal Wkly Rep 2020, 2020(69): p. 347-352.

5. Gandhi, M., D.S. Yokoe, and D.V. Havlir, Asymptomatic Transmission, the Achilles' Heel of Current Strategies to Control Covid-19. New England Journal of Medicine, 2020.



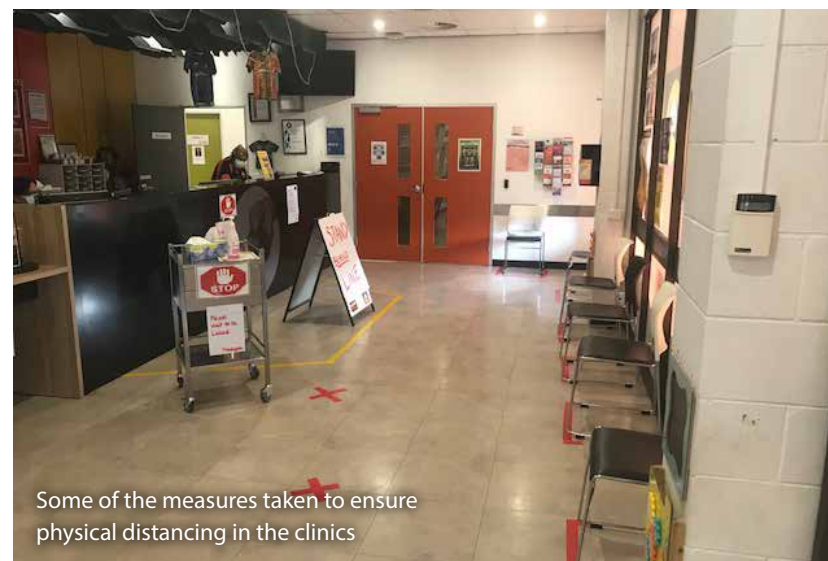
Respiratory Clinic Nurses Heather Wilson, Anna Huegun ready for action



The triage desk up close, including information for patients

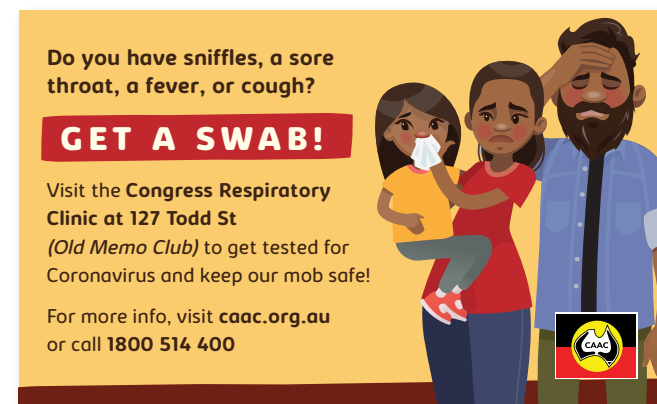
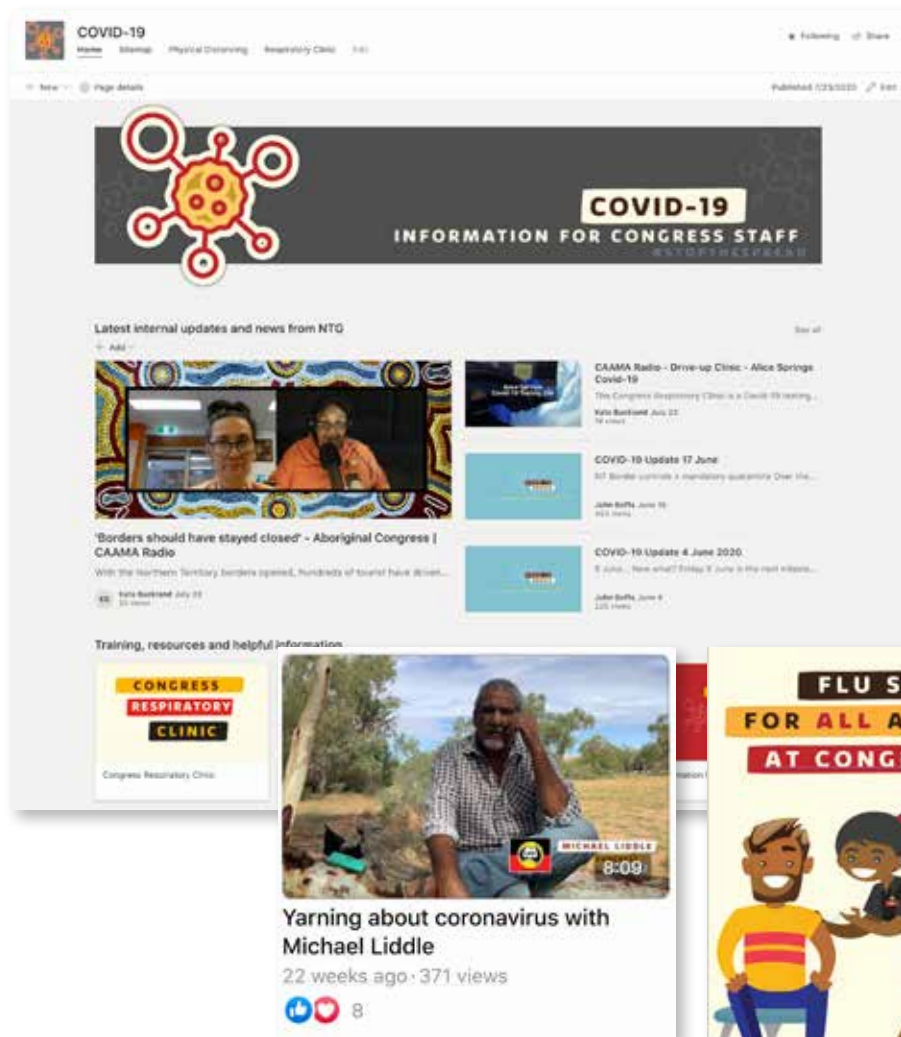


Gap Clinic nurses, Melodie and Fiona at the outdoor triage counter



Some of the measures taken to ensure physical distancing in the clinics





Some of the COVID-19 public health messaging shared by Congress



# PUBLIC HEALTH





## HEALTH PROMOTION

The Congress health promotion team had another strong year, delivering health promotion and prevention messages across Central Australia. The team continued to build strong partnerships with services across the region, to enable greater reach in their program delivery.



Donna Lemon and Justine Swan-Castine  
at the Yulara Color Run

The Making FASD History project, a partnership with Telethon Kids Institute, continued in its final year of the project. Significant work was undertaken in the development and production of four television commercials, which went to air early 2020 with key messaging around the harm of drinking during pregnancy. Due to the impact COVID had on the work, the program was extended an additional 6 months to allow the television commercials to be evaluated.

The Congress Community Health Education Program (CCHPE) continued with their delivery to schools in Alice Springs and remote. Additionally the team is responsible in condom dispensing to public toilets around town, ensuring the accessibility of condoms. Unfortunately, despite the program being well received the CCHPE program ceased at the end of June 2020 due to funding constraints.

The Redtails Pinktails Right Tracks program continued to work with Netball and Football clubs across Central Australia. Over the past year the team undertook 22 health sessions with 598 participants of the clubs, covering tobacco, sexual health, domestic violence and alcohol and other drugs. They have assisted 17 participants into full time employment. The cohort involved in this program have a higher health check rate, than that of their comparison group, along with a lower smoking rate.

In collaboration with the research section, an internal evaluation was undertaken on the Redtails Pinktails Right Tracks program. The evaluation included interviewing 16 players/program participants, clubs, partner organisations and staff, to learn about their experience with the program. The evaluation highlighted the following outcomes:

- Evidence of change in participant's awareness, knowledge and attitudes towards alcohol, tobacco, sexual health, and domestic violence, and some evidence of changing behaviour.
- Evidence of broader benefits for program participants in leadership and mental health
- Improved access to employment pathways and other opportunities.
- Clubs are being supported to create an inclusive, healthy, positive environment, to help participants tackle the challenges that affect them, and to be more financially sustainable through sponsorship.
- Communities benefit through the ripple effect of positive leadership and role modelling.

The Tackling Indigenous Smoking team continued to deliver activities across Alice Springs and Congress remote sites, including sessions in school, community education, community events and workforce development. Following the success of the World No Tobacco Day Colour Fun Run, the team partnered with organisations in Mutitjulu and Yulara to hold a colour fun run on the Yulara football oval. The program was successful in receiving additional funding to expand the reach of the program to include Yulara, Docker River, Yuendumu, Imanpa and Papunya.

The health promotion team was called upon to use their engagement skills to provide vital public health education messaging to community members. They completed 45 education sessions across town camps, hostels, community services covering 627 participants. They also distributed soap and resources at all sessions in town, and to each remote site. Staff were also redeployed into the team providing care and support to community members in quarantine.





The HP team in action at the Yulara Colour Run



Colour Run Fun



Redtails Pinktails Right Tracks delivering a session in Yulara







Some young KITES students at a FASD health promotion brunch







## HEALTH POLICY

Congress continued to be a strong political advocate for the social determinants of health and health services and played a significant role in influencing government policies that impact on Aboriginal people. All of our public submissions can be accessed on our website.

In 2019/20 we took a stance on the inadequate rate of income support (Newstart) and income management schemes that entrench poverty and inequality in Aboriginal communities, driving poorer health outcomes. This included participating in the 'Raise the Rate' campaign involving community organisations all around the country.

We also recognise extreme temperatures due to climate change will have a disproportionate impact on Aboriginal communities, compounded by poor housing infrastructure; overcrowding; affordability of electricity; food and water security. We participated in a Climate Change workshop in Central Australia which included Aboriginal, community and environmental organisations of the NT, and have begun the discussion on how we can work together to curb this threat.

A key role for the health policy section is to develop major grant applications, particularly for emerging needs. We were successful in applying for an Individual Capacity Building grant of \$1.8 million over three years to employ three people to build the capacity of people with disability by ensuring that they have the knowledge, skills and confidence they need to set and achieve their goals. We also gained almost \$1,270,000 over two years through the Australian Governments' Indigenous Australians' Health Program to establish new positions to support remote services and Men's Health.

We were a strong voice for Aboriginal people on Australia-wide health issues and systems including the National Obesity Strategy & Senate Inquiry into FASD, alongside the National Aboriginal and Torres Strait Islander Medical Workforce Plan.

We use data and research evidence, including independent evaluations, to inform our position. However, as a membership-based community-led organisation we recognise the importance of community input into advocacy and policy, alongside service design and research.

Congress members play a vital role in keeping us informed about the needs of our people. To foster and maintain engagement with Congress members, the Aboriginal community engagement officer role was commenced as a new position within the policy section.

