

Central Australian Aboriginal Congress
ABORIGINAL CORPORATION

2014/2015 ANNUAL REPORT

A close-up photograph of two open, palm-up hands of a person with dark skin. The hands are positioned centrally, with fingers slightly spread. The skin texture is clearly visible, showing lines and creases. The background is a solid, dark grey or black. Overlaid on the hands is the text 'Aboriginal health in Aboriginal hands' in a white, italicized serif font.

'Aboriginal health in Aboriginal hands'

Acknowledgements

Central Australian Aboriginal Congress (Congress) continues to work in a model of partnership with the community to deliver coordinated and effective primary health care services to Aboriginal people living across Central Australia.

We would like to thank our members, patients and clients for their loyalty, feedback and questions as well as for the continued opportunity to service our community. The voice of our patients, clients and members continues to play the most vital role in determining the direction of our services and programs.

Congress is very thankful of the opportunity to be able to continue to provide health services in remote communities in partnership with the following local health boards:

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

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

- Aboriginal Medical Services Alliance Northern Territory (AMSANT)
- The Aboriginal and/or Torres Strait Islander Health Registered Training Organisation National Network (ATSIRHTONN)
- Alcohol and Other Drug Services of Central Australia
- Australian Nurse Family Partnership Program (ANFPP) National Support Agency
- Australian Government Department of Health, Indigenous & Rural Health Division our principal funding agency
- Australian Government Department of Prime Minister & Cabinet
- Australian Government Department of Social Services
- Baker IDI Heart and Diabetes Institute
- Central Australian Health Services
- Central Australian Aboriginal Alcohol Programs Unit (CAAAPU)
- Central Australian Aboriginal Legal Aid Service (CAALAS)
- Central Australian Aboriginal Media Association (CAAMA)
- Central Australian Remote Health Development Services (CARHDS)

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

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Chairman's Report

The end of the financial year is a time to reflect on the efforts and success of the Corporation's performance against both strategic and operational goals and to reinforce our commitment to accountability and transparency.

The Congress Board of Directors began the financial year with a major focus on finalising Congress' Strategic Plan giving clear direction to the corporation's values and activities.

This involved extensive consultation with members, staff, and external stakeholders, vital to the development of the plan. The plan was officially launched at the Annual General Meeting in November 2014.

The Board is pleased that the new 2015/16 Business Plan clearly responds to its five strategic objectives and key performance indicators, and I would like to take this opportunity to again thank all key stakeholders for their valuable contribution to the development of the Strategic Plan.



The Board's subcommittees continued to develop in their roles as advisers to the directors, in respect of developments across specialised subject areas, with the aim to contribute to the organisation's strategic objectives.

This reporting period, key matters under consideration for reform by the Governance Subcommittee included; increased clarity in respect of the description of member directors (elected) and independent non-member directors (board appointed) as well as nomination processes, increased membership and composition of the Board including youth and remote representation, with the aim to ensure the highest level of accountability.

In particular, the subcommittee worked to review and improve processes regarding director nominations. Guidelines were developed to describe the process for director nominations, eligibility criteria for the assessment of applications and the roles and responsibilities of directors. A review process commenced and will be completed prior to the 2015 AGM.

Guidelines for member applications were also developed and trialed. Feedback obtained from members on the new membership application process indicated that the process had become too complex for key groups within the community therefore the original process was restored, enabling any Aboriginal person in Central Australia over the age of 18 years, to become a member of Congress.

The Board also worked with the Governance Subcommittee to commence preparations for the imminent nomination of new independent, non-member directors to occur later this year. Steve Rossingh was reappointed for a second term in recognition of his outstanding contribution to the Board in the area of finance and his willingness to serve a second term. Dr Mark Wenitong has also provided invaluable strategic direction in primary health care but he may not have the capacity for a second term. The Board will continue to work with the Governance Subcommittee to identify suitably qualified candidates for the vacant positions aiming to address specific subject matter expertise and experience gaps. I would like to take this opportunity to thank Graham Dowling for his valuable contribution in helping to strengthen governance and administration systems at Congress.

The Board is working with the Governance Subcommittee to complete a review of the Congress Rule Book and develop appropriate amendments for endorsement at the 2015 AGM. This will help to ensure the Congress Rule Book is a leading example of sound governance practices.

Congress' Research Subcommittee has continued to provide the Board with updates on general progress regarding Congress' participation in important research activities as well as an analysis of all research requests against

newly developed templates. This has enabled complex research proposals to be properly assessed against the Board's strategic priorities to ensure that all research will benefit the community.

The Board approved Congress' participation in a range of projects assisting to validate community controlled primary health care service delivery, as a best practice approach to improving health outcomes for Aboriginal people in Australia.

The Board continued to work with executive management to promote a transparent and ethical approach to research through the publication of Congress participation in research activity via the Board Communiqués and through the development of a Research Register which has been made available on the Congress website (see also Public Health Division Report).

The Board's Clinics Subcommittee provided feedback and comment on facility developments at Congress clinics in Alice Springs, against strategic priorities. Major developments at each clinic, as outlined in the Health Services Division Report, demonstrate a continued commitment by executive management and staff to apply the values of the Strategic Plan to improve the accessibility and quality of Congress services.

The Board's Finance Risk and Audit Subcommittee continued to prioritise the Congress' strong financial performance, including the improved presentation of financial reports to the Board, which give greater transparency and clarity of information, especially the understanding of key financial tools such as the solvency ratio and monitoring of surpluses and or deficits (see Business Services Division Report).

The Human Resources Subcommittee delivered on key HR focused Strategic Plan priorities. The Board supported the successful resolution of the Enterprise Agreement (EA) bargaining process, which allowed for a greater focus on the organisation's commitment to improving employment retention and outcomes for Aboriginal staff, and also provided improved employment conditions ensuring Congress remains an employer of choice in the primary health care sector. The subcommittee was instrumental in the completion of the Workforce Engagement and Development Plan that received Board endorsement and is currently being implemented (see Human Resources Devision Report).

Another achievement of the Human Resources Subcommittee is the major improvements in the orientation of new staff, and consolidated by the newly created Aboriginal Staff Advisory Committee (ASAC) (see CEO Report).

The renewed general orientation program includes an overview of the history and the impacts of colonisation in Central Australia on the health of Aboriginal

people, the health care system, and an overview of Congress' Strategic Plan and Board of Directors. In addition to this a new Aboriginal cultural awareness orientation program was developed by the ASAC and delivered by members of the ASAC firmly placing control of this important initiative in the hands of leading Aboriginal staff.

Two new subcommittees were established; a women's health and male health subcommittee were established to formalise the strategic nature of existing governance and leadership processes. These subcommittees replace the historic Alukura Cultural Advisory Committee and Ingkintja Male Health Reference Group, as separate and distinct functions in accordance with traditional cultural norms. The Board looks forward to working with these newly formalised and important subcommittees in the new financial year.

Congress directors continued to participate with directors from each of our remote health boards in Remote Health Service Advisory Group meetings. The most recent meeting in Alice Springs examined issues pertaining to health service delivery as well as the broader determinants of health including housing, food security, community safety, AOD, education and employment. Strengthening local community control and the need to ensure access to the same level and quality of services and programs across the region, was a shared focus of town and remote boards.

Other important developments made at a governance level have been outlined in regular Board Communiqués following each Board Meeting, to ensure transparency of the corporation's affairs, as well as the corporation's stance on broader Aboriginal health and health care system issues. These communiqués are available to the general public on the Congress website and provide a great account of the important work that Congress is doing.

I am grateful to my fellow directors for the courage, leadership and commitment they bring to the board and to our executive team, led by Chief Executive Officer, Donna Ah Chee. Thank you to our many partners including funders who support the delivery of our comprehensive primary health care model and to our staff for their dedication and professionalism. Through these combined efforts, it has been another productive year in which each of us has committed ourselves to ensuring effective governance that has set a national benchmark in the provision of primary health care services to Aboriginal people.

I commend the 2014/15 Congress Annual Report to you and hope it informs and inspires you as to what can be achieved by community controlled Aboriginal health services; Aboriginal health in the hands of Aboriginal people.



CEO's Report

"The challenges in Indigenous health are significant, yet I am heartened about prospects for achieving real gains after seeing the great work of organisations such as Central Australian Aboriginal Congress.

Concerted effort at the local level is the key to making real and lasting improvements and our focus as a Government is to support the efforts from those such as Congress."

Senator Fiona Nash, Assistant Minister for Health

This past financial year was characterised by significant improvement in key performance indicators, rapid growth and organisational-wide change, with many important projects resolved at the end of the financial period.

This year, of most major operational significance was the integration of remote and town services, combining the former Regional Health Service Division (RHSD) and Alice Springs Health Services Division (ASHSD), into a single Health Services Division (HSD), headed by former ASHSD General Manager Tracey Brand, who was recruited mid financial year. A workplace-wide commitment assisted to ensure this was achieved in most part by the end of the reporting period. The new structure will assist to ensure that Aboriginal people have access to the same scope and quality of services and programs wherever they live throughout our region. The smooth transition to the new structure was greatly assisted following the appointment of Kim Mannering to the position of General Manager Human Resources Division early in 2015.

Consultation regarding the integration included regular and ongoing discussion with remote boards, which was concluded by a two-day Remote Health Service Advisory Group meeting in Alice Springs involving board members from across all remote sites (see also Chairman's Report).

Throughout this change period, staff on the ground assisted executive management to ensure continued services were provided to the bush. Congress enhanced medical and public health capacity and leadership in the remote clinics when Congress received the resignation of GM RHSD. In response, we built on the existing Senior Medical Officer (SMO) position to delegate a greater level of responsibility for the management of clinical services, under the supervision of the Chief Medical Officer Public Health. Other aspects of regional service delivery were integrated under the GM Health Services Division, such as the Remote Alcohol and Other Drugs (AOD) Program as part of the Safe and Sober Support Program.