The officer, a local Arrernte woman, has begun to work alongside members who live in Alice Springs, town camps and remote communities. Discussions are centred on community views and experiences, and the issues that need to be collectively raised to government, such as access to transport and health care, social support, youth justice, healthy housing, income, food security, climate change, tobacco and alcohol use.

Congress was established because community members from town and bush fought for improved lives of Aboriginal people in Central Australia, with advocacy being our first mission in the struggle for justice and equity. Since that time we have continued to be a voice for Aboriginal people in Central Australia on matters that impact on health. The primary focus of this position is to reinforce and strengthen our role as an Aboriginal community controlled primary health care service, by empowering our members to shape the health and wellbeing outcomes of Aboriginal people.

## RESEARCH

The research section underwent a restructure in late 2019, in response to an identified need to create an operational unit more suitable to the organisational needs, as well as to suit the nature of research funding.

The new structure allows:

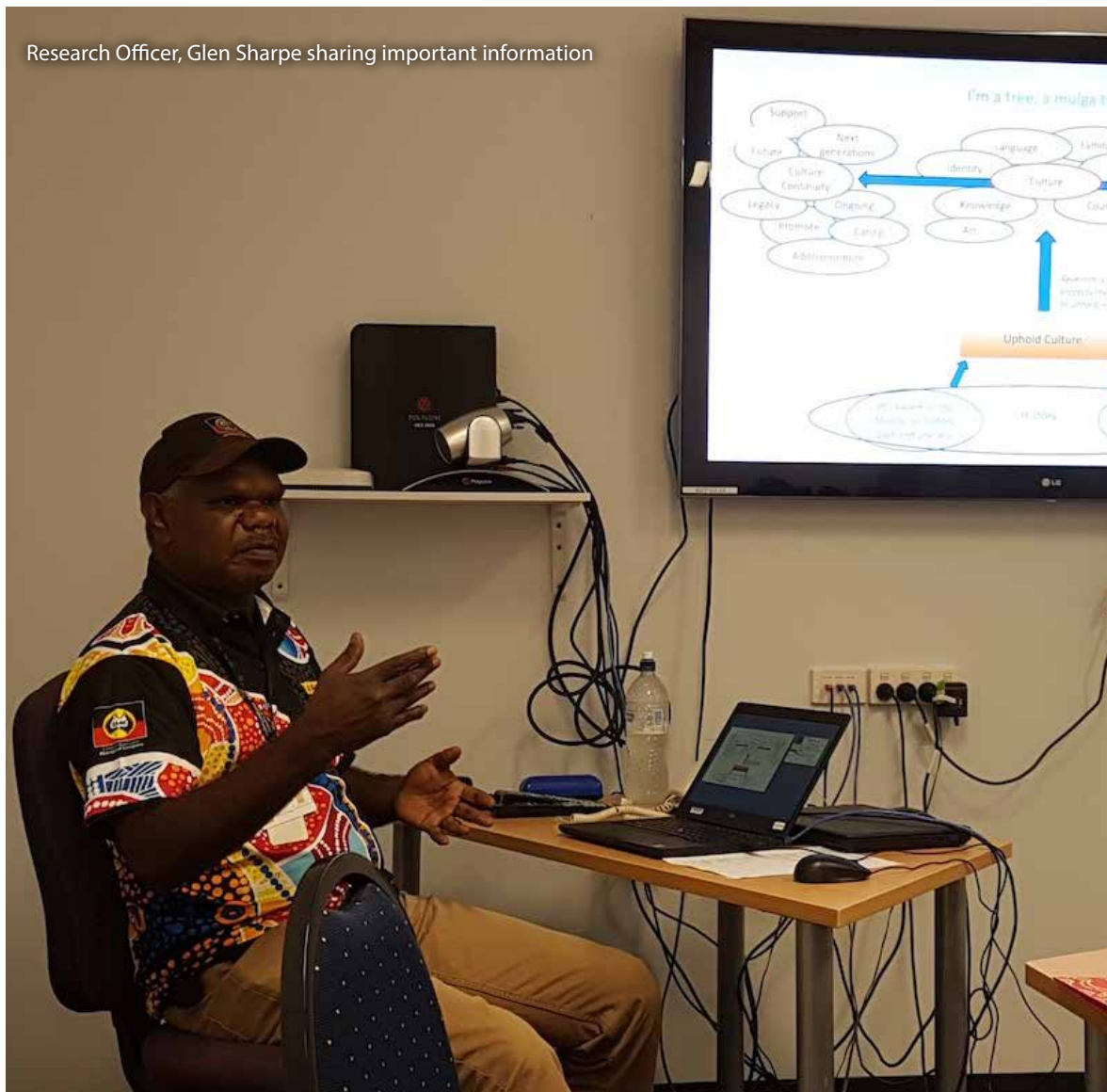
- flexibility to expand and shrink with funding
- senior and junior positions created to provide clear career pathway
- increased number of Aboriginal identified positions
- increased staff satisfaction and support
- new senior evaluation officer position allowing the commencement of monitoring and evaluation plans

During the year we recruited a senior researcher for the Aboriginal History in Aboriginal Hands- Stories from Congress on the first 50 years of self-determination and primary health care in Central Australia project. We also received funding for two major internal evaluations

- Care coordinators program
- Decentralisation of Gap Rd to suburban clinics

Aboriginal researchers Glen Sharpe and Danielle Woods both completed the Certificate 2 in Community Health Research, a valuable investment in our Aboriginal research workforce.

In response to the announcement of the pandemic, Congress research was placed on hold from March for the remainder of the financial year and staff were redeployed as part of the organisations pandemic service plan.



## CONTINUOUS QUALITY IMPROVEMENT (CQI)

The financial year saw many CQI activities across our Congress clinics, with a particular focus on Rheumatic Heart Disease through a Plan, Do, Study, Act (PDSA) testing approach. A PDSA is a standard quality improvement method used to monitor improvements over a period of time.

Our aim was to achieve 80% of monthly treatment achieved within the therapeutic window of 28 days as per the current RHD guidelines. The CQI team met with clinic managers and identified 'champions' at each clinic to explore how to improve treatment rates and the monitoring of completion was added to the monthly clinical dashboards for easy monitoring. Over the 12-month period we saw an increase in the number of people receiving their treatment on time and we also saw an increase in the diagnosis of this preventable disease.

CQI is heavily involved in reporting for Congress and these past 12 months we have collaborated with AMSANT and Communicare (our clinical software provider) to develop dashboard reporting so that data required for quality improvement can be more accessible by clinic managers and team leaders. In conjunction with the IT team we are well on our way to make this achievable in the next 12 months with an in-depth report was developed addressing privacy needs and security of data. This is an exciting development which will help continue to embed CQI in our daily practice.

CQI partnered with an Aboriginal research team from Ninti One to repeat our annual client satisfaction survey. While the results are very positive, there is still room for improvement which staff are happy to work towards to provide the best possible care for our clients. This is the C in Continuous Quality Improvement. Across all our clinical sites over 1000 clients were interviewed.



**72%**

**of clients** expressed they were overall satisfied with Congress Services all the time



**81%**

**of clients** across all clinics said the staff explained the reason for providing treatment at all times



**77%**

**of clients** indicated they had attended Congress for 3 years or more.



**75%**

**of clients** stated it was always easy to get an appointment across all Congress Services.



**77%**

**of clients** across all clinics stated staff involved them in the decision making of their care.

**Less than 2%**

**of clients** said they were never satisfied with Congress services.





# HUMAN RESOURCES





# HUMAN RESOURCES

This year was highlighted by two significant challenges. The first was the departure of key staff. The division's general manager, manager employee relations and safety manager all resigned in a four-month period. Two recruitment partners also left during this period. Although now resolved, this disrupted planned improvement to processes as staff were required to maintain focus on day to day activities.

The second significant challenge was the pandemic. Legislative changes occurred very frequently and the team worked hard to manage this, staff redeployment and other associated demands. Although this required us to adapt and face such challenges we also found that it presented opportunities for Congress. Anecdotally, we have received more high quality applications for job roles from individuals looking to work in the safest region in Australia.

**32%**  
of leadership roles are held  
by an Aboriginal person  
(our target is 40%)

**3.7** years is the average  
length of service

**423** People work at Congress,  
mainly in full-time positions

## Employee Relations/Workforce

In the 2018 staff engagement survey, the management of staff performance was identified as an area needing improvement. Despite the year's challenges, we were able to develop and implement a new performance review system. Considerable staff consultation was undertaken to create the new Development and Engagement Conversations (DENC). These promote honest two-way communication between a supervisor and the employee, and provide opportunities to enhance staff performance and development.

This year saw a change to Congress structure. In January, the Health Services Division was split and the Child Youth and Families Division was formed. The operationalisation of this new division required a considerable amount of work from HR to contemplate the impacts to staff and the associated organisational realignments within this division.

As a possible result of COVID-19 discouraging staff movement, most HR metrics have not meaningfully changed over the last year.

## Recruitment

Congress continued to streamline recruitment processes and worked to ensure positions were accessible to all applicants. One measure is that at least one Aboriginal representative must sit on any 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 employ a strategic approach to recruitment messaging, including exploration of targeted channels. To promote internal development, we actively encourage existing staff to apply for internal transfers and promotion opportunities.

We attended the 2019 Skills Employment Careers Expo in August. Designed to target current and future jobseekers, the expo saw 1350 attendees through the doors, 76% of these students. Congress was able to promote the variety and value of careers available and engaged with attendees about our cadetship program and traineeships.

During the financial year, 223 people were recruited to work at Congress. On average 27% of applications made each month to Congress were from Aboriginal people.

Given the Northern Territory's lack of any community transmission of COVID-19, we have experienced an increase in applications and interest from those wanting to relocate to Central Australia. This increase was especially beneficial for some of our hard to recruit to and speciality positions.



## Learning & Development

As a result of the pandemic all external professional development and training opportunities were put on hold until further notice. Where possible, we continued to provide training and development to support and develop the Congress workforce for most of the reporting period.

The number of cadets in our cadetship program increased to six, up from four in the previous year. The cadets are enrolled in psychology, social work, business/ accounting, commerce, health science and rehabilitation/ physiotherapy. Cadets are paid an allowance while they work towards formal qualifications and gain (paid) work experience during the holiday periods.

As at 30 June 2020, six Aboriginal people were engaged in a traineeship arrangement in careers including trainee Aboriginal health practitioners and alcohol and other drugs. This figure is down from the previous reporting period 2018-2019 which stood at 15 trainees. This is most likely due to the pandemic, given that training activities were ceased for a period.