As at the end of the financial year, management of the SMO position, however, has not yet been transferred to the GM HSD as was planned to come into effect

1 July 2015, due to the resignation of the Remote SMO. Upon recruitment of a new SMO, the responsibility for the management of the SMO and remote clinics will then transfer to the GM HSD.

As at the end of the financial year, all regional programs delivered to remote locations have transitioned to the Health Services Division under Tracey Brand's leadership, including the Remote Allied Health Program, Regional Eye Health Program, the Healthy Lifestyle and Tobacco Cessation Program, Remote AOD Program and WAHAC Mothers and Babies Program.

Other major operational decisions impacting the remote sites concerned the means of improving service delivery in the Ntaria and Wallace Rockhole areas which is currently provided by dual service providers. Through negotiations with relevant parties, and considering alternative arrangements for a single provider of primary health care services, it was agreed by all parties that management would work towards the transfer to community control, to be delivered by Congress under the strategic direction of the WAHAC board (see Remote Health Services Report). It is hoped that this will be achieved over the next 12 months with improved interim working relationships between the two providers as well.

As part of the integration of town and remote services there was a focus on combined reporting of all key performance data and in this Annual Report we utilise examples of this for both town and remote clinics.

There has been a continuous improvement in the proportion of babies born of low birth weight for town and about the same very low proportion for all of the remote clinics. Pre-term labour, the major cause of low birth weight, has reduced and this could be due to a range of factors including the reduction in alcohol related violence in Alice Springs as a result of the police Temporary Beat Locations restricting access to take-away alcohol.

Childhood immunisation coverage has improved further in most areas with 98% coverage for the 713 children under six years of age living in town, 98% coverage for 46 children in Ltyentye Apurte, 100% coverage for the 20 children at Mutitjulu, 91% coverage for the 11 children at Utju, 97% coverage for the 37 children at Amoonguna and 88% coverage for 48 children at Ntaria. In most clinics the rate

is well above the national benchmark figure of 90% which is a great result and shows the high level of access that children and their parents enjoy in all clinics.

Another pleasing result was the increasing rate of child health checks in a number of clinics with nearly half of all children receiving a child health check. There are a couple of clinics with lower rates and this is a focus area for Continuous Quality Improvement (CQI) efforts in all clinics. In town, Chronic disease data has remained stable with approximately 50% of patients being managed on a care plan and just under 50% of patients completing an adult health check. A major planning exercise is underway to try to consider better systems for chronic disease management in the Main Clinic and beyond to further improve chronic disease care including prevention and management, as this has been stable for some years. Premature death from chronic diseases accounts for 80% of the Life Expectancy Gap, so Congress is continuing to strive for more effective ways to manage the high burden of chronic disease in the community. The systematic model of chronic disease management provided by the Institute for Urban Indigenous Health in Brisbane is a model that Congress is learning from and which will guide our own further development in this important area.

Two of our remote clinics, Ltyentye Apurte and Utju, are to be commended for their chronic disease prevention and management. Ltyentye Apurte has an adult health check rate of 85% with 98% of chronic disease patients managed on a care plan and Utju was also very good with 71% having completed an adult health check and 85% of chronic disease patients with a care plan.

This year saw the addition of a new KPI on sexual health screening and although most clinics are doing reasonably well, with nearly half of people under the age of 35 screened each year, this is an area where we need to do better. Unfortunately, the high rates of sexually transmitted infections will not be reduced unless we can achieve screening rates in the order of 80% especially amongst young people under 25 years of age, which is the key target group. Following the completion of the project, Congress is engaged in a new research project to examine the effectiveness of new strategies to increase the uptake of screening and treatment. This is a key health concern for young people and we will be talking with many young people through this project to get their suggestions on how we can better address this issue.

This year, the development of regional CQI collaboratives across all Congress clinics town and remote, has enabled learnings to be quickly shared between clinics i.e. when one clinic makes a significant improvement, the learnings can be applied at the other clinics.

All clinics are presented with a significant challenge in trying to get younger people to present for well-person's checks, including sexual health checks, and as such, multiple strategies are being tried to address this important health issue for our young people.

Other areas requiring improvement at most clinics include:

1. **smoking rates (found to be almost 50% at town and remote clinics)**
2. **overweight and obesity rates (approximately 70% of adults at town and remote clinics identify as overweight or obese)**
3. **pap smear coverage (although Utju is doing very well with nearly 80% coverage)**
4. **childhood anaemia (this has been a strong focus of CQI collaborative meetings)**
5. **coverage rate for monthly penicillin injections for patients with Rheumatic Fever despite significant improvements at most clinics**

A major task for our town service delivery included finalising the review of Congress' Social and Emotional Wellbeing Service (SEWB), and implementing recommendations made by the review (see SEWB Report). Upgrades made to clinic facilities have further supported Congress' vision to ensure equitable access to quality health services for Aboriginal people, with Ingkintja Male Health Service upgrades completed and renovations to the dental and medical dispensary services at the Main Clinic Service well underway as at the end of the financial year. Upgrades to the Mutitjulu Clinic commenced towards the end of the financial year.

Congress continued to play a proactive role in policy reform, including Congress' comprehensive submission to the Senate's Inquiry into Health Policy, Administration and Expenditure in Australia, announced in June 2014. The submission placed particular emphasis on the possible impact of spending cuts to the health system on the health of Aboriginal communities, drawing on evidence from the Australian and international context. The development of Congress' submission provided a foundation for advocacy around broad health system issues including the role of the community controlled comprehensive primary health care services, the need to integrate AOD and other mental health services into primary health care and the key role that primary health care services need to play in early childhood.

Another major submission completed was to the House of Representatives Standing Committee on Indigenous Affairs Inquiry into the harmful use of alcohol in Aboriginal communities. This report, released in June makes 23 important recommendations in line with the Congress submission, the most significant being the recommendation for a national minimum unit price on alcohol coupled with a volumetric tax.

Congress also appeared before the Royal Commission into Institutional Responses to Child Sexual Abuse at the end of the financial year, to provide evidence in a special public hearing capturing expert opinion on child protection matters. Congress presented on issues regarding primary and secondary prevention of child abuse, the importance of the Intensive Family Support Service (IFSS) as well as issues in Child Protection Services and out-of-home care arrangements. Congress' comments regarding the impact of early childhood primary prevention programs attracted media attention and broad support.

Research remains of particular importance to Congress. This year, Congress commenced an economic evaluation of Congress and selected programs such as the IFSS and the Australian Nurse Family Partnership Program. Congress is working with the University of South Australia to ensure the benefits from Congress' health care programs are greater than the opportunity cost, and the benefits maximise the health and wellbeing of Aboriginal people. Executive management will continue to update the Board and members on the progress of these evaluations. Another really exciting research project is the early learning study through our Childcare Centre as well as a study into a new developmental screening tool for our children.

In regards to human resources, executive management will continue to support the rollout of Congress' new Workforce Engagement and Development Plan, presented to all staff at the end of the financial year following endorsement by the Board. Workforce engagement and development is a focus area of the Congress Strategic Plan 2015-2018 and specifically sets out to address the development needs of our Aboriginal workforce (see Human Resources Division Report).

The Aboriginal Staff Advisory Committee (ASAC) continued to assist the CEO to ensure cultural safety across service provision and was instrumental in providing input into the development of the Workforce Engagement and Development Plan. In particular, the ASAC contributed to developing activities that focus on career planning for Congress' Aboriginal workforce, an organisational wide commitment to cultural safety and competency, and streamlining Congress' recruitment processes.

Another exciting outcome for the ASAC has been the development and delivery of Congress' Introduction to Central Australian Aboriginal Cultural Awareness Orientation Program for staff with the support of the Congress Training Coordinator.

Further progress reported towards the end of the financial year, was the finalising of a Congress Membership Drive and Engagement Plans. The plans recognise the vital role of the membership in governing the affairs of the corporation and aims to increase membership numbers as well as engagement by existing members, to improve community representation and consequently, community input into the way our services and programs are delivered as regarding key policy issues concerning Aboriginal health.

This reporting period, the Board endorsed a new Board and CEO Relationship Policy which aims to define the distinct roles and responsibilities of the CEO in relation to the Board, as well as the CEO's reporting requirements and details regarding regular performance evaluation to be carried out by the Board, to consolidate the Board's and CEO's working relationship and ensure best practice governance of the corporation.

As mentioned in the Chairman's Report, executive management welcomed the opportunity to work with the Board to finalise and launch Congress' new Strategic Plan. Since its launch, a completely revised Business Plan has been developed for 2015/16 against the new strategic objectives of the corporation. This now guides our operational activities in all areas and is reported on to the Board twice a year.

I would like to take this opportunity to thank all staff for their continued commitment to delivering a quality and comprehensive service during this period marked by major change, and to staff who have contributed feedback and questions throughout. I would also like to thank the Board and Chairman, William Tilmouth, for another productive year, during which you have continued to provide me with your valuable leadership and support.

Organisational Background

Congress has over 40 years of experience providing primary health care for Aboriginal people living in Central Australia.

Congress' culturally appropriate services target the social, emotional and cultural, as well as the physical health and wellbeing of Aboriginal people. These are:

- A **Main Clinic Service** providing Aboriginal people with medical and dental care and medicines.
- **Alukura Women's Health Service** providing Aboriginal women's health and maternity care.
- **Ingkintja Male Health Service** including a 'Men's Shed' providing care for Aboriginal male health and wellbeing.
- **Child & Family Service** providing care and support for Aboriginal children and their families, helping children to develop and learn in the critical early years.
- **Social & Emotional Wellbeing Service** providing therapy, counselling and cultural and social support including treatment for addictions.
- **Remote Health Services** delivering primary health care in the Aboriginal communities of Amoonguna, Ltentye Apurte, Ntaria, Wallace Rockhole, Utju and Mutitjulu.
- **Education & Training Service** providing training for people interested in becoming Aboriginal Health Practitioners.

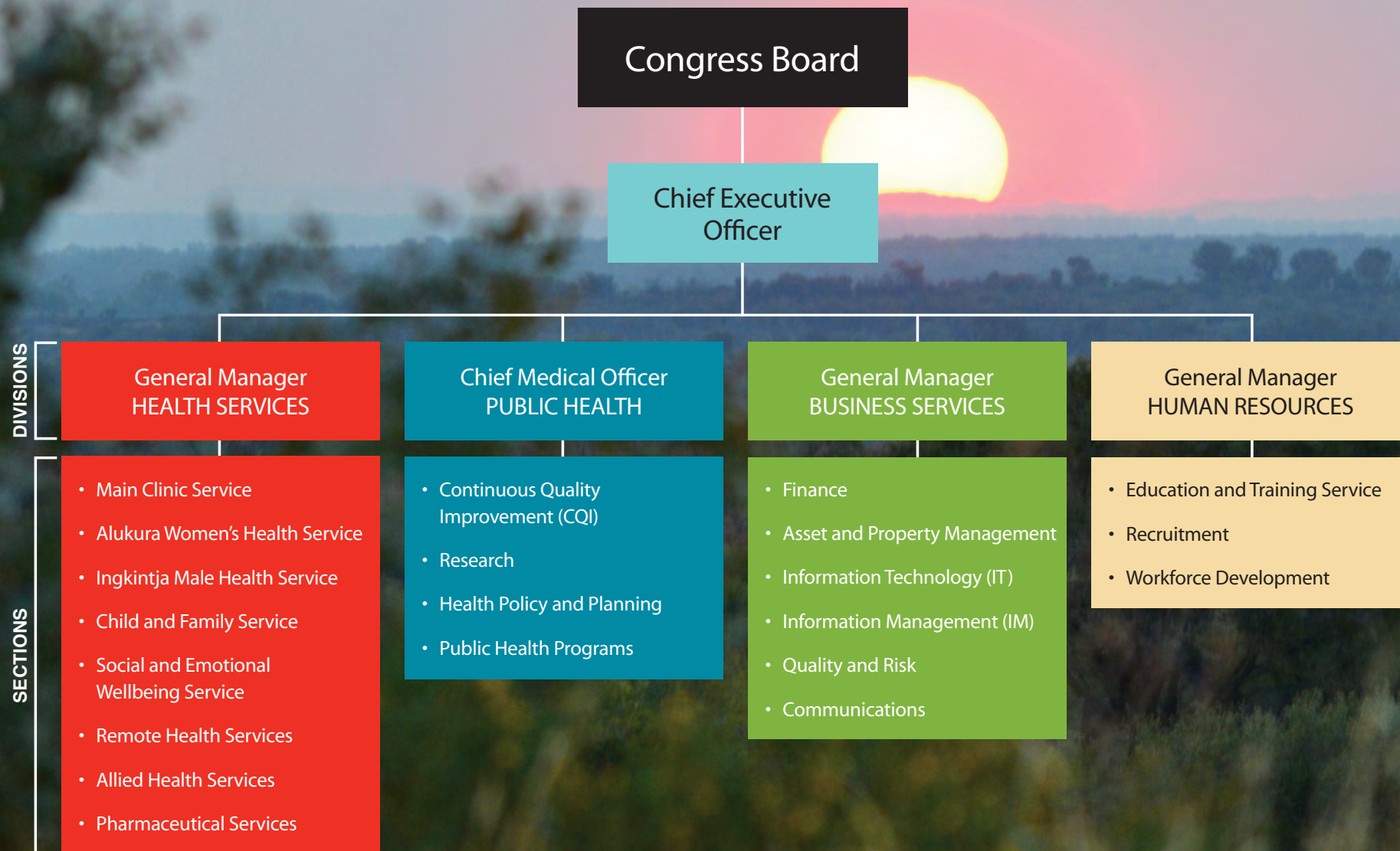
In addition to these services, Congress engages in public health activities to address the underlying social and economic determinants of health.

All these services are supported by business services including finance, human resources, information technology, communications and asset and records management.

Congress is committed to ensuring these services are controlled by the local Aboriginal community by means of a broad Congress Aboriginal membership to elect its directors. It is also committed to the employment of Aboriginal people.



Organisational Chart





Health Services Division Report

In May 2015 following consultation and input from staff on an internal restructure, the Health Services Division was established. The Health Services Division will integrate all town and remote health services and aims to optimise health outcomes and enable greater efficiencies in service delivery and leadership. Regional Health Services transitioned in May with remote health clinics expected to transition and complete the restructure in the second quarter of next financial year.

Main Clinic Service Report

The Congress' Main Clinic continued to provide high quality culturally safe clinical services. 7914 clients received 41,901 episodes of clinical care by our multi-disciplinary team of GPs, Aboriginal Health Practitioners, Registered Nurses, Dentist and Allied Health Practitioners.

In addition, 3700 episodes of care were provided in the Alice Springs After-Hours General Practice, a mainstream program delivered by Congress, located at the Alice Springs Hospital (ASH), offering the wider Alice Springs community access to after-hours GP services.

With the support of the Continuous Quality Improvement (CQI) team, billing to Medicare continued to improve. Medicare income funds many Congress clinical and social support programs and infrastructure improvements that contribute to improved health and wellbeing of our clients.

Seven fully trained Aboriginal Health Practitioners (AHPs) are employed in the Main Clinic. AHPs are the cultural interface between clients and GPs and play a vital role in ensuring the provision of culturally appropriate treatment and care. Over the year, AHPs had 7774 client contacts ranging from taking blood, injections, wound care, chronic disease management and chronic disease checks, sexual health screening and treatment, suturing, taking and interpreting blood pressure, adult and child health checks. AHPs remain a planned growth area for all Congress clinics.

With 2554 episodes of dental care during the year, presentations increased significantly. To continue to meet the demand, towards the end of the year, Congress commenced clinic renovations to expand the dental clinic to include an extra dentist chair, sterilisation room and store room. The expanded service will employ an additional Dentist and Senior Dental Assistant.

The Medical dispensary provided 36,914 episodes of care; an increase of more than 3000 from last year. To continue to meet the growing demand and resourcing, the dispensary's physical space will be expanded within the clinic. The expanded space together with the purchase of an automated packing machine should see improvements in efficiency and reduce wait times for patient medications.

Staffing remained stable during the year, despite funding uncertainty and delays in funding contracts, particularly across our chronic disease programs. Congress has continued to maintain a strong number of permanent GPs and GP registrars. Town based GPs also assisted providing GP services to our remote clinics during GP shortages.

Aboriginal Liaison Officers (ALO) continued to provide an important interface between clients and services. Congress is fortunate to have a committed and stable team of ALOs that liaise with clients, families and carers as well as working with all health professionals to deliver culturally safe care by actively contributing to client wellbeing and continuity of care.

Congress maintained its commitment to provide training to a large number of GP registrars with ten registrars completing placements during the reporting period. The Main Clinic continues to host medical student placements as part of the Northern Territory Medical Undergraduate Program.

Regrettably the Prevocational General Practice Placement Program (PGPPP), provided by General Practice Education and Training (GPET) and Regional Training Providers through funding arrangements with the Department of Health, was defunded. The program offered junior doctors from hospitals around Australia the opportunity to experience life as a GP in Central Australia.

The Chronic Disease Program continued to work within a multi-disciplinary team and in collaboration with a number of Congress clinical, social support and therapeutic support programs. A care coordinator position was internally outsourced to the Safe and Sober Support (SSS) program to work with Alcohol and Other Drugs (AOD) clients with chronic conditions to coordinate care and services for clients to optimise their health outcomes.

Renal clients on haemodialysis receive a high standard of primary health care by our renal care coordinators. During the year, 178 renal clients received care coordination services through our renal program; of which 158 received their annual influenza vaccine and 155 received an adult health check. Through good care coordination and management, many female clients had Pap smears and mammograms.

Penicillin prophylaxis for clients with acute rheumatic fever/rheumatic heart disease (RHD) improved considerably over the year, due to improved systems allowing better management of clients. Much of this success is attributed to the employment of an outreach cardiac nurse working in a pair arrangement with the Aboriginal outreach worker to deliver outreach medical services to clients who are otherwise disengaged. The program worked closely with Northern Territory and South Australia RHD registers to better manage the prophylaxis coverage and to assist with data cleaning. Congress was recognised by the RHD Register NT Awards for improved penicillin coverage rate.

The Frail, Aged and Disabled (FAAD) Program, improved referral pathways through the establishment of a leadership position. The position has continued to focus on coordination and continuous improvement of the program and has enabled the FAAD Program to achieve greater collaboration with external stakeholders, in particular, Department of Health Palliative Care and the Tangentyere Council Community and Aged Care Program.

The podiatrist provided 2703 episodes of care including 604 episodes of care for renal clients on haemodialysis.

To expand the complement of allied health services provided to clients with chronic conditions, a full-time dietician was a welcomed addition to the team.

A second cardiologist and echocardiographer were appointed through NT Cardiac and the Alice Springs Hospital to address increased demand for this service. A cardiologist now visits the Main Clinic for two days every month compared to the two days, three times a year in the previous year.

A planning workshop was facilitated by Congress CQI in the second quarter of the year for the Chronic Disease Program. The workshop informed and strategised improvements in care coordination and health outcomes. Congress was grateful for the attendance of Danila Dilba and AMSANT who shared their learnings and experiences. The planning session assisted to identify systems issues as well as barriers in Medicare claiming. Following the workshop, an intensive one-on-one training was arranged for Medicare claiming staff, and a strategic chronic disease workshop with the Institute for Urban Indigenous Health was held and attended by executive and senior managers and our remote clinical leaders.

In partnership with the Flynn Drive Dialysis Unit and Nephrocare, three renal care coordinators are responsible for the delivery of primary health care to clients on haemodialysis at Flynn Drive and Nephrocare. The successful partnership has attributed to a major improvement in client care for clients on haemodialysis including an increase in clients having their adult health checks, care plans, Pap smears, immunisations and mammograms.