Professional development of clinic managers is an important workforce development commitment under the Congress Workforce Development and Capability Plan. At a session run by leadership facilitator, Timmy Duggan, town and remote clinic managers attended a two-day leadership workshop during the year. The workshop up-skilled our clinic managers with an expanded leadership skillset to better respond to their clinical and team management responsibilities.

## Congress study support

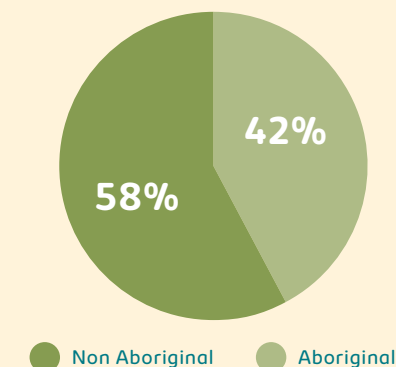
As at 30 June 2020 Congress offered study support to 70 staff members (comprising of 45 Aboriginal staff, 25 Non-Aboriginal staff) to commence or continue to undertake formal studies that will lead to a qualification.

Level of Study	Number of Staff
Statement of Attainment	2
Certificate III	3
Certificate IV	21
Diploma	19
Bachelor	12
Graduate Certificate	4
Graduate Diploma	2
Masters	4

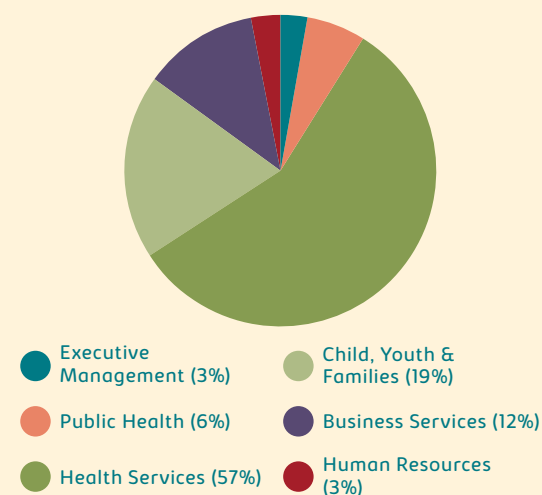
## Cultural Awareness and Induction

Congress continues to facilitate a cultural awareness program, delivered by Congress' cultural lead, to introduce and guide new employees of Congress' cultural protocols and to ensure service delivery is delivered in a culturally safe manner. In the 2019 -2020 reporting period, Congress inducted 102 employees through cultural awareness.

## ABORIGINAL AND NON-ABORIGINAL WORKFORCE



## HEADCOUNT BY DIVISION







Congress managers at their two-day leadership workshop

### Work Health and Safety

Work, Health and Safety has undergone a transitional period over the last year due to changes in staffing. The introduction of a new safety manager has brought about a fresh outlook to build on Congress's current safety systems. This includes a refreshed safety induction for all new starters and a focus on remote work safety. Congress has been pleased that over the last year there have been few safety/environmental incidents this year with minimum lost time injuries.

### Awards + Nominations

Congratulations to the following winners and finalists, for achieving deserved recognition for success in their field. Congratulations also to all staff across Congress who received worthy nominations throughout the year.

Finalist, 2019 Flinders NT Supervisor of the Year award:  
Jon-Paul Cacioli

Winner, Commitment to Clinical Teaching Allied Health:  
Alvin Achal

Winner, NT Aboriginal Health Worker and Practitioner  
Excellence Award – specialist: Wayne Campbell

Winner, PHN Allied Health Practitioner of the Year:  
Rebecca Matthews

Finalist, PHN Aboriginal Health Practitioner of the Year:  
Leitisha Jackson

Winner, Team Medal – Administrator's Medals in Primary  
Health Care 2019: Care Coordination Team

Finalist, Regional & Rural Initiative Award, Community  
Service Award NT Youth Achiever Awards: Melanie  
Gunner

## SERVICE MILESTONES

Congress congratulates the recipients of service awards for 2019. Presented at the Christmas party, these awards recognised significant milestones in years of service by long-term staff.

Well done to all of those listed below for their dedication and contribution to Congress and the community.

### 10 YEARS

Jennifer St Clair Jackie Liddle  
Farley Fraser Edward Damon

### 15 YEARS

Sue Roth John Liddle  
Elaine Campbell Deanna Bitar

### 20 YEARS

Matthew Strangways Donna Ah Chee

### 25 YEARS

John Boffa

### 30 YEARS

Tracey Roman



# BUSINESS SERVICES





The Business Services team continued to provide the necessary support, infrastructure and tools to ensure our staff have the resources required to undertake their respective roles at Congress. Some of the key points throughout the year were:

Managed by the **Risk and Quality Team**, Congress currently holds the following accreditations and certifications:

- Australian General Practice Accreditation Limited (AGPAL) accreditation against the Royal Australian College of General Practitioners (RACGP) Standards until December 2022
- ISO 9001:2015 Quality Management Systems Certification until January 2022
- Australian Children's Education and Care Quality Authority (ACECQA) Accreditation against the National Quality Standards – with working towards assessment and rating.

A huge milestone was achieved in August 2019 where Congress clinics successfully transitioned from the 4th to the 5th Edition RACGP Standards. The following Congress clinics were re-accredited by AGPAL to 5th Edition RACGP Standards expiring December 2022:

- Mutitjulu Health Service Aboriginal Corporation (GP8292)
- Mpwelarrre Health Aboriginal Corporation (GP8143)
- Amoonguna Health Service (GP7808)
- UTJU Health Service Aboriginal Corporation (GP8987)
- Congress Northside Clinic (GP11543)

- Central Australian Aboriginal Congress (GP5060) – includes Gap Road, Alukura, Ingkintja and Headspace

Due to COVID19 restrictions AGPAL re-accreditation for the Larapinta Clinic (GP10779) and Sadadeen Clinic (GP10780) was extended for another year to September 2021.

The ISO 9001: 2015 Quality Management Systems Standard Certification 1st Surveillance was conducted during the financial year. All Congress sites audited conformed to the standard with minor observations noted.

Re-registration of Congress as an NDIS Provider is due on 30 October 2020. Currently assisting the NDIS section with re-registration and working towards attaining the National Disability Insurance Scheme Certification by end of 2020.

"It's very refreshing to see all the different initiatives at each clinic and how committed and hardworking staff are in such remote settings" AGPAL surveyor

The following Internal Audits included on the Congress Internal Audit Schedule were completed by independent assurance providers (PwC, Moore Stephens and Grant Thornton) during the financial year and reports presented to the Finance Risk and Audit Committee (FRAC): Accounts payable, Risk Management and Human Resources. Recommendations were accepted by management and implementation status reported to FRAC.

The Congress Risk Appetite Statement was developed and approved by the Board in February 2020. The Risk and Quality team continued to educate the Board, Executive and staff on risk management practices, undertake and present reviews of the internal controls

and risk management procedures to the Finance, Risk and Audit Committee (FRAC) and the Board.

For Congress' busy **Information & Communications Technology** team, the year was very much about consolidating the previous year's migration to Amazon Web Services (AWS) and improving through user acceptance testing and continuous improvement. Practical and structural improvements are a constant feature of the workload, which is geared to enable the teams at Congress to do their job easily and efficiently through appropriate technology.

The continued expansion of Congress' AWS presence is the foundation of maintaining the organisation's information security and enabling a mobile workforce.

The labour-intensive process of upgrading all users to thin clients or laptop machines has been key to moving Congress forward. Access to centrally stored information through these devices, coupled with the use of 4G sim cards in portable devices means that doctors and other staff will get the same IT experience wherever they are, meaning that their desktop, files and applications are as mobile as they are.

This could not have been timed better with a sudden and unpredictable need for fast, reliable and mobile services. Having all devices wireless enabled means that, for example, a clinic can be set up anywhere a wireless signal exists.

A key part of our pandemic response, Congress' Respiratory Clinic was able to set up in a day, proving how flexible and portable the system really was. To facilitate safe access to services for our outreach clients in aged care and hostels for doctors and clients alike, clinicians were equipped with two iPads: one for the doctor, one for the patient allowing video conversation from a safe distance. The patient's iPad - equipped with 4g - was enabled to call the doctors iPad and join the meeting;



“

**Zoom also became an unexpected daily feature for the organisation. Facilitating video meetings became more of a priority than ever with the need for people to work or meet remotely, but also to be able to do so in physically distanced groups in meeting rooms. The IT team reacted quickly, enabling several zoom rooms and access for all staff across teams.**

reducing any complexity for the client and ensuring they can connect. Conference calls (to facilitate specialist conversations) is also enabled further reducing the barriers created by the need for physical distancing.

The benefits of this will carry far beyond COVID-19. The flexibility of AWS is that you can upsize and downsize the number of people connected to the system easily. This places us in a very good position for future expansion including that the burden of expensive and complex cabling and hardware is reduced. There is also a cost reduction associated with a better value and more secure system.

Zoom also became an unexpected daily feature for the organisation. Facilitating video meetings became more of a priority than ever with the need for people to work or meet remotely, but also to be able to do so in physically distanced groups in meeting rooms. The IT team reacted quickly, enabling several zoom rooms and access for all staff across teams. This enabled important information transactions such as all-staff meetings, Executive meetings, COVID-19 briefings and clinical education sessions to take place safely and regularly. For the first time staff were able to join meetings no matter their location. Telehealth is also aided by this, with a doctor being able to video link with clients anywhere they have an internet connection. This bodes very well for remote and flexible service delivery in the future.

The organisation reviewed and updated 40 controlled documents during the year, including 59 policies and 32 procedures. The Controlled Document Register was accessed 62,384 times, meaning that staff accessed the information relevant to their work areas and the organisation regularly. The organisation has a clear and consistent process for reviewing and creating these important documents, with subject matter experts drafting the documents for review by committees that meet regularly. After this process, the Executive Management team meet to have final oversight. Eight Executive policy meetings were held in 2019 – 2020 financial year, 2 were cancelled as a result of the pandemic.

The key achievement for the **Finance Team** within the year was the adaption of the 2 new Australian Accounting Standards; AASB 1058 and AASB 15, which impact the way revenue is disclosed in the financial statements and AASB 16 which impacts the way operating leases are disclosed in the financial statements. The impact of these changes is probably the biggest change in Accounting Standards in over 15 years. Our Finance team provided a comprehensive response by providing a full re-statement of last year's financial statements so readers can better understand the changes.

Finance were also heavily involved in a number of other aspects of Congress operations. They managed the building and delivery of the Mutitjulu Ambulance and the Men's Health Truck. They manage our motor vehicle fleet comprising 105 vehicles, ensure our 423 employees are paid each week and maintain the focus on our medicare and practice incentive payment receipts. Late in the year we have introduced a dedicated resource to concentrate on Practice Incentive Payments which we expect will see an increase in this line of revenue.