The Care Coordination and Supplementary Services (CCSS) Program facilitated by Congress was particularly successful in its collaborations with local health care providers and agencies including the Alice Springs Hospital, Purple House, Tangentyere, Nephrocare and Flynn Drive Dialysis Units, reducing access barriers, promoting greater awareness of available health care services, better provision of primary health care and improved continuity of care. Care coordinators worked particularly closely with Public Health Network NT (formerly Northern Territory Medicare Local) to coordinate problem-solving and decision-making, jointly scheduling activities and planning and sharing resources.

Early in the year, Congress was awarded the tender to deliver the Alice Springs After-Hours General Practice. The mainstream GP service commenced in September 2014 and is well utilised by the Alice Springs community. Funding for the after-hours service was maintained by the Northern Territory Government Department of Health (NT DoH) through existing arrangements with Public Health Networks NT (formerly Northern Territory Medicare Local) until 30 June 2015. It is anticipated that new funding arrangements will be transitioned from 1 July 2015 to ensure continuity of an after-hour service for the wider community. Congress is committed to maintain this vital service to the Alice Springs community.

Congress successfully maintained accreditation for registrars training with both Royal Australian College of General Practitioners (RACGP) and Australian College of Rural and Remote Medicine (ACRRM) for a further three years. Planning has commenced for our 2016 AGPAL accreditation.

Congress transport services are a vital link for our clients to access Congress health services and Congress referred specialist appointments. Over the year 40,981 episodes of transport was provided to clients (excluding transported provided by Aboriginal Liaison Officers).

Alukura Women's Health Service Report

In March the Alukura Women's Health Service introduced an appointment system. Following a comprehensive communication strategy, many clients responded positively with appointments made well before the system went live. Consequently, the take up has been welcomed. Walk-in clients continued to receive appointments.

The Family Partnership Program (FPP) experienced a slight increase in client referral and acceptance rates, from 67 last year to 76 active clients at the end of the year. Client numbers peaked to 85 before client graduations and early exits.

An internal Midwifery Group Practice (MGP) Steering Committee is working with the Alice Springs Hospital to re-establish the Midwifery Group Practice at Alukura, to improve antenatal, birthing and postnatal care for Alukura clients. Since the Alice Springs Hospital MGP was established in 2010, the practice has had substantial growth and buy-in by antenates with 1135 babies delivered of which 452 have been Aboriginal babies. There have been low induction rates and improved birth weights as well as a caesarean section rate of 18%, compared with the Alice Springs Hospital rate of 35% and a national average rate of 32%. MGPs have a lower intervention rate and better outcomes with many women opting for the service. For these reasons, Congress is committed to resurrecting and strengthening the Alukura MGP as per the successful Alice Springs Hospital model.

Alukura hosted the first national Australian Nurse Family Partnership Program (ANFPP) 'Communities of Practice' workshop, over three days. The workshop was attended by all ANFPP services from across the country and local agencies. The workshop built on the concept of 'community of practice' allowing each site to share perspectives including outcomes and data issues, and to discuss the role of the national leadership group, and possible new sites. Congress is in discussions with the Australian Government Department of Health to expand the ANFPP to remote Central Australian communities. The Alukura grandmothers hosted a well-received dinner and cultural smoking evening at Alukura for all participants.



Congress Alukuras'FPP and Congress Child and Family Service's Preschool Readiness Program renewed a MoU with the Indigenous Literacy Foundation (ILF), which forms a framework for the 'CAAC Book Buzz Project', administered by ILF. Under this agreement, the ILF provides children participating in these programs with access to a suite of age and culturally appropriate early reader books.

In August, Alukura worked in collaboration with Desert Divas local Aboriginal women's music group to host the 'Generation-to-Generation' event. The event was held at Alukura over a weekend, and presented an opportunity to bring young females and grandmothers together.

In partnership with Breast Screening NT the Breast Screening NT's 'pink truck' was located at Alukura and provided 101 mammograms, from 106 appointments over the week – an increase of 26 from the previous year.

An MoU on the Remote Primary Healthcare Manuals joint venture was refreshed, enabling the production of the suite of CARPA manuals. The Alukura manager participated on the Remote Primary Health Care Manuals Governance Committee to offer a Congress perspective into the ongoing development and review of CARPA manuals. Alukura General Practitioner, Michele Luey and Midwife, Sue Roth contributed to the production of the CARPA Women's Business Manual.

Throughout the year, Alukura presented at various sector conferences, sharing its expertise in the provision of primary health care services for Aboriginal women and families, and learning from others. Forums included:

- 13th Institute of Family Studies Conference
- Social Equity Conference
- Lowitja Institute's "Growing up strong and deadly Aboriginal and Torres Strait Islander early childhood health roundtable"
- AMSANT 20/40 Conference; Our Health Our Way
- Maternal, Child and Family Health Nurses Australia Bi-annual Conference
- Australian Primary Health Care Nurses Association (APNA) Conference

Alukura responded to the request of providers and delivered women's health promotion sessions at the Juvenile Detention Centre, Anglicare and CAAAPU. Alukura programs also had a strong promotional presence at the Tangentyere Community Open Day and DASA's Open Day and various Congress promotional events.

In January, Alukura hosted a visit by Assistant Health Secretary, Alison Killen, and Assistant Health Minister, Senator Fiona Nash. Congress continues to work closely with the Child Health Section IRHD that funds the ANFPP and New Directions: Mothers and Babies Programs.

Alukura Aboriginal Liaison Officer, Jacqueline Liddle and Alukura Driver, Korree Kelly successfully completed Certificate II Aboriginal Torres Strait Islander Primary Health Care through Central Australian Remote Health Development Services (CARHDS).

Towards the end of the year, an Alukura Team-Building Day was held at Olive Pink reserve, facilitated by CARHDS to aid continuous quality improvement across the service and consolidate peer relationships.

Ingkintja Male Health Service Report

The Ingkintja Male Health Service provided 6432 episodes of care (including clinic, men's shed and hygiene services) to 1651 unique male clients.

Ingkintja received an upgrade to the reception, clinic, kitchen and bathroom facilities. The updates created a comfortable and modernised male clinic.

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

The Ingkintja Violence Intervention Program (VIP) continued to provide vital counselling for males experiencing issues relating to anger and violence.

Through the Ingkintja Men's Shed and wash facilities, Ingkintja maintained a strong focus on improving the wellbeing of Aboriginal males through restoring identity, dignity, respect, responsibilities and self-confidence. Clients attending the Men's Shed engaged in practical structured workshops including woodwork, welding, painting leatherworks and basic fitness classes.

A number of Aboriginal male students also accessed both clinical and non-clinical services at Ingkintja, including students from Acacia Special School, Clontarf Foundation, Joseph's Hub Edmund Rice Education Transition Unit, Yirara College, Centralian Senior School and the Northern Territory Cattlemen's Association (NTCA).

Ingkintja maintained its collaborative partnership with Creating a Safe and Supporting Environment (CASSE) project on the establishment of a joint research project to develop and evaluate a model of best practice for Aboriginal Men's Sheds. The project is culturally informed and community driven. An Aboriginal project officer was appointed to drive the project, while a male leadership group will bring men together to work to develop an Aboriginal best practice Men's Shed model and programs developing cultural capability, training and employment, and a reduction of violence and trauma.





Staff participated in a three-day horse ride from Undoolya Station to Ross River Homestead to raise awareness on prostate cancer for men living in remote Australia. The event, which was in its second year, aimed to reinforce the need for men to have regular check-ups, as well as encourage more open conversation regarding male health issues.

Ingkintja continued to participate in weekly broadcast, the Brothers Radio Show on CAAMA Radio, promoting discussion about male health. With CAAMA's large broadcast footprint, Congress messaging is able to reach Aboriginal males living in Alice Springs and beyond, to the most remote communities of the region.

A successful Father's Day event was well attended. The event offered the community an opportunity to engage with other Congress services and external agencies working to support Aboriginal males and their families.

To prepare for ISO accreditation, Ingkintja participated in a mock audit that informed and enacted required improvements.

Towards the end of the year, Congress commissioned an independent review of the Ingkintja Male Health Service. Male clients will be central to the review and, together with staff and key stakeholders, will inform the review and recommendations. The review is part of Congress' commitment to continuous quality improvement across all Congress services and programs.

Child and Family Service Report

Congress Child Health Outreach Program

The Child Health Outreach Program (CHOP) continued to provide case management services and care for children with complex health needs for, on average of, 50 families engaged with the program at any one time.

The program has set a benchmark for other health care providers in the provision of evidence-based care to children with Rheumatic Heart Disease (RHD), with 100% of RHD clients (children) exceeding the 80% antibiotic prophylaxis compliance rate recommended by RHD Australia Guidelines.

In September, CHOP staff presented at the Aboriginal Medical Services Alliance Northern Territory (AMSANT) Continuous Quality Improvement (CQI) Collaborative Workshop held in Darwin. The team shared their success and experience in providing care to children with RHD. The presentation was well received and provided an opportunity for program staff to share their specialist skills and knowledge with other service providers.

CHOP staff also participated in an array of sector training and networking opportunities, to build on existing expertise and knowledge, adding value to their scope of practice. Training included:

- Abecedarian Learning Games training course
- Understanding the Neurobiology of Complex Trauma course
- Introduction to the Context of Central Australia
- Functional Behavioural Analysis
- Speech Language Communication in the early years
- No FASD training
- Motor Assessments for Children
- Occupational Therapy (OT) Educational Day
- Monthly OT meetings to discuss studies, programs, policies
- Early Childhood Educator's Association Network meetings

The CHOP team was nominated for the Northern Territory Administrator's Medal in Primary Health Care 2015.

The Healthy Kids Clinic

The Healthy Kids Clinic (HKC) continued to provide comprehensive child health care services to Aboriginal families in Central Australia.

This year there was a significant increase in the proportion of children aged 0-4 years who received a comprehensive child health check, with 438 child health checks provided to 51% of regular clients receiving a health check, compared to 39% in the previous year.