Looking forward, a number of our back office systems are at a point where they require replacement. We will be analysing possible system replacements with a view to implementing a new general ledger, payroll system and asset management system probably in the 2021-22 Financial Year.

**Facilities and Capital Works** had another busy year maintaining our premises to a high standard for staff and clients alike. Major projects for the year included

- New ablution block for Inkgintja. This was an Indigenous Health Division (IHD) grant to increase the number of toilets from two to four, the number of showers from two to six, the number of washing machines from three to six and the number of shaving sinks from one to three. The works were completed 3 June 2020.
- Relocating headspace. The new headspace premises was opened with a smoking ceremony on 11 September 2019. Local Aboriginal companies were employed to carry out the fit out, these included Blueprint Construction, Brushtech, SG Plumbing, CAAMA, A2Z Cleaning, Centre Pest Management and Lenny Cole Air Conditioning. The new facility is a better location, better set out with more comprehensive sound proofing.

- Replacing ceilings at Alukura. This was an IDH grant to repair the roof and replace some sections of ceiling that had been water damaged over the years. The works were completed 20 January 2020.
- New consult rooms at Larapinta. This was a project Congress funded to extend the clinic into the adjoining tenancy, increasing the total effective layout of the clinic and increasing the number of consult rooms by 3. The works were completed 7 August 2019.
- New fit out in Railway Tce for Youth and Family Services. This was a fit out of an existing building for Youth and Family Services. The work includes building an office, meeting room, reception and providing a large open office. The works were completed 14 February 2020.

Ben Stephens was named team leader of cleaning in October 2019 after the sudden departure of our previous cleaning team leader. We welcomed eight new cleaners across the year, including two special cleaners to deal with additional cleaning resulting from the pandemic. In addition we had a major overhaul of cleaning products and procedures prompted by the pandemic. Almost all the cleaning products were replaced.

The Asset Management Framework was approved by the board. This is an important step in ensuring a benchmark for us on which to build, and provides confidence to the Board and stakeholders about our approach to asset management.

Congress' **Communications Team** worked hard to share the voice of the organisation, partnering with programs and services to promote and increase access for clients. The organisation's media profile was maintained, with our voice used to advocate on key issues central to the social determinants of health, in line with our strategic

objectives. This included climate change, income support, housing, food security and more. We look forward to further improving our strength in advocacy and promotion through the redevelopment of our new digital presence, which was delayed due to the pandemic.

During the year the organisation also focussed on our internal communications, leveraging platforms to strengthen connection and culture within the organisation. Readership of our weekly internal newsletters averaged at around 50%, with a shift to audience focussed communications, rather than management led content. This resulted in a popular and powerful vehicle to inform staff about important policy and organisational information.

In response to COVID-19, the communications team facilitated daily updates to staff by the chief medical officer public health, and created an intranet site that housed all information relevant to the pandemic including pandemic plans, updates, clinical information, safety information and external news and updates. This was informed by inclusion of the communications manager into the pandemic control group along with executive and other key leadership staff, ensuring access to information was clear and timely. The communication team looks forward to continuing work in internal communications to support an engaged and well informed workplace, and to influence the organisational culture.

“

The impact of [reporting] changes is probably the biggest change in Accounting Standards in over 15 years. Our Finance team provided a comprehensive response by providing a full re-statement of last year's financial statements so readers can better understand the changes.

# FINANCIAL STATEMENTS

for the financial year ended 30 June 2020

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## Directors' Report for the financial year ended 30 June 2020

*Your directors present this report on the corporation for the financial year ended 30 June 2020.*

### 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 (during 2019-20 Financial Year)	Position	Meetings attended
Graham Dowling	1st July 2019 to 10th July 2019	Deputy Chairperson - Member Director	9
	10th July 2019 to 30th June 2020	Chairperson - Member Director	
Dorethea Randall	1st July 2019 to 26th Feb 2020	Member Director (Remote)	8
	27th Feb 2020 to 30th June 2020	Deputy Chairperson - Member Director (Remote)	
Sheralee Taylor	1st July 2019 to 22nd August 2019	Member Director	8
	22nd August 2019 to 27th Feb 2020	Deputy Chairperson - Member Director	
	27th Feb 2020 to 30th June 2020	Member Director	
Joseph Hayes	1st July 2019 to 30th June 2020	Member Director	11
Michael Liddle	1st July 2019 to 30th June 2020	Member Director	10
Taren Williams	28th Nov 2019 to 30th June 2020	Member Director (Remote)	5
Marion Swift	1st July 2019 to 28th Nov 2019	Member Director (Remote)	5
William Tilmouth	1st July 2019 to 10th July 2019	Chairperson - Member Director	0
	10th July 2019 to 30th June 2020	Member Director	
Leanne Milligan	1st July 2019 to 30th June 2020	Independent Director (Finance)	10
Peter O'Mara	1st July 2019 to 30th June 2020	Independent Director (Medical)	9
Board Meetings held throughout the year			11

## Board Committees

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

	Graham Dowling	Dorothea Randall	Sheralee Taylor	Joseph Hayes	Michael Liddle	Taren Williams	Marion Swift	William Tilmouth	Leanne Milligan	Peter O'Mara	Total Meetings
Finance, Risk & Audit Subcommittee	4	3	2			1			6		6
Clinics Subcommittee	2			2						2	3
Research Subcommittee	5			3		1				3	6
Governance Subcommittee	5	1		1					5		5
Men's Health Subcommittee	1			2	2					1	2
Women's Health Subcommittee							1				1

## Secretary

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

Ms. Marina Boyle 1st July 2019 to 14th Jan 2020

Ms. Isobel Milnes 15th Jan 2020 to current

## 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

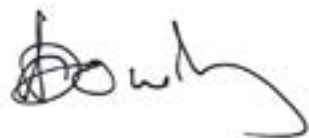
The corporation's operations are not subject to any particular and significant environmental regulation under a Commonwealth, State or Territory law.

## 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



Tel: +61 8 7324 6000  
Fax: +61 8 7324 6111  
www.bdo.com.au

Level 7, BDO Centre  
420 King William Street  
Adelaide SA 5000  
GPO Box 2018, Adelaide SA 5001  
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 2020, 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, 2 October 2020

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## Statement of Profit or Loss and Other Comprehensive Income for the year ended 30 June 2020

OPERATING INCOME	Notes	2020 \$	2019 \$
Grants and Contributions provided	3	46,407,837	42,651,029
Medicare & practice incentive payment income	4	8,461,987	8,032,325
Investment income	5	185,853	358,271
Other operating revenues	6	1,671,495	1,002,836
Net gain on disposal of assets		(1,566)	3,500
<b>Total operating income</b>		<b>56,725,606</b>	<b>52,047,961</b>
<b>OPERATING EXPENSES</b>			
Employee benefits expenses	7	42,027,874	38,697,685
Interest charges	8	225,327	213,015
Depreciation & amortisation	9	2,725,969	2,410,808
Medical supplies & program expenses	10	3,736,221	3,780,148
Motor vehicle & travel expenses	11	1,248,743	1,462,290
Rent & occupancy expenses	12	1,713,131	1,549,675
Minor equipment expenditure	13	574,471	427,385
Other operating expenses	14	4,311,619	3,447,978
<b>Total operating expenses</b>		<b>56,563,355</b>	<b>51,988,984</b>
<b>Surplus for the year</b>		<b>162,251</b>	<b>58,977</b>
Other comprehensive income		-	-
<b>Total comprehensive income</b>		<b>162,251</b>	<b>58,977</b>

Notes to the financial statements are set out on page 65.

## Statement of Financial Position for the year ended 30 June 2020

CURRENT ASSETS	Notes	2020 \$	2019 \$
Cash and cash equivalents	15	19,099,340	15,644,738
Other current assets	16	348,520	435,009
Trade and other receivables	17	1,112,533	886,582
<b>Total current assets</b>		<b>20,560,393</b>	<b>16,966,329</b>
<b>NON CURRENT ASSETS</b>			
Investments	18	2	2
Property, plant and equipment	19	12,426,711	12,645,950
Intangible assets	20	619	619
Leases - Right of Use Asset	21	6,136,799	5,085,648
<b>Total non current assets</b>		<b>18,564,131</b>	<b>17,732,219</b>
<b>Total assets</b>		<b>39,124,524</b>	<b>34,698,548</b>
<b>CURRENT LIABILITIES</b>			
Trade and other payables	22	1,504,651	1,670,985
Employee benefits	23	5,571,869	4,434,394
Funds Repayable to Provider under AASB 1058	24	1,112,251	-
Contractual Liabilities under AASB 15	25	6,350,456	-
Grants received in advance	26	-	1,279,541
Unexpended grants	27	-	4,122,832
Leases - Current Liability	28	1,975,146	1,652,387
<b>Total current liabilities</b>		<b>16,514,373</b>	<b>13,160,139</b>
<b>NON CURRENT LIABILITIES</b>			
Employee benefits	23	725,389	545,503
Leases - Non Current Liability	28	4,493,734	3,764,129
<b>Total non current liabilities</b>		<b>5,219,123</b>	<b>4,309,632</b>



	Notes	2020 \$	2019 \$
<b>Total liabilities</b>		<b>21,733,496</b>	<b>17,469,771</b>
<b>Net assets</b>		<b>17,391,028</b>	<b>17,228,777</b>

#### EQUITY

Accumulated funds		8,894,534	8,732,283
Reserve funds		8,496,494	8,496,494
<b>Total equity</b>		<b>17,391,028</b>	<b>17,228,777</b>

#### Statement of Changes in Equity for the year ended 30 June 2020

	Accumulated surpluses \$	Medicare reserves \$	Other reserves \$	Total \$
<b>Balance at 30th June 2018</b>	<b>9,093,215</b>	<b>905,727</b>	<b>7,525,866</b>	<b>17,524,808</b>
Adjustment for change in accounting policy (Note 2)	(355,008)			(355,008)
<b>Balance at 31st July 2018 - restated</b>	<b>8,738,207</b>	<b>905,727</b>	<b>7,525,866</b>	<b>17,169,800</b>
Transfers to/from reserves from accumulated surpluses	(64,901)	23,413	41,488	-
Total comprehensive income for the year	58,977			58,977
<b>Balance at 30th June 2019</b>	<b>8,732,283</b>	<b>929,140</b>	<b>7,567,354</b>	<b>17,228,777</b>
Transfers to/from reserves from accumulated surpluses				-
Total comprehensive income for the year	162,251			162,251
<b>Balances at the end of the current year</b>	<b>8,894,534</b>	<b>929,140</b>	<b>7,567,354</b>	<b>17,391,028</b>

Notes to the financial statements are set out on page 65.