HKC continued to work with the Northern Territory Department of Education to deliver school nurse program Targeting Health Improving Engagement (THIE), and expanded the program to cover five of six public primary schools in Alice Springs; Sadadeen, Braitling, Gillen, Bradshaw and Larapinta Primary Schools. This initiative is improving access to health services for Aboriginal children.

HKC continues to be involved in a number of collaborative research projects including the Prevenar IV Combo and the ASQ3-TRAK Studies. ASQ3-TRAK study will greatly assist Congress in the goal of providing regular culturally appropriate developmental screening as part of a universal child health service.

Staff from CHOP and HKC teamed up with the Better Health Company to develop a culturally appropriate, evidence based weight management program for overweight and obese children and their families. Earlier this year, staff attended training and are developing strategies on how to effectively deliver the program to best meet the varying needs of families.

The HKC and CHOP teams continue to provide input to the Fetal Alcohol Spectrum Disorder (FASD) Working Group based at the Alice Springs Hospital (ASH), a collaborative effort between ASH and other service providers to improve the identification, diagnosis and management of children with FASD.

Preschool Readiness Program

This Preschool Readiness Program (PRP) successfully transferred nine of ten children into a preschool. The program received feedback from preschools regarding noticeable improvements in delayed children throughout the 12 weeks on the program, such as toilet training, following structure and using expressive language as well as parent involvement with the preschool.

The program gained an occupational therapist and psychologist to provide specialised early intervention for children with difficult behavioural patterns and learning.

The program commenced incorporating Abecedarian Learning Games, to equip families with extra knowledge about how their children learn.

PRP Aboriginal Family Support Worker, Judith Ansell completed her Diploma of Early Childhood Education.

In November, PRP collaborated with Families as First Teachers (FaFT) and OLSH Little Children's Learning Centre to provide a four week intensive PRP, targeting children eligible for pre-school in January 2015. Children were collected by a bus and supported through their new routines. Orientation days were conducted for each child and family on the program, to introduce the children to the pre-school environment and to teachers. Nathalie Gorey Pre-School teachers provided positive feedback, while parents also provided updates regarding their child's progress.

PRP also partnered with the Indigenous Literacy Foundation and Alukura Women's Health Service, to access a suite of age and culturally appropriate early reader books (see Alukura Report).

PRP welcomed the announcement of continued long term funding to October 2018.

Targeted Family Support Service

The Targeted Family Support Service (TFSS) transferred from Congress' Social and Emotional Wellbeing Service (SEWB) to Congress' Child and Family Service to enable improved collaboration and access to other child and family services within Congress.

TFSS male Aboriginal Family Support Worker, Wayne Clarke coordinated and facilitated an Aboriginal fathers parenting program, *Men Being Fathers*, for fathers and young men, and in particular, men with a history of domestic/family violence and who had expressed interest in learning new strategies to develop positive relationships with their children. The project was piloted earlier this year and later secured a \$10,000 grant from the Department of Local Government and



Community Services to employ a male Aboriginal facilitator to continue to deliver six programs over the next 12 months.

TFSS provided input into the *Moving to Prevention Report*, a research project undertaken by Griffith University and funded by the Commonwealth Government's National Research Agenda for Protecting Children to the Secretariat for National Aboriginal and Islander National Child Care (SNAICC), aimed at developing knowledge about the quality and effectiveness of community-controlled intensive or targeted family support services for Aboriginal and Torres Strait Islander families and their children. TFSS staff provided valuable insight into the nature of engagement with children and families:

There must be a purpose to everything, each visit, each contact with family members, it's not just yarning up, not there to be friends. It's not a scattergun approach, there's a pathway, intensity, reviews, final wrap-up with other services, step down and tools (TFSS staff member).

TFSS continued to represent Congress on the Anglicare Communities for Children Reference Group and at the Family Safety Meeting; Integrated Response to Family Violence. TFSS maintained a community presence, providing essential context around engaging with Aboriginal families and offering practical suggestions for engagement with clients, at an array of interagency events and on committees, including:

- CP/NGO Meetings
- Central Australian Family Violence & Sexual Assault Network
- Communities for Children Reference Group
- NT Safety is Everyone's Right Reference Group
- Cross Sector Orientation Workshop Meeting
- AMSANT Conference; Our Health Our Way
- Poche Centre for Indigenous Health and Wellbeing in Adelaide; *Working with Aboriginal Children and their Families: a culturally sensitive approach*

TFSS staff played a lead role in the orientation of new Congress staff, staff new to Alice Springs, on child and family services in the context of Central Australia.

Intensive Family Support Service

Congress' Intensive Family Support Service (IFSS) continued to support vulnerable children and their families living in Central Australia, providing intensive support in the home and community, to help improve children's health, safety and wellbeing. The referral pathway to the IFSS program is through the child protection authority.

A successful recruitment strategy carried out at the beginning of the year, recruited a Program Manager, Child Health Nurse, Caseworker and Aboriginal Family Support Worker.

An independent evaluation of the program was carried out, with the findings released in September 2014. The evaluation included a review of case files, in-depth interviews with client families including mothers, fathers and grandmothers, interviews with stakeholders as well as IFSS staff, data extraction and analysis, school attendance rates, child health check rates, an examination

of Child Protection Referral form and records as well as an assessment of family strengths and needs, as approved by the University of South Australia's Human Research Ethics Committee (Uni SA HREC) and the Congress Board of Directors.

The review found evidence of a need for IFSS in Alice Springs due to limited service options. The review also found a lower rate of Aboriginal children in care in the Northern Territory compared to the rest of Australia, with many children faced with highly vulnerable situations. Family and stakeholder support for IFSS was confirmed while progress was also evident in case studies, improvements in school attendance rates and the finding that child protection substantiation rates were down in IFSS families.

In mid-December NPY Women's Council and Congress IFSS delivered a half day workshop to the Department of Children and Families (DCF) staff and other employees working in the family support area. The Department of Social Services, Department of Human Services, the Department of Family and Children Services, Netty Flaherty and IFSS program managers delivered presentations providing an overview of neglect in the NT and the role of each government agency within the IFSS program.

IFSS delivered a presentation on the IFSS program at the Northern Territory Council of Social Service NTCOSS Forum, and was well received with varying questions asked on conclusion of the presentation. The forum was a part of the NTCOSS Conference.

IFSS Aboriginal Family Support Worker, Sonya Lemson assisted in developing and facilitating Congress' Introduction to Central Australian Aboriginal Cultural Awareness Orientation Program. This training is well received by staff and will continue to be offered bi-monthly to Congress employees.

The IFSS caseworker continues to participate in a Family Safety Framework meeting as part of the Integrated Response to Family Violence project.

Congress' Intensive Family Support welcomed the announcement of long term (five-year) funding up to June 2020.

Social and Emotional Wellbeing Service Report

Following an independent review of Congress' Social and Emotional Wellbeing Service (SEWB) section in 2014, SEWB is undergoing a period of change and renewal to improve and integrate service quality, access and to respond to the existing and emerging needs of our clients. Significant progress was made throughout the year in implementing a number of recommendations from the review.

The focus of the review was to consider and recommend structural and procedural changes in accordance with Congress' strategic direction. The review contained 23 recommendations that received full endorsement by the Congress Board of Directors in February.

An Implementation Steering Group was established to monitor implementation of recommendations derived from the SEWB review.

The review recommended a restructure to better enable three streams of care; medical, therapeutic, and social and cultural support. Towards the end of the year and concurrent with reduced funding, major change management was initiated.

The restructure will enable greater synergies, minimises deskilling and will build capacity and integration between programs, optimising and improving the service delivered to clients. The restructure combines Alcohol and Other Drugs (AOD) and Community Wellbeing programs and realigns programs according to three streams of care. The restructure also sees the integration of Congress' Youth Outreach Team and **headspace** combined into one **headspace** "team". This exciting change will undoubtedly see a welcomed increase in Aboriginal young people.

Consultation with all SEWB staff was carried out, with all staff invited to provide feedback. Executive management and the SEWB Steering Committee considered all feedback to inform the final structure. The SEWB restructure is planned to be fully implemented early in the new year.

During the year, SEWB moved to a central intake and allocation model and an appointment booking system improving client flow and efficiencies.

The SEWB services and multi-disciplinary team continues to work in a collaborative partnership with all Congress programs and services and other

local agencies to deliver a comprehensive service and to ensure continuity of care. External partners include NT Police, Alice Springs Hospital, NT Community Corrections, Alice Springs Hospital Psychiatric Ward and Mental Health, Bushmob, IAD, NT Housing, CAAAPU, Drug and Alcohol Services Association (DASA), Centrelink, Central Land Council, Remote Clinics, Children's Services and the Salvation Army.

Safe and Sober Support Program

Throughout the year, the Safe and Sober Support Program (SSS) provided 5836 episodes of care for 506 clients. Of these clients, 96 completed a client assessment and officially transitioned in to the treatment or maintenance phases of the program.

With ongoing concern from the community on the increased prevalence of ICE use and the effect of this on families, Congress responded through SSS hosting a monthly 'ICE' Community Support Group. The purpose of the support group is to provide support for family's affected by the dread of relatives with an addiction to methamphetamines and to provide coping strategies and a safe environment for families to share their story. The inaugural support group was held in May.

In June the SSS team hosted a successful Healthy Lifestyle and Alcohol and Other Drugs (AOD) community event in Mutitjulu with over 100 community members supporting the event. While Mutitjulu is a dry community, there is still a significant alcohol issue amongst some residents and visitors, and as such, 52 alcohol audits were completed. Clients who reported regular alcohol consumption, agreed to be seen by the AOD therapist and Aboriginal AOD worker for a brief intervention, as well as education and support.

In April, SSS Aboriginal AOD worker, Dylan Trindle presented on 'Rehabilitation of clients with possible Korsakoff Disorder' at the Remote AOD Workforce Forum. The forum provided an excellent opportunity for the workforce to come together to participate in education and information sharing activities, networking, and professional development in the areas of Alcohol and Other Drugs and community development.

Clinical Psychologist, Christine Brown and Aboriginal AOD workers Kim Gorey and Lynette Stuart, conducted a psych education session for female clients as part of a Family Violence Program. Topics covered included; the effects of alcohol on brain, body and behaviour, Fetal Alcohol Spectrum Disorder (FASD), alcohol and violence.

SSS Aboriginal AOD Worker, Dorrie Wesley presented on the Suicide Story Program several times throughout the year, to increase the level of understanding about suicide and the skills necessary to intervene when someone is at risk.

A significant highlight for the year was 90% of Aboriginal AOD workers completing their Certificate IV in AOD with the RMIT University.

Remote AOD

To ensure greater support and integration across all Congress Alcohol and Other Drugs (AOD) programs, the Remote AOD Program was transferred to Congress' SEWB section early in the year and strategically located within SSS. The Remote AOD Program provides accessible, drug and alcohol services to reduce harm and improve health and wellbeing of individuals and families living in Ltyentye Apurte, Ntaria and Mutitjulu.

Remote AOD services were fully delivered in Ltyentye Apurte. Due to recruitment challenges, AOD therapeutic outreach care was provided to Ntaria and Mutitjulu in the first half of the year only. Amoonguna was serviced through the SSS. Measures are in place to have a full-time AOD worker located in Ntaria and Mutitjulu early in the new year.

In April AOD worker, Chris Wallace and SEWB Counsellor, Steve Johns, hosted the Remote AOD Workforce Forum at Santa Teresa, providing a tour of the new Men's Shed and a demonstration of remote cars used in the Remote AOD Program for group sessions with the aim to actively engage with community to keep them away and off the grog.

Youth Outreach Team Program

The Youth Outreach Team Program (YOT) hosted, coordinated and delivered the eight-week long BabyFast Program in partnership with FPP staff, with 15 clients

graduating. BabyFast is an early intervention program for young parents under 22 years, with children between the ages of 0-3 years. The program aims to foster healthy parent-child bonds and supportive relationships within the broader network of family and community, to support healthy child development, healthy parent and baby relationship, strong social networks for families and reduced risk of child abuse or neglect.

A weekly Girls Group was delivered in collaboration with St Joseph's Flexible Learning Centre to engage young Aboriginal women between 12 and 18 years in positive activities and education aiming to empower participants to take greater control and responsibility in their lives.

Music and dance workshops were delivered during Term One in collaboration with InCite Youth Arts. The workshops were popular with a good number of attendees.

One hundred and ninety two Aboriginal young people accessed support through YOT with 2037 episodes of case management provided.

Following the defunding of the Congress After-Hours Youth Services in 2013 and the notable absence of a youth after-hours service, Congress maintained its strong advocacy and lobbying for the reinstatement of the service to ensure sufficient and effective support for young people in Alice Springs. As an outcome of effective lobbying, Congress received a commitment towards the end of the year from the Northern Territory Government to fund the re-establishment of an After-Hours Youth Service in collaboration with the Alice Springs Town Council.



Community Wellbeing Team (CWT)

The Community Wellbeing Team (CWT) provides counselling and therapeutic services, social support, and psychometric assessment and treatment through active engagement and outreach strategies, including home and community visits. The CWT provided 691 counselling and therapeutic sessions and 6619 episodes of care to 813 individual clients throughout the year.

In February, CWT Counsellors, Franny Coughlan and Gerard Waterford assisted Stolen Generations member, Frank Byrne in the successful application for an NT Government History Grant of \$2000. The grant enabled work to commence on Mr Byrnes supported autobiography. The funding will enable Mr Byrnes to revisit his country in the Kimberley, and develop a multimedia teaching aid for use in schools in partnership with the Central Australia Stolen Generations. Franny and Gerard are planning to accompany Mr Byrnes on his journey. Client Margaret Heffernan was also supported by the CWT Counsellors to complete an autobiography which was accepted for publication through IAD Press with an Australian Business Account (ABA) funded publication grant in June 2015.

Social Work students, Ella and Renee participated in a 2-week horse trek in June 2015 organised by the Ltyentye Apurte Horsemen and Bushmob. There were over 100 school-aged children participating in the program which was hosted by at least 20 members of the Australian Bush Adventure Therapy Association. Ella and Renee helped out with the young participants who came from Santa Teresa community and other local community groups.

A dedicated Mental Health Worker provided support to clients within a framework of recovery. Congress values the involvement of clients suffering a mental health illness in decision making as essential to planning care, coordination and recovery. Through strong case management, clients accessed Congress' SEWB three streams of care and other wrap-around services through external providers.

headspace

Congress as the lead agency for **headspace** Central Australia, offers early intervention mental and physical health services (including sexual health) to all young people aged between 12 to 25 years.

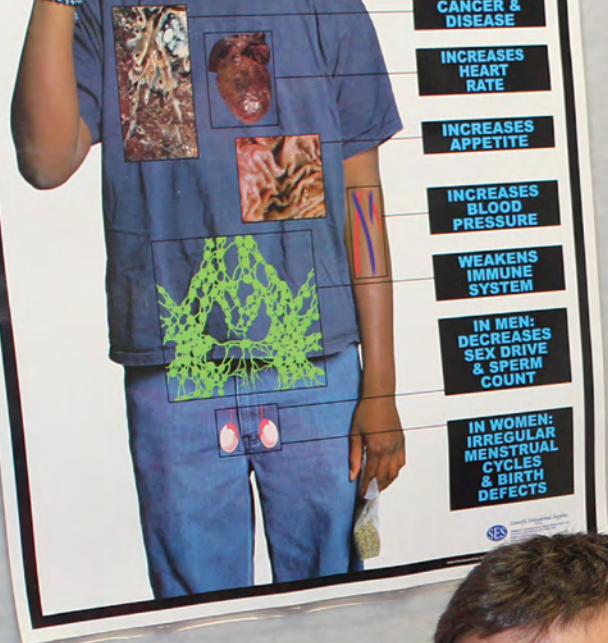
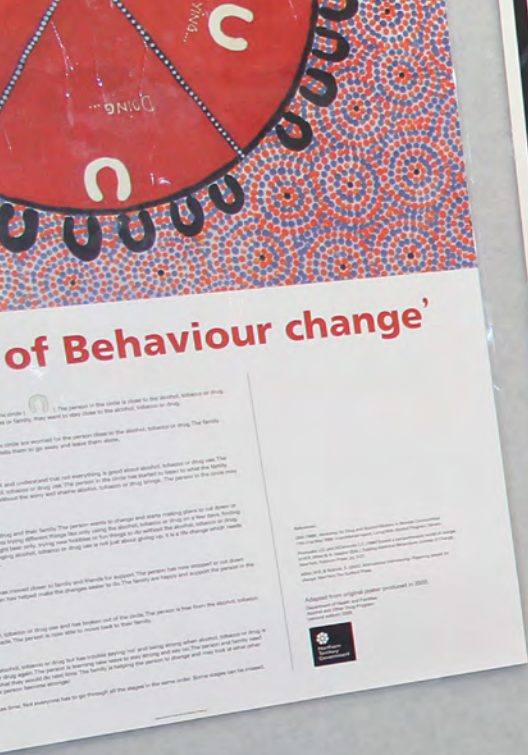
The service is guided by a Youth Advisory Group (YAG) to assist in maintaining an understanding of current issues relevant to local young people in Alice Springs. The YAG support **headspace** by participating in the promotion of **headspace** services at community events, forums and advocating for mental health issues.

headspace Central Australia provided 154 counselling sessions and 2871 episodes of care to 665 individual clients throughout the year. Of these, 23% identified as Aboriginal, 16% identified as lesbian, gay, bi, trans and intersex (LGBTI) and 8% identified as culturally and linguistically diverse.

Key events hosted by **headspace** included:

- Yirara Ladies Night for Aboriginal female boarders at the College. The event provided culturally appropriate Alcohol and Other Drugs (AOD) education, sexual health and mental health awareness, self-care activities and team building activities to build leadership skills. Positive feedback was provided by the young people and teachers who attended the evening.
- The annual **headspace** 'Girls Night In' was hosted during Youth Week. Thirty young women participated in wellbeing activities including a 30-minute Pilates class, meditation, role model whiteboard, loom banding, hair and nail stations.
- The inaugural "Walk for Clare" to raise awareness and support for young people with eating disorders.

The integration of **headspace** and Congress' Youth Outreach Team under the Social and Emotional Wellbeing Service restructure is expected to increase the number of young Aboriginal people accessing services at **headspace** and provide enhanced service provision for non-Aboriginal youth.



Ampe Kenhe Apmere Congress Childcare Program

Offers long day care and educational services for up to 55 children from six weeks to 5 years of age. Qualified and dedicated staff provide quality care including nutritious meals.

Providing all children with the best early years learning and stimulated learning environments remains a key commitment for the Congress Childcare Program and requires a high compliment of skilled and competent Early Childhood Educators. To meet this commitment, Congress maintained an investment in the development of our local workforce. In late March and under the RTO of Coonara Community House, seven educators graduated; two with a Diploma of Children's Services and five with a Certificate III in Children's Services. Congress hosted a graduation ceremony and congratulates all graduates on their commendable efforts. It is terrific to see staff apply their learning to the program as we strive to provide the best stimulated learning for our children.

The Congress Childcare Program collaborated with a number of partners to provide optimal child health and wellbeing development, partners including:

- The Regional and Remote Aboriginal Children and Services Support Unit (RRACSSU)
- Professional Support Coordination Northern Territory
- Inclusion and Professional Support Program (IPSP)
- University of Melbourne Research Project
- Flynn Drive Allied Health Programs
- The Blue Earth Foundation
- Families as First Teachers
- Congress Healthy Kids Clinic
- Congress Preschool Readiness Program; and
- Congress Child Health Outreach Team

In partnership with the Professional Support Coordination Northern Territory, Congress Childcare policies and procedures were reviewed and refreshed to comply with national standards.

RRACSSU provided valuable professional development to our Educators and facilitated a number of group sessions including one-to-one floor support to our children. Equally valuable was IPSP in supporting educators and management in areas of improvement.