#### Statement of Cash Flows for the year ended 30 June 2020

	Notes	2020 \$	2019 \$ Restated
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			

#### Payments

Employee costs		(40,710,513)	(38,423,773)
Materials, contracts and other costs		(10,949,764)	(10,830,042)
Interest paid		(8,725)	(8,683)
Interest paid - leases		(216,602)	(204,332)

#### Receipts

Receipts from activities		9,526,326	9,121,216
Interest received		243,645	391,443
Receipts from funding bodies		48,791,584	43,947,389
<b>Net cash provided by operating activities</b>		<b>6,675,951</b>	<b>3,993,218</b>

#### CASH FLOWS FROM INVESTING ACTIVITIES

Payments for property, plant & equipment		(1,545,436)	(6,081,925)
Proceeds on sale of assets		-	3,500
<b>Net cash used in investing activities</b>		<b>(1,545,436)</b>	<b>(6,078,425)</b>

#### CASH FLOWS FROM FINANCING ACTIVITIES

<b>Repayment of Lease Liabilities</b>		<b>(1,675,913)</b>	<b>(1,659,748)</b>
<b>Net cash provided by financing activities</b>		<b>(1,675,913)</b>	<b>(1,659,748)</b>
<b>Net increase (decrease) in cash held</b>		<b>3,454,602</b>	<b>(3,744,955)</b>
<b>Cash at beginning of the year</b>		<b>15,644,738</b>	<b>19,389,693</b>
<b>Cash at end of the year</b>	<b>15</b>	<b>19,099,340</b>	<b>15,644,738</b>

Notes to the financial statements are set out on page 65.

## 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 Corporation. 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 & wellbeing
- Women & children's health & wellbeing
- Eye & ear health
- Youth services
- Sexual health
- Counselling and support services
- Childcare and early learning
- Research

### 1. Statement of significant accounting policies

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

#### *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.

The following Accounting Standards and Interpretations are most relevant to the Corporation;

#### **AASB 15 Revenue from Contracts with Customers**

The Corporation has adopted AASB 15 from 1 July 2019. The standard provides a single comprehensive model for revenue recognition. The core principle of the standard is that an entity shall recognise revenue to depict the transfer of promised goods or services to customers at an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services.

The standard introduced a new contract-based revenue recognition model with a measurement approach that is based on an allocation of the transaction price.

Contracts with customers are presented in an entity's statement of financial position as a contract liability, a contract asset, or a receivable, depending on the relationship between the entity's performance and the customer's payment.

### **AASB 1058 Income of Not-for-Profit Entities**

The Corporation has adopted AASB 1058 from 1 July 2019. The standard replaces AASB 1004 'Contributions' in respect to income recognition requirements for not-for-profit entities.

The timing of income recognition under AASB 1058 is dependent upon whether the transaction gives rise to a liability or other performance obligation at the time of receipt.

Income under the standard is recognised where:

- an asset is received in a transaction, such as by way of grant, bequest or donation and
- there has either been no consideration transferred, or the consideration paid is significantly less than the asset's fair value or
- where the intention is to principally enable the entity to further its objectives.

For transfers of financial assets to the entity which enable it to acquire or construct a recognisable non-financial asset, the entity must recognise a liability amounting to the excess of the fair value of the transfer received over any related amounts recognised. The liability is brought to account as income over the period in which the entity satisfies its performance obligation.

#### **Impact of adoption**

AASB 15 and AASB 1058 were adopted using the modified retrospective approach and as such comparatives have not been restated. There was no impact on opening retained profits as at 1 July 2019.

The impact of the new Accounting Standards compared with the previous Accounting Standards on the current reporting period is as follows:

Reclassification of Contract Liabilities	New \$	Previous \$	Variance \$
Contractual Liabilities under AASB 15	6,350,456	-	6,350,456
Funds Repayable to Provider under AASB 1058	1,112,251	-	1,112,251
Grants received in advance	-	3,654,195	(3,654,195)
Unexpected grants	-	3,808,512	(3,808,512)
<b>Total</b>	<b>7,462,707</b>	<b>7,462,707</b>	<b>-</b>

Recognition of Unspent Funds as Income in year of receipt	New \$	Previous \$	Variance \$
NT Govt Toy & Subsidy Grant	66,133	-	66,133
Commonwealth Govt Covid-19 Grant	76,977	-	76,977
<b>Total</b>	<b>143,110</b>	<b>-</b>	<b>143,110</b>

## 1. AASB 16 Leases

The Corporation has adopted AASB 16 from 1 July 2019. The standard replaces AASB 117 'Leases' and for lessees eliminates the classifications of operating leases and finance leases.

Right-of-use assets and corresponding lease liabilities are recognised in the statement of financial position (except for short-term leases and leases of low-value assets). Operating lease expenses are replaced with a depreciation charge for the right-of-use assets and an interest expense on the recognised lease liabilities. In the earlier periods of the lease, the expenses associated with the lease under AASB 16 will be higher when compared to lease expenses under AASB 117. However in later periods that situation reverses so that the net result over the full term of the lease is profit neutral.

The impact on the financial performance and position of the consolidated entity from the adoption of this Accounting Standard is detailed in note 2.

### *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 1st day of October 2020, in accordance with a resolution of the directors. The directors have the power to amend these financial statements after they have been issued.

### *Historical cost convention*

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

### *Currency*

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

### *Current and non-current classification*

Assets and liabilities are presented in the statement of financial position based on current and non-current classification.

An asset is classified as current when it is expected to be realised within 12 months after the reporting period.

A liability is classified as current when it is due to be settled within 12 months after the reporting period, or the Corporation does not have the unconditional right to defer settlement beyond 12 months after the end of the reporting period.

### *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.

#### *a. Revenue recognition policy*

The Corporation recognises revenue as follows:

##### *Revenue from Contracts with customers*

Revenue is recognised at an amount that reflects the consideration to which the Corporation is expected to be entitled in exchange for transferring services or goods to the customer.

For each contract the Corporation identifies; -

- the contract with a customer
- the performance obligations in the contract
- the transaction price (the funding amount)
- recognises revenue when performance obligations are satisfied in a manner that depicts the transfer to the customer of the services or goods promised.

Judgement is used to determine revenue recognition and the associated satisfaction of performance obligations. Generally the approach is that the utilisation of resources, mainly manpower allocated but also associated expenses, is used to measure the achievement of performance obligations and therefore income recognition.

##### *Grants*

Grant revenue is recognised in profit or loss when the Corporation satisfies the performance obligations stated within the funding agreements.

If conditions are attached to the grant which must be satisfied before the Corporation is eligible to retain the contribution, the grant will be recognised in the statement of financial position as a liability until those conditions are satisfied.

##### *Medicare Income*

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

##### *Other revenue*

Other revenue is recognised when it is received or when the right to receive payment is established.

##### *Donations*

Donations are recognised at the time the pledge is made.

##### *Volunteer services*

Congress has elected not to recognise any amount relating to volunteer services.

#### *b. 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 3 months or less that are readily converted to known amounts of cash and which are subject to insignificant risk of changes in value. Where accounts at financial institutions are overdrawn balances are shown in current liabilities on the balance sheet.

#### *c. Trade and other receivables*

Trade receivables are initially recognised at fair value, less any allowance for expected credit losses. Trade receivables are generally due for settlement within 30 days.

#### *d. Contract assets*

Contract assets are recognised when the Corporation has transferred goods or services to the customer but where the Corporation is yet to establish an unconditional right to consideration. Contract assets are treated as financial assets for impairment purposes.

#### *e. 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:

	2020 (YEARS)	2019 (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

### **Right of Use Asset**

A right-of-use asset is recognised at the commencement date of a lease. The right-of-use asset is measured at cost, which comprises the initial amount of the lease liability, adjusted for, as applicable, any lease payments made at or before the commencement date net of any lease

### **f. 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.

### **g. 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.

### **h. Contract liabilities**

Contract liabilities represent the Corporation's obligation to transfer goods or services to a customer and are recognised when a customer pays consideration, or when the Corporation recognises a receivable to reflect its unconditional right to consideration (whichever is earlier) before the Corporation has transferred the goods or services to the customer.

### **i. Leases**

Under AASB16 a lease liability is recognised at the commencement date of a lease. The lease liability is initially recognised at the present value of the lease payments to be made over the term of the lease, discounted using the interest rate implicit in the lease or, if that rate cannot be readily determined, Congress's incremental borrowing rate as advised by its bankers (NAB).

Lease Liabilities are measured at amortised cost using the effective interest method and are recalculated if there is a change in the lease rate due to indexation, or a change in the lease term. When a lease liability is recalculated, an adjustment is made to the corresponding right-of use asset.

The lease term is a significant component in the measurement of both the right-of-use asset and lease liability. Judgement is exercised in determining whether there is reasonable certainty that an option to extend the lease will be exercised.

Where the interest rate implicit in a lease cannot be readily determined, an incremental borrowing rate is estimated to discount future lease payments to measure the present value of the lease liability at the commencement date. The rate is based on what the Corporation estimates it would have to pay a third party to borrow the funds necessary to obtain an asset of a similar value to the right-of-use asset, with similar terms, security and economic environment.

### **j. Provisions**

Provisions 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.

### **k. Employees**

NUMBER OF EMPLOYEES	2020	2019
Full time equivalent employees	379	365
Number of employees	423	428

### **l. Employee Benefits**

Provision is made for the Corporation's liability for employee benefits arising from services rendered by the employees to the end of the reporting period. Employee benefits that are expected to be settled within 1 year have been measured at the amount expected to

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

### **m. 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.

### **n. 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.

### **o. 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

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

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

**p. 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.

**q. Financial instruments**

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).

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.

**r. Coronavirus (COVID-19) pandemic**

Judgement has been exercised in considering the impacts that the Coronavirus (COVID-19) pandemic has had on the Corporation.

This consideration extends to the nature of the services offered, customers, supply chain, staffing and geographic regions in which the Corporation operates.

There does not currently appear to be either any significant impact upon the financial statements or any significant uncertainties with respect to events

or conditions which may impact the Corporation unfavourably as at the reporting date or subsequently as a result of the Coronavirus (COVID-19) pandemic.

**2. RESTATEMENT OF COMPARATIVES - adoption of AASB 16 Leases**

**Adoption of AASB 16 Leases**

The Corporation has adopted AASB 16 Leases from 1 July 2019, using the full retrospective approach. This resulted in the following restatement of comparatives for the statement of profit or loss and other comprehensive income and the statement of financial position as at 30 June 2019:

Depreciation of \$1,635,608 was recognised against the right-of-use assets

Lease payments of \$1,864,080 were reclassified from other expenses to principal repayments against lease liabilities

Finance costs of \$204,332 were recognised against lease liabilities

Right-of-use assets of \$5,085,648 were recognised

Lease liabilities of \$5,416,516 were recognised (current \$1,652,387 and non-current \$3,764,129)

The impact on the statement of profit or loss and other comprehensive income, statement of financial position and Cash Flows is as follows;

**1 - Statement of profit or loss and other comprehensive income**

	30/06/2019 Reported \$	Adjustment \$	30/06/2019 Restated \$
<b>OPERATING INCOME</b>			
Grants and Contributions provided	42,651,029	-	42,651,029
Medicare & practice incentive payment income	8,032,325	-	8,032,325
Investment income	358,271	-	358,271
Other operating revenues	1,002,836	-	1,002,836
Net gain/(loss) on disposal of assets	3,500	-	3,500
	<b>52,047,961</b>	<b>-</b>	<b>52,047,961</b>

**OPERATING EXPENSES**

Employee benefits expenses	38,697,685	-	38,697,685
Interest charges	8,683	204,332	213,015
Depreciation & amortisation	775,200	1,635,608	2,410,808
Medical supplies & program expenses	3,780,148	-	3,780,148
Motor vehicle & travel expenses	2,167,678	(705,388)	1,462,290
Rent & occupancy expenses	2,708,367	(1,158,692)	1,549,675
Minor equipment expenditure	427,385	-	427,385
Other operating expenses	3,447,978	-	3,447,978
	<b>52,013,124</b>	<b>(24,140)</b>	<b>51,988,984</b>
<b>SURPLUS FOR THE YEAR</b>	<b>34,837</b>	<b>24,140</b>	<b>58,977</b>
Other comprehensive income	-	-	-
<b>Total comprehensive income</b>	<b>34,837</b>	<b>24,140</b>	<b>58,977</b>

**2 - Statement of financial position at the end of the earliest comparative period**

	30/06/2019 Reported \$	Adjustment \$	30/06/2019 Restated \$
<b>CURRENT ASSETS</b>			
Cash and cash equivalents	15,644,738	-	15,644,738
Other current assets	435,009	-	435,009
Trade and other receivables	886,582	-	886,582
<b>TOTAL CURRENT ASSETS</b>	<b>16,966,329</b>	<b>-</b>	<b>16,966,329</b>

**NON CURRENT ASSETS**

Investments	2	-	2
Property, plant and equipment	12,645,950	-	12,645,950
Intangible assets	619	-	619
Leases - Right of Use Asset		5,085,648	5,085,648
<b>TOTAL NON CURRENT ASSETS</b>	<b>12,646,571</b>	<b>5,085,648</b>	<b>17,732,219</b>
<b>TOTAL ASSETS</b>	<b>29,612,900</b>	<b>5,085,648</b>	<b>34,698,548</b>

**CURRENT LIABILITIES**

Trade and other payables	1,670,985	-	1,670,985
Employee benefits	4,434,394	-	4,434,394
Grants received in advance	1,279,541	-	1,279,541
Unexpended grants	4,122,832	-	4,122,832
Leases - Current Liability		1,652,387	1,652,387
<b>TOTAL CURRENT LIABILITIES</b>	<b>11,507,752</b>	<b>1,652,387</b>	<b>13,160,139</b>

**NON CURRENT LIABILITIES**

Employee benefits	545,503	-	545,503
Leases - Non Current Liability		3,764,129	3,764,129
<b>TOTAL NON CURRENT LIABILITIES</b>	<b>545,503</b>	<b>3,764,129</b>	<b>4,309,632</b>
<b>TOTAL LIABILITIES</b>	<b>12,053,255</b>	<b>5,416,516</b>	<b>17,469,771</b>
<b>NET ASSETS</b>	<b>17,559,645</b>	<b>(330,868)</b>	<b>17,228,777</b>



	30/06/2019 Reported \$	Adjustment \$	30/06/2019 Restated \$
<b>EQUITY</b>			
Accumulated funds	9,063,151	(330,868)	8,732,283
Reserve funds	8,495,494		8,496,494
	<b>17,559,645</b>	<b>(330,868)</b>	<b>17,228,777</b>

*Statement of financial position at beginning of the earliest comparative period*

	30/06/2019 Reported \$	Adjustment \$	1/07/2018 Restated \$
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**CURRENT ASSETS**

Cash and cash equivalents	19,389,693	-	19,389,693
Other current assets	490,842	-	490,842
Trade and other receivables	642,396	-	642,396
<b>TOTAL CURRENT ASSETS</b>	<b>20,522,931</b>	<b>-</b>	<b>20,522,931</b>

**NON CURRENT ASSETS**

Investments	2	-	2
Property, plant and equipment	12,598,800	-	12,598,800
Intangible assets	27,541	-	27,541
Leases - Right of Use Asset		5,301,423	5,301,423
<b>TOTAL NON CURRENT ASSETS</b>	<b>12,626,343</b>	<b>5,301,423</b>	<b>17,927,766</b>
<b>TOTAL ASSETS</b>	<b>33,149,274</b>	<b>5,301,423</b>	<b>38,450,697</b>

**CURRENT LIABILITIES**

Trade and other payables	7,175,881	-	7,175,881
Employee benefits	4,239,844	-	4,239,844
Grants received in advance	377,915	-	377,915
Unexpended grants	3,364,685	-	3,364,685
Leases - Current Liability		1,738,744	1,738,744
<b>TOTAL CURRENT LIABILITIES</b>	<b>15,158,325</b>	<b>1,738,744</b>	<b>16,897,069</b>

	30/06/2019 Reported \$	Adjustment \$	1/07/2018 Restated \$
<b>NON CURRENT LIABILITIES</b>			
Employee benefits	466,141	-	466,141
Leases - Non Current Liability		3,917,687	3,917,687
<b>TOTAL NON CURRENT LIABILITIES</b>	<b>466,141</b>	<b>3,917,687</b>	<b>4,383,828</b>
<b>TOTAL LIABILITIES</b>	<b>15,624,466</b>	<b>5,656,431</b>	<b>21,280,897</b>
<b>NET ASSETS</b>	<b>17,524,808</b>	<b>(355,008)</b>	<b>17,169,800</b>

**EQUITY**

Accumulated funds	9,093,215	(355,008)	8,738,207
Reserve funds	8,431,593		8,431,593
	<b>17,524,808</b>	<b>(355,008)</b>	<b>17,169,800</b>

	30/06/2019 Reported \$	Adjustment \$	30/06/2019 Restated \$
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			

**Payments**

Employee costs	(38,423,773)		(38,423,773)
Materials, contracts and other costs	(12,694,122)	1,864,080	(10,830,042)
Interest paid	(8,683)		(8,683)
Interest Paid - Leases		(204,332)	(204,332)

**Receipts**

Receipts from activities	9,121,216		9,121,216
Interest received	391,443		391,443
Receipts from funding bodies	43,947,389		43,947,389
<b>Net cash provided by operating activities</b>	<b>2,333,470</b>	<b>1,659,748</b>	<b>3,993,218</b>

	30/06/2019 Reported \$	Adjustment \$	30/06/2019 Restated \$
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
Payments for property, plant & equipment	(6,081,925)		(6,081,925)
Proceeds on sale of assets	3,500		3,500
<b>Net cash used in investing activities</b>	<b>(6,078,425)</b>	<b>-</b>	<b>(6,078,425)</b>

#### CASH FLOWS FROM FINANCING ACTIVITIES

Repayment of Lease Liabilities		(1,659,748)	(1,659,748)
<b>Net cash provided by financing activities</b>	<b>-</b>	<b>(1,659,748)</b>	<b>(1,659,748)</b>
Net increase (decrease) in cash held	(3,744,955)	-	(3,744,955)
Cash at beginning of the year	19,389,693		19,389,693
<b>CASH at END of YEAR</b>	<b>15,644,738</b>		<b>15,644,738</b>

	2020 \$	2019 \$
<b>3 - Grants &amp; Contributions Provided</b>		

#### Australian Government Financial Assistance

Department of Health	29,948,060	27,413,971
Department of Social Services	1,024,781	1,044,417
National Indigenous Australians Agency	3,974,087	4,124,737
Department of Education and Training	625,413	930,377
National Disability Insurance Agency	330,062	-
<b>Total Australian Government Financial Assistance</b>	<b>35,902,403</b>	<b>33,513,502</b>

#### Northern Territory Government Financial Assistance

<b>Other Financial Assistance</b>		
Northern Territory General Practice Education Ltd	2,660,043	1,976,221
Northern Territory PHN	2,958,879	2,667,345
Other grants	927,439	1,484,866
<b>Total Other Financial Assistance</b>	<b>6,546,361</b>	<b>6,128,432</b>
<b>TOTAL GRANTS and CONTRIBUTIONS</b>	<b>46,407,837</b>	<b>42,651,029</b>

#### 4 - Medicare Income and Practice Incentive Payments

Medicare income	6,791,032	6,241,839
Practice incentive payments	1,670,955	1,790,486
<b>Total Medicare Income and Practice Incentive Payments</b>	<b>8,461,987</b>	<b>8,032,325</b>

#### 5 - Investment Income

Interest income	185,853	358,271
<b>Total Investment Income</b>	<b>185,853</b>	<b>358,271</b>

#### 6 - Other Operating Revenues

Fees received	1,193,837	782,662
Rent received	40,365	21,415
Other receipts	437,293	198,759
<b>Total Other Operating Revenues</b>	<b>1,671,495</b>	<b>1,002,836</b>

	2020 \$	2019 \$
<b>7- Employee Benefits Expense</b>		
Fringe benefits tax	94,548	70,257
Salaries	37,822,213	34,631,451
Superannuation	3,213,014	3,097,675
Workcover insurance	418,830	483,146
Income protection insurance	203,810	162,003
Employee recruitment and relocation	71,335	41,479
Employee training and development	204,124	211,674
<b>Total Employee Benefits Expense</b>	<b>42,027,874</b>	<b>38,697,685</b>

<b>8 - Interest Expense</b>		
Bank Charges & Interest	8,725	8,683
Interest - Leases	216,602	204,332
<b>Total Investment Income</b>	<b>225,327</b>	<b>213,015</b>

<b>9 - Depreciation &amp; Amortisation</b>		
Depreciation Expense	1,048,841	775,200
Depreciation - property leases	1,047,903	988,225
Depreciation - vehicle leases	629,225	647,383
<b>Total Investment Income</b>	<b>2,725,969</b>	<b>2,410,808</b>

	2020 \$	2019 \$
<b>10 - Medical Supplies and Program Expenses</b>		
Contract staff	1,521,279	1,873,372
Equipment maintenance	270,865	271,758
Medical supplies	776,769	700,588
Program consumables	375,770	456,162
Meeting expenses	54,656	46,938
Communicare licence and other subscriptions	736,882	431,330
<b>Total Medical Supplies and Program Expenses</b>	<b>3,736,221</b>	<b>3,780,148</b>