The Blue Earth Foundation delivered a weekly session enabling children to participate in active activities. Sessions had a focus on improving children's physical, social and emotional health; the smiles and excitement the Blue Earth Program brings to the children (and educators) proves its popularity.

The Childcare Program enabled referrals for children with developmental delays and or challenging behaviours to access a suite of Congress and Flynn Drive clinical support services.

In March, Congress announced the Ampe Kenhe Apmere Childcare Improvement Strategy. The strategy aims to ensure Congress Childcare is achieving quality outcomes for our children through a robust and flexible early childhood learning environment that is addressing local determinants of early childhood development with a qualified workforce that is responding to the needs of our children and families and complying with the Early Years Learning Framework. An experienced manager with Early Childhood and Clinical experience was internally seconded to lead the Improvement Strategy.

A Steering Committee was established and independently chaired by Professor, Collette Tayler. Professor Tayler is the Chair of Early Childhood Education and Care at the Melbourne University Graduate School of Education and the academic leader in the Masters of Teaching Early Childhood Program.

Applying for accreditation under the National Quality Framework (NQF) and enabling families access to the Child Care Benefit (CCB) and Child Care Rebate (CCR) are areas of focus under the improvement strategy.

Under a partnership with the Melbourne University, a robust study was undertaken with the Congress Childcare Program on the impact the Abecedarian approach has on children's development. This study involved a sample of 12 Aboriginal children aged 22–35 months, all with language delays. Ten of the children were in Out of Home Care. The study involved children attending

the Childcare Program engaged in daily intervention sessions with trained educators for eight weeks. Intervention sessions ran for 15 minutes and include intentional, focused interactions to support children’s language development. Learning games were used as provocations for interaction and conversational reading strategies were used during book reading. All sessions were video recorded for analysis purposes.

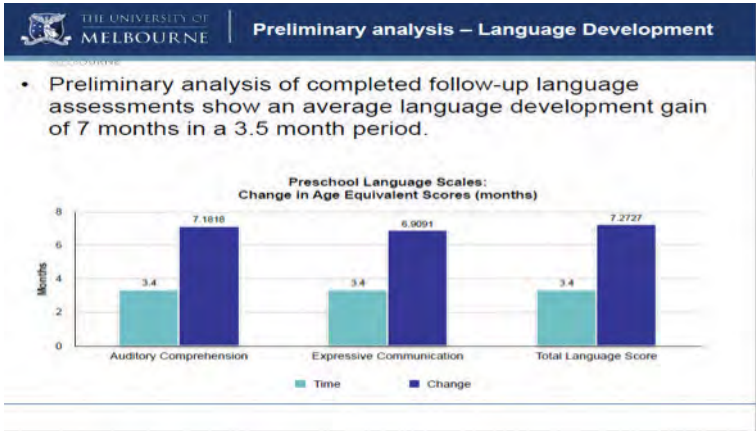
Assessments of language and joint attention was conducted at three time points; baseline, immediately following Intervention Period Two, and three months after Intervention Period Two. Mean dosage of the intervention was only approximately seven hours per child over eight weeks of intervention.

Preliminary analysis of follow-up joint attention assessments show a 71% increase in children’s initiation of joint attention episodes. Preliminary analysis of follow-up language assessments, shown below, suggests an average language development gain of seven months in a 3.5-month period.

The age related gap in comprehension and communication closed significantly in the eight week period that involved a single daily intervention. The Abecedarian approach remains a key commitment for Congress to continue to lobby for

appropriate funding to transform our Childcare Program into a full Abecedarian Early Childhood Program.

Following a commissioned Quantity Survey from the Department of Social Services on the childcare facility infrastructure, the program welcomed \$435,000 towards the end of the year to fund infrastructure upgrades.



Regional Health Programs

The regional health programs provided to remote communities moved under the newly established Health Services Division late in the year.

The Healthy Lifestyle and Tobacco Cessation Program continues to deliver a community health promotion program, engaging with and delivering important health information to communities to encourage increased take-up of Congress services including tobacco cessation services, with the aim to improve health outcomes for Aboriginal people.

The program had a strong presence at many community events and Congress locations, offering access to a display of health information, including:

- Alcohol and Other Drugs (AOD) week at Mutitjulu (29 June 2015)
- Ntaria MFC Trachoma event with Congress Remote Trachoma Program (28 May 2015)
- Cardiac Clinic, Gap Road Clinic (14 May 2015)
- CLC Rangers Camp (23 – 26 March 2015)
- Weekly promotional visits to Amoonguna (Every Monday)
- Weekly promotional visits to Gap Road Clinic (Every Wednesday)
- Weekly visits to Congress Male Health – Working with Male Acacia Hill students.
- Weekly visits to St Joseph's Alice Springs Flexible Learning Centre.
- Term visits to the Sadadeen Primary School KITES program.
- Visits to the Girls Academy at Centralian Middle School.
- Sessions at the Centralian Middle School Clontarf Program.

The program continues to work in partnership with the local Central Australian Football League.

Following a period of funding uncertainty, Congress was advised by the IRHD that funding for this program would be extended for the first six months of the new financial year to allow time for Congress and other providers to submit a

direct tender for the continuation of the program. The program's uncertainty has had a detrimental effect on staff retention. As at the end of the financial year, Congress is seeking exemption from a freeze on the program, to enable recruitment to the program while awaiting the outcome of the tender process.

Congress' Remote Allied Health program continued to provide services to remote communities, including podiatry, diabetes education and dietetics.

The team exceeded client contact targets, making contact with over 50 percent of all people with Type 2 Diabetes across all remote sites.

The Congress Remote Allied Health program was nominated for the Northern Territory Administrator's Medal in Primary Health Care 2015.

Congress has maintained a successful partnership with Baker IDI Heart and Diabetes Institute and has continued to implement the Supporting Better Diabetes Care in the Centre model at all remote clinics. This partnership has enabled access to two specialist diabetologists providing specialist diabetes services to remote sites twice a year.

The Diabetes Nurse Educator (DNE) has remained as a Board Member of the Australian Diabetes Educators Association (ADEA) which enables active participation in governance and decision making as well as advocacy on behalf of diabetes educators across the NT.

A new podiatrist joined the Allied Health team at the beginning of the year providing regular podiatry services to all Congress managed remote clinics to help tackle the side-effects of diabetes.

Regional Eye Health Program and Visiting Optometrist Scheme (VOS) continued to service 27 remote communities in Central Australia in an area of 1.2million sq. kms including the five remote communities that Congress provides services in and the Main Clinic in Alice Springs. Approximately 1600 patients accessed a comprehensive eye examination.

The program coordinator works in a model of partnership with the Brien Holden Vision Institute to support and provide optometrists to remote clients.

In this period, over 200 referrals have been sent to the Alice Springs Hospital Ophthalmology Department and over 800 diabetic patients have been seen and 253 patients received prescription glasses and 650 patients accessed ready-made glasses that improved their vision.

Congress' Regional Eye Health Program was nominated and shortlisted for the Team Medal for Administrators Medal in Primary Health Care in the Central Australian region and was a finalist for the Inaugural Fred Hollows Eye Health Award 2015.





The background of the entire page is a close-up photograph of reddish-brown soil or dirt, showing various textures, small pebbles, and some dried plant matter.

Remote Health Services Report

This reporting period marked the first time that data on all clinics, in Alice Springs and at all remote services, has been analysed and reported on in a common way.

The Congress Business Plan reports for the period 1 July 2014 to 30 June 2015 revealed significant progress across key performance indicators as well as improvements in the quality of data being assessed.

Notable improvements in performance occurred at Congress remote sites Mpwelarre Health Aboriginal Corporation (Ltentye Apurte Health Service) and Mutitjulu Health Service and Utju (Areyonga) Health Service.

The proportion of low birth weight babies remains very low across all sites.

The report also found that episodes of care had increased for all remote services except Ntaria and Wallace Rockhole services, both jointly provided by the Northern Territory Government Department of Health (NT DoH), who manage the clinics and the Congress staff working under the direction of the Western Aranda Health Aboriginal Corporation (WAHAC).

Concerns regarding the performance of Ntaria and Wallace Rockhole service sites have been addressed through a vigorous joint negotiation process between Congress, Commonwealth and NT DoH as well as the local community (see Ntaria Report following).

Ntaria Health Clinic and Wallace Rockhole Health Service

Congress, working in partnership with WAHAC, continued to provide primary health care services in the Ntaria community, 131km southwest of Alice Springs, home to approximately 700 people, as well as Wallace Rockhole located close to Ntaria, 120km from Alice Springs, home to a further estimated 70 people.

At the beginning of the reporting period, primary health care services provided to the community, continued to be delivered by multiple providers of health care, including Congress / WAHAC and the NT Central Australia Health Services (CAHS).

Throughout the reporting period, Congress worked with WAHAC, CAHS and the Commonwealth Government, to explore ways of improving the provision

of services to Ntaria and Wallace Rockhole, recognising the need for a single provider to be established in the interests of client safety and continuity of care.

The Ntaria Maternal and Child Health staff developed a successful Healthy Snack Pack resource to promote healthy food options in community. The packs are distributed at the local store and positive feedback has been received from store operators and community members. A gift bag resource was also developed for parents with newborns, which included samples of hygiene products, "first foods" including healthy iron rich foods and recipes, as well as utensils and information regarding the Families as First Teachers Program (FAFT).

Congress / WAHAC staff continued to work with Mothercraft and Family Planning to deliver education to community groups and at women's camp. Staff involved in the development of a breastfeeding resource "Just let them feed" DVD, celebrated the launch of the resource in Ntaria in March 2015, which was later presented by the NT DoH staff at the sixth Maternal Child and Family Health Nurses MCaFHN Conference in Perth in April 2015. In November 2014, Congress / WAHAC staff, board members and corporation members attended the Aboriginal Medical Services Alliance Northern Territory (AMSANT) "Our Health Our Way" Conference.