<b>11 - Motor Vehicle and travel Expenses</b>		
Motor vehicle - fuel and oil	263,021	282,459
Motor vehicle - repairs and maintenance	189,690	232,067
Motor vehicle - variable lease payments	69,781	90,911
Motor vehicle - insurance and registration	152,615	135,299
Motor vehicle - GPS charges	113,476	119,597
Motor vehicle - short term lease payments	9,420	28,861
Travel - fares and accommodation	299,632	444,178
Travel allowance	151,108	128,918
<b>Total Motor Vehicle and Travel Expenses</b>	<b>1,248,743</b>	<b>1,462,290</b>

<b>12 - Rent and Occupancy Expenses</b>		
Rent and rates - variable lease payments	55,796	71,958
Electricity, water and gas	520,003	446,524
Cleaning	116,546	138,692
Maintenance to buildings	716,844	557,584
Security	209,670	245,842
Waste management	94,272	89,075
<b>Total Rent and Occupancy Expenses</b>	<b>1,713,131</b>	<b>1,549,675</b>



	2020 \$	2019 \$
<b>13 - Minor Equipment Expenditure</b>		
Buildings	101,184	116,923
Office furniture & equipment	60,326	66,881
Computers	306,623	157,766
Plant & equipment	91,838	85,815
Legal & Architect Fees	14,500	-
<b>Total Minor Equipment Expenditure</b>	<b>574,471</b>	<b>427,385</b>

#### 14 - Other Operating Expenses

Computers, communications and technology	791,613	936,750
Equipment leasing - low value assets	18,357	54,054
Insurances	296,913	235,569
Telecommunications costs	303,048	353,445
Consulting	600,183	429,435
Advertising and promotion	444,053	427,902
Administrative costs	247,186	296,313
Commissioned Research	1,329,950	444,704
Sundry expenses	280,316	269,806
<b>Total Other Operating Expenses</b>	<b>4,311,619</b>	<b>3,447,978</b>

#### 15 - Cash and Cash Equivalents

Cash on hand	4,355	4,355
Cash at bank	1,464,736	124,473
Cash on investment	17,630,249	15,515,910
<b>Total Cash and Cash Equivalents</b>	<b>19,099,340</b>	<b>15,644,738</b>

	2020 \$	2019 \$
<b>16 - Other Current Assets</b>		
Bonds paid	50,842	45,342
Prepayments	297,678	389,667
<b>Total Other Current Assets</b>	<b>348,520</b>	<b>435,009</b>

#### 17 - Trade and Other Receivables

Trade debtors	1,163,752	937,801
GST/FBT Receivable	-	-
Provision for impairment	(51,219)	(51,219)
<b>Total Trade and Other Receivables</b>	<b>1,112,533</b>	<b>886,582</b>

	2020 Gross \$	2020 Allowance \$	2020 Restated Gross \$	2019 Restated Allowance \$
Not past due	1,038,497	-	788,052	-
Past due:				
0 - 30 days	-	-	9,090	-
31 - 60 days	34,780	-	15,325	-
61 - 90 days	140	-	24,671	-
90 days and over	90,336	(51,219)	100,663	(51,219)
	<b>1,163,752</b>	<b>(51,219)</b>	<b>937,801</b>	<b>(51,219)</b>

	2020 \$	2019 \$
<b>18 - Investments</b>		
Shares in Centrecorp Aboriginal Investment Corporation Pty Ltd	2	2

## 19 - Property, Plant and Equipment

	Land & Buildings \$	Work in Process \$	Motor Vehicles \$	Office Equipment \$	Office Furniture \$	Plant & Equipment \$	Total \$
<b>GROSS CARRYING AMOUNT</b>							
<b>Balance at 30th June 2018</b>	<b>12,200,996</b>	<b>2,461,274</b>	<b>758,272</b>	<b>518,839</b>	<b>182,180</b>	<b>907,793</b>	<b>17,029,354</b>
Additions	78,860	635,869	-	24,229	-	56,470	<b>795,428</b>
Transfers between Asset Classes	1,612,697	(1,895,596)	-	37,667	50,668	194,564	-
Disposals							-
<b>Balance at 30th June 2019</b>	<b>13,892,553</b>	<b>1,201,547</b>	<b>758,272</b>	<b>580,735</b>	<b>232,848</b>	<b>1,158,827</b>	<b>17,824,782</b>
Additions	41,336	724,507	13,689	5,054		92,573	<b>877,159</b>
Transfers between Asset Classes	775,716	(1,558,304)	610,272		32,814	139,502	-
Disposals			(58,855)			(45,990)	<b>(104,845)</b>
<b>Balance at 30th June 2020</b>	<b>14,709,605</b>	<b>367,750</b>	<b>1,323,378</b>	<b>585,789</b>	<b>265,662</b>	<b>1,344,912</b>	<b>18,597,096</b>
<b>ACCUMULATED DEPRECIATION</b>							
<b>Balance at 30th June 2018</b>	<b>2,772,278</b>	-	<b>662,666</b>	<b>270,628</b>	<b>151,981</b>	<b>573,001</b>	<b>4,430,554</b>
Charge for the year	467,808		56,922	59,745	11,728	152,075	<b>748,278</b>
Accumulated on disposals							-
<b>Balance at 30th June 2019</b>	<b>3,240,086</b>	-	<b>719,588</b>	<b>330,373</b>	<b>163,709</b>	<b>725,076</b>	<b>5,178,832</b>
Charge for the year	670,636		68,725	69,346	23,310	216,824	<b>1,048,841</b>
Accumulated on disposals			(57,238)			(50)	<b>(57,288)</b>
<b>Balance at 30th June 2020</b>	<b>3,910,722</b>	-	<b>731,075</b>	<b>399,719</b>	<b>187,019</b>	<b>941,850</b>	<b>6,170,385</b>
<b>NET BOOK VALUE</b>							
<b>Balance at 30th June 2019</b>	<b>10,652,467</b>	<b>1,201,547</b>	<b>38,684</b>	<b>250,362</b>	<b>69,139</b>	<b>433,751</b>	<b>12,645,950</b>
<b>Balance at 30th June 2020</b>	<b>10,798,883</b>	<b>367,750</b>	<b>592,303</b>	<b>186,070</b>	<b>78,643</b>	<b>403,062</b>	<b>12,426,711</b>

## 20 - Intangible Assets

	Computer Software \$
<b>GROSS CARRYING AMOUNT</b>	
<b>Balance at 30th June 2018</b>	<b>425,836</b>
Additions	
Disposals	
Balance at 30th June 2019	425,836
Additions	
Disposals	
Balance at 30th June 2020	425,836
Disposals	-
<b>Balance at end of current year</b>	<b>425,836</b>

## ACCUMULATED DEPRECIATION

<b>Balance at 30th June 2018</b>	<b>398,295</b>
Charge for the year	26,922
Accumulated on disposals	
<b>Balance at 30th June 2019</b>	<b>425,217</b>
Charge for the year	
Accumulated on disposals	
<b>Balance at 30th June 2020</b>	<b>425,217</b>

## NET BOOK VALUE

<b>Balance at 30th June 2019</b>	<b>619</b>
<b>Balance at 30th June 2020</b>	<b>619</b>

## 21 - Leases - Right of Use Assets

	2020 \$	2019 \$
Lease Properties - right of use	6,277,517	6,035,830
Less accumulated depreciation	1,515,088	2,129,744
	<b>4,762,429</b>	<b>3,906,086</b>
Lease Vehicles - right of use	3,378,353	2,554,320
Less accumulated depreciation	2,003,983	1,374,758
	<b>1,374,370</b>	<b>1,179,562</b>
	<b>6,136,799</b>	<b>5,085,648</b>

Additions to the Right-Of-Use asset for the year were \$2,728,279. The Corporation leases land and buildings for its offices and clinics under agreements with terms between three and twenty years and, in some cases, with options to extend. The leases have various escalation clauses. On renewal, the terms of the leases are renegotiated. The Corporation also leases most of its vehicle fleet and some medical equipment under agreements with terms between three and five years with options to extend.

## 22 - Trade and other payables

Trade and other payables	1,219,254	1,565,191
Property purchase settlement	-	-
Provision	<b>33</b>	<b>33</b>
GST/FBT payable	285,364	105,761
	<b>1,504,651</b>	<b>1,670,985</b>



### 23 - Employee Benefits

	2020 \$	2019 \$
<b>CURRENT LIABILITIES:</b>		
Annual leave	2,771,140	2,281,560
Long service leave	1,648,373	1,401,321
Accrued salary & wages	1,152,356	751,513
<b>Total Current Liabilities</b>	<b>5,571,869</b>	<b>4,434,394</b>
<b>NON-CURRENT LIABILITIES:</b>		
Long service leave	725,389	545,503
<b>Total Non-Current Liabilities</b>	<b>725,389</b>	<b>545,503</b>
<b>Total Employee Liabilities</b>	<b>6,297,258</b>	<b>4,979,897</b>

### 24 - Funds Repayable to Provider under AASB 1058

COMMONWEALTH DEPARTMENT OF HEALTH	2020 \$
Relocation of Gap Road Dispensary & New Clinics	230,000
Replacement of Security System - 14 Congress Sites	85,425
Repairs to Santa Teresa Clinic Doors	50,826
Repairs & Upgrade - Ntaria Clinic & Premises	44,000
<b>DEPARTMENT OF HEALTH NT</b>	
Mutitjulu Renal Room	702,000
<b>TOTAL</b>	<b>1,112,251</b>

### 25 - Contractual Liabilities under AASB 15

COMMONWEALTH DEPARTMENT OF HEALTH	2020 \$
PRIMARY HEALTH CARE - SAFETY SUPPORTS	75,107
Australian Nurse Family Partnership Program (ANFPP)	331,603
EARLY CHILDHOOD DEVELOPMENT CENTRE	268,035
ALCOHOL ACTION INITIATIVE - RIGHT TRACKS PROGRAM	23,189
PHC & AVOIDABLE HOSPITALISATIONS	17,895
CAAHSN RESEARCH GRANT	88,873
NLSI Grant (CAAHSN)	8,340
CAAHSN Fundraising	10,605
CAAHSN - Partner Contribution (non-RART)	78,683
TACKLING SMOKING AND HEALTHY LIFESTYLE WORKFORCE	254,890
PRISON TO WORK PILOT	14,105
CONNECTED BEGINNINGS	346
REMOTE SERVICES LEADERSHIP PROGRAM	158,564
REMOTE TIS	90,000
Continuity of Care Evaluation	50,000
Enhanced Syphilis Response	90,602
MALE HEALTH TRUCK OPERATING EXPENSES	200,000
Aspen COVID-19	154,419
PRISON TO WORK PILOT	230,000
<b>NATIONAL INDIGENOUS AUSTRALIANS AGENCY</b>	
AOD (Safe & Sober) Program	216,534
CONGRESS HISTORY PROJECT (ABA)	57,597
Community Wellbeing & Violence Intervention	185,463
STOLEN GENERATION LINK - UP SERVICE	370,177
STOLEN GENERATION SERVICE EVALUATION	75,000
PRP Transport & Engagement	186,209

	2020 \$
<b>DEPARTMENT OF SOCIAL SERVICES</b>	
Intensive Family Support Service	47,482

#### NATIONAL DISABILITY INSURANCE AGENCY

NDIS REMOTE COMMUNITY CONNECTORS	89,371
NDIS - EVIDENCE, ACCESS, COORDINATION OF PLANNING	166,640
NDIS REMOTE COMMUNITY CONNECTORS	91,625
INDIVIDUAL CAPACITY BUILDING (NDIS)	813,927

#### DEPARTMENT OF HEALTH NT

LTYENTYE APURTE - MENTAL HEALTH WORKER	31,309
SANTA TERESA HEALTH SERVICES (NT)	81
COORDINATION SUPPORT & CAPACITY BUILDING FOR NDIS	494
Under 5s Program	49,388
ALTERNATIVES TO CUSTODY	70,788
Alcohol and Other Drugs Aftercare	189,155
AOD REPAIRS & MAINTENANCE GRANT (ONE OFF)	4,559
CLINICAL DIRECTOR AND TRAINING (AOD)	50,570
MENTAL HEALTH SUPPORT WORKER SEWB	53,294
Capacity Building NDIS	140,000

#### NORTHERN TERRITORY PHN

STUDENT SUPPORT GRANT (NT PHN)	6,000
CARE COORDINATION IMPROVEMENT GRANT - NTPHN (C018)	43,123
NT PHN INTERGRATED TEAM CARE CARE COORDINATION	46,904
Youth Mental Health Capacity Building Program	15,000
ALLIED PSYCHOLOGICAL SERVICES (ATAPPS)	24,438
Mental Health Nurse Program (NTPHN)	62,429

	2020 \$
<b>NT TERRITORY FAMILIES</b>	
AFTER HOURS YOUTH SERVICE	52,132
MENTAL HEALTH WORKER YOUTH DETENTION CENTRE	11,733
BACK ON TRACK	157,877

#### NT GOVERNMENT - OTHER

ABORIGINAL WORKFORCE GRANT ABOR SUPER MENTORING	64,000
COMMIT: SUPPORT SERVICES FOR OFFENDERS	276,301
Connected Beginnings - Braitling	70,500

#### OTHER

UTJU TRACHOMA PROJECT	6,263
MUTITJULU CLINICAL EQUIPMENT PURCHASE	530
PATCHES YOUTH DIAGNOSTIC SERVICES	2,130
HSTAC Grant	4,182
HEALTH CARE HOME REVIEW - STAGE ONE - NTPHN	27,574
MOST (More Options for STI Testing) - Research	107,650
INTERGENERATIONAL TRAUMA (LA TROBE UNI)	36,574
FASD - A MULTI-SITE PREVENTION PROGRAM	96,524
headspace relocation	148,302
Murdoch Children's Research Institute	30,372
ATSI Diabetic Foot Complications Program (SAHMRI)	25,000
	<b>6,350,456</b>

## 26 - Grants received in advance

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

	2019 Restated \$
Commonwealth Department of Health	1,000,000
NT PHN	242,041
Other	37,500
	<b>1,279,541</b>

## 27 - Statement of unexpended grants

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

Commonwealth Department of Health	2019 Restated \$
PRIMARY HEALTH CARE - SAFETY SUPPORTS	215,419
CHSP - ALLIED HEALTH AND THERAPY SERVICES	127,165
AUSTRALIAN NURSE FAMILY PARTNERSHIP PROGRAM (ANFPP)	297,777
CHILDCARE MINOR CAPITAL GRANT	2,491
ALUKURA SERVICE MAINTENANCE	26,060
INGKINTJA SERVICE MAINTENANCE	160,274
EARLY CHILDHOOD DEVELOPMENT CENTRE	12,215
ALCOHOL ACTION INITIATIVE - RIGHT TRACKS PROGRAM	23,189
PHC & AVOIDABLE HOSPITALISATIONS	17,895
RAPID APPLIED RESEARCH TRANSLATION PROGRAM	52,522
CAAHSN RESEARCH GRANT - MRFF STAGE 2	523,051
TACKLING INDIGENOUS SMOKING	57,970

National Indigenous Australians Agency	2019 Restated \$
AOD (SAFE & SOBER) PROGRAM	129,562
Cadets - Central Australian Aboriginal Congress	11,676
COMMUNITY WELLBEING & VIOLENCE INTERVENTION	41,291
STOLEN GENERATION LINK - UP SERVICE	255,993
STOLEN GENERATION SERVICE EVALUATION	75,000

## National Disability Insurance Agency

NDIS REMOTE COMMUNITY CONNECTORS	50,000
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## Department of Health NT

TRANSITION TO COMMUNITY CONTROL PROJECT	50,000
LTIENTYE APURTE - MENTAL HEALTH WORKER	21,230
FETAL ALCOHOL SPECTRUM DISORDER	140,000
ALCOHOL AND OTHER DRUGS AFTERCARE	137,948
AOD REPAIRS & MAINTENANCE GRANT (ONE OFF)	4,559
REMOTE AOD WORKERS	106,679
CLINICAL DIRECTOR AND TRAINING (AOD)	21,948
MENTAL HEALTH SUPPORT WORKER SEWB	33,396

## Northern Territory PHN

STUDENT SUPPORT GRANT (NT PHN)	6,000
NT PHN INTERGRATED TEAM CARE COORDINATION	26,196
HOME SUPPORT PROGRAM - NURSING CARE	110,196
Youth Mental Health Capacity Building Program	121,062
ALLIED PSYCHOLOGICAL SERVICES (ATAPPS)	82,001
Graduate Pathways for AHP Graduates	36,400



	2019 Restated \$
<b>NT Territory Families</b>	
AFTER HOURS YOUTH SERVICE	52,132
MENTAL HEALTH WORKER YOUTH DETENTION CENTRE	11,733

#### NT Government - Other

NT TOY AND EQUIPMENT SUBSIDY	10,257
NT TOY AND EQUIPMENT SUBSIDY (CHADC)	25,184
ABORIGINAL WORKFORCE GRANT ABOR SUPER MENTORING	64,000
COMMIT: SUPPORT SERVICES FOR OFFENDERS	406,229

#### Other

MUTITJULU CLINICAL EQUIPMENT PURCHASE	530
PATCHES YOUTH DIAGNOSTIC SERVICES	2,130
UTJU TRACHOMA PROJECT	6,268
HSTAC Grant	18,182
CENTRAL AUSTRALIAN YOUTH STUDY	14,122
MOST (MORE OPTIONS FOR STI TESTING) - RESEARCH	217,434
INTERGENERATIONAL TRAUMA (LA TROBE UNI)	38,784
DOING IT RIGHT (CAAHSN)	25,108
CENTRAL AUSTRALIAN ACADEMIC HEALTH SCIENCE CENTRE	84,706
FASD - A MULTI-SITE PREVENTION PROGRAM	168,868
<b>TOTAL</b>	<b>4,122,832</b>

	2020 \$	2019 \$
<b>28 - Leases: Current Liability</b>		
Leased Properties - Current Liability	1,364,356	1,133,670
Lease Vehicles - Current Liability	610,790	518,717
	<b>1,975,146</b>	<b>1,652,387</b>

	2020 \$	2019 \$
<b>Leases: Non Current Liability</b>		
Leased Properties - Non Current Liability	3,692,218	3,070,250
Lease Vehicles - Non Current Liability	801,516	693,879
	<b>4,493,734</b>	<b>3,764,129</b>

#### 29 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.

	2020 \$	2019 \$
Directors' fee payments during the year	<b>150,484</b>	<b>104,811</b>

The directors during the financial year were:

- Graham Dowling (Chairperson)
- Dorethea Randall
- Sheralee Taylor
- Joseph Hayes
- Michael Liddle
- Taren Williams
- William Tilmouth
- Leanne Milligan
- Peter O'Mara

REMUNERATION LEVEL	2020	2019
\$0 to \$5000		2
\$5,001 to \$10,000		2
\$10,001 to \$20,000	8	5
\$20,001 to \$40,000	1	1

### 30 - Key Management Personnel Compensation

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

	2020 \$	2019 \$
Short term employee benefits	1,343,390	1,127,145

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

2020	2019
<b>Ms Donna Ah Chee</b> (period 1 July 2019 to 30 June 2020)	<b>Ms Donna Ah Chee</b> (period 1 July 2018 to 30 June 2019)
<b>Dr John Boffa</b> (period 1 July 2019 to 30 June 2020)	<b>Dr John Boffa</b> (period 1 July 2018 to 30 June 2019)
<b>Mr Stephen Marshall</b> (period 1 Jul 2019 to 30 June 2020)	<b>Mr Eric Brown</b> (period 1 July 2018 to 31 August 2018)
<b>Ms Tracey Brand</b> (period 1 July 2019 to 13 April 2020)	<b>Ms Tracey Brand</b> (period 1 July 2018 to 30 June 2019)
<b>Dr Colin Marchant</b> (period 13 April 2020 to 30 June 2020)	<b>Mr Stephen Marshall</b> (period 12 November 2018 to 30 June 2019)
<b>Ms Carolyn Renehan</b> (period 9 Sep 2019 to 30 June 2020)	<b>Mr Ian Townsend</b> (period 1 July 2018 to 30 June 2019)
<b>Mr Ian Townsend</b> (period 1 July 2019 to 10 Dec 2019))	
<b>Mr Brett Capes</b> (period 16 April 2020 to 30 June 2020)	

### 31 - Related Party Transactions

During the financial year ended 30 June 2020, no loans or other related party transactions were made to any Board member or key management personnel.

### 32 - Economic Dependency

Central Australian Aboriginal Congress Aboriginal Corporation is dependent 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.

### 33 - Auditors' Remuneration

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

	2020 \$	2019 \$
Audit or review services	25,818	20,967
Other services	4,914	4,000
	<b>30,732</b>	<b>24,967</b>

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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 2020, the statement of profit or 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 2020 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 (including Independence Standards)* (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 accordingly we do not express any form of assurance conclusion thereon.

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## Independent Auditor's Report



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\\_responsibilities/ar4.pdf](http://www.auasb.gov.au/auditors_responsibilities/ar4.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, 2 October 2020









# 2019-2020

Central Australian **Aboriginal Congress**

ANNUAL REPORT

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