Clinic staff planned and delivered a Community Health Promotion Week to coincide with the opening of the NT DoH Ntaria Clinic in November 2014. The week provided community members with access to health information as well as a health check including an STI check.

The permanent GP left at the beginning of the reporting period and locum GPs have maintained GP services to the community throughout the year. In January 2015, a Chronic Disease Nurse was also appointed. The integration of the remote and town AOD programs will result in additional AOD staffing for Ntaria, with recruitment for the community based AOD position underway.

Over the past 12 months, Congress / WAHAC staff have volunteered their services to participate in community events at Ntaria and Wallace Rockhole, including a White Ribbon Day, Ntaria Sports Weekend, Kapriilya Celebrations and a race weekend, offering an opportunity to deliver health promotion and engage with community members, particularly those who might not usually engage with the clinic service.



Utju (Areyonga)

The Utju Health Service provides primary health care services in the Utju community, home to approximately 170 people, located approximately 240km from Alice Springs, which includes 110km of unsealed road.

In July 2014, the clinic was visited by First Assistant Secretary of Indigenous and Rural Health Division (IRHD), Samantha Palmer and Director of NT Office of IRHD, Tania McInnes. The trip aimed to provide greater insight into Aboriginal community controlled health services and Aboriginal health. Ms Palmer and Ms McInnes were provided a tour of the Utju Health Service in Areyonga, as well as a broad overview of Congress and the context of Aboriginal health. Ms Palmer and Ms McInnes provided positive feedback regarding the conditions and operations of the services.

The clinic has continued to perform at a very high level with very high immunisation, health check, and care planning rates. In addition, the Utju clinic achieved a Fluvax rate of 90% and a Pap smear coverage rate of around 80%, both well above the NT average. Under the leadership of a strong health board and nurse manager, the clinic is going very well.

The Healthy Food Keeping Strong Program was also an innovative attempt to improve the health of the community by subsidising the store to remove bad foods and sell more good foods. This project was developed, implemented and evaluated by clinical staff, under Aboriginal leadership. There was large community support for the changes that were made to the store and the obtained advice and support from our nutritionist in the design of the intervention.

The community has reported a range of benefits from the program and there is some evidence from the clinic of objective benefits in the short term, especially for glucose control in diabetics. Whether the intervention was cost-effective is not known.

The program was however, a demonstration of Aboriginal-led and reflective learning, and collaboration between clinic, store and community.

The clinic manager was nominated for the Northern Territory Administrator's Medal in Primary Health Care 2015.

Ltyentye Apurte (Santa Teresa)

The Ltyentye Apurte primary health care service provided services to the Santa Teresa community of approximately 600 people, located one hour south east of Alice Springs.

The service's performance against NT KPI targets was reflective of the hard work of clinic staff, with 90% coverage achieved for adult health checks, 98% for immunisations, no low birth weight babies and large improvement in the proportion of children with anaemia. The proportion of chronic disease patients with care plans were also at 90%.

The clinic staff continued its work with the local school to deliver a Healthy School Screen Week providing screening to 120 children and health education at school.

A partnership was formed with Purple House to provide dialysis to four of the clinic's nine dialysis patients. At the implementation of the plan in April 2015, patients no longer travel the unsealed road three days a week as was previously the case. The clinic will continue to work with Purple House to provide more chairs for more patients to increase the capacity of the clinic to provide dialysis in the community.

A counsellor and an Aboriginal Alcohol and Other Drugs (AOD) worker worked closely with local community corporation Atyenhenge-Atherre Aboriginal Corporation (AAAC) to deliver programs, events, and education to community members of all ages. This included sports events, camping and art groups and well as women's, children and men's health programs.

Due to the clinic's excellent chronic disease data, staff presented at the AMSANT CQI conference in Alice Springs in June. Staff have also been invited to present at the Chronic Disease Networking Conference in Darwin in September later this year.

In May this year, Congress GP Adam Brownhill from Santa Teresa Health Service was awarded the 2015 Northern Territory GP of the Year. Dr Adam commenced

in his role at Congress' Santa Teresa Health Service in early 2014. The Award recognised Dr Adam's outstanding contribution to the improvement of health care in Santa Teresa.

This reporting period, Ltyentye Apurte Health Service celebrated accreditation once again, and is now accredited until July 2017.

Mutitjulu

Mutitjulu Health Service provides primary health care to some 450 permanent and transient patients who travel between the surrounding communities. The clinic also provides 24-hour emergency support to the community from an on-call roster staffed by nurses.

At the start of the financial year, the Mutitjulu Health Service was equipped with two permanent nurses and a permanent GP, two-weeks-on and two-weeks-off.

In October 2014 a Clinic Nurse Manager was employed following a long vacancy period and remains in the position. The GP remained in a permanent rotating position as too did one of the nurses, with casual nurses filling the second position.

Also in October, Warren Snowdon MP visited the clinic at Mutitjulu and discussed the proposed funding to refurbish the clinic. Throughout the year, Congress procured the services of an architect to work with the local community, board and Congress to plan the clinic refurbishment. The refurbishment aims to enhance service provision at the clinic, through the efficient allocation of resources. As at the time of writing this report, the refurbishment is underway and the clinic has temporarily relocated clinical services to nearby external buildings. This was made possible through the dedication of staff who assisted after-hours to ensure the main building was vacated prior to the commencement of the refurbishments.

In November 2014 the clinic underwent review for accreditation. With the assistance of Congress Continuous Quality Improvement (CQI) staff, clinic staff were able to ensure a safe and effective practice and accreditation was achieved.

In December 2014, the clinic delivered school-aged child health checks which assisted staff to identify health concerns, including ear disease and anaemia. These issues have been addressed and staff have worked with parents to discuss healthy ears and healthy eating.

During summer, the clinic held "Kungka Nights" offering women-only aqua aerobics sessions. The classes were well received by the community with up to 25 women in attendance at times. Feedback from community indicated that the classes had improved the mood of the community and had provided a good forum for discussing health issues. Following the success of the classes,

a male-only class or "Wati Night" was established. The clinic is now in the process of hiring a permanent male health nurse to ensure the clinic is able to sustain male-only activities.

Since December, the clinic has received a new Zoll defibrillator, IV pump and iStat, to the significant advantage of clients, with staff receiving proper training to use the machines. In February, the equipment was put to the test when a preterm six-week-old baby became unwell and required to be intubated and retrieved by the Royal Flying Doctor Service (RFDS). Further to this, a six-year-old boy suffered a snakebite, with the equipment assisting in the assessment and treatment of the child. Both children are now well and back on community.

In March 2015, the clinic hosted a visit by retired Olympic swimmer, Lisa Curry. Clinic staff assisted community members prepare healthy food options while Lisa discussed and promoted healthy lifestyle choices with the community.

During this same month, the clinic ran STI screening on teenagers, with parent permission, which included an education session. The young people demonstrated a sound understanding for safe sex practices as well as appropriate and healthy relationships.

In April, the clinic entered into partnership with the Northern Territory Government Department of Health (NT DoH) to secure the delivery of midwifery services to the clinic, provided by a Yulara-based midwife. Since then, the midwife has assisted with the delivery of local babies, as well as the development of the clinics antenatal portfolio and keeps in regular contact with the clinic to ensure care for pregnant and postnatal women. The MoU has been signed for three months; however, the clinic is hopeful to have this extended in the future.

The clinic continued to receive regular visits from specialist staff including eye health staff, the endocrinologist, the podiatry truck and the diabetes educator. Visiting specialists have reported high patient numbers reflective of the dedication of staff in informing community members prior to the visit and then reinforcing the client's attendance on the day through verbal reminders as well as by collecting clients with transportation challenges.

The clinic has received regular visits by a CQI facilitator, who has assisted the clinic to interpret reports and educate staff on what is needed to ensure accuracy of client files and KPI reporting.

In June, the clinic was met with an impromptu visit by the Dalai Lama, during a visit to Mutitjulu to speak with community members about the importance of education, in reading and writing English in order to understand what is necessary to stay healthy in the modern world. His visit will remain in the memory and hearts of the clinic staff and the community for some time.

Later that month, Congress' Social and Emotional Wellbeing Service and the Remote Healthy Lifestyle and Tobacco Cessation Program assisted the clinic in hosting a Healthy Lifestyle Week offering incentives to community members willing to participate in a health check. During the week, an alcohol audit was performed on as many community members as possible, giving staff the opportunity to provide brief intervention and build rapport with community members who would not normally attend the clinic.

As with other clinics, the Mutitjulu Clinic achieved a very high immunisation rate at 98%, there were no low birth weight babies and big improvements in the coverage rate for both adult and child health checks. In the initial part of the reporting period the rate of anaemia was at 40% but this had dropped to 5% after a CQI focus on the issue.

Amoonguna

The Amoonguna Health Clinic provides health services to a permanent population of 350 people living in Amoonguna in addition to transient patients.

Both GPs at Amoonguna are now accredited to supervise registrars under this program. Since February this year, the clinic has employed a final year registrar under the scheme.

In August 2014, then new Federal President of the Australian Medical Association (AMA), Associate Professor Brian Owler, visited the Amoonguna Clinic to learn about the work being done by Aboriginal community controlled health services and to discuss key issues in Aboriginal health, and to inform the development of appropriate policy positions on Aboriginal health.

That same month, the clinic hosted two consecutive Women's Health Days providing women with an opportunity to learn to be a 'well woman'. The Women's Health Days were organised and run by staff from Congress' Amoonguna Health Centre and Regional Health Programs, as well as NT DoH. The day provided women with a free health check-up and education about women's health and wellbeing. Congress staff gave a presentation on women's wellbeing, incorporating traditional narrative. Women receive a complimentary haircut and colour. As a result of the event, the clinic was met with an increase in presentations for a women's health check over the following months.





Public Health Division Report

KPIS

Congress' Business Plan reports to the Board on Congress' performance against key performance indicators including National Key Performance Indicators (nKPIs) and the Northern Territory Aboriginal Health Key Performance Indicators (AHKPIs).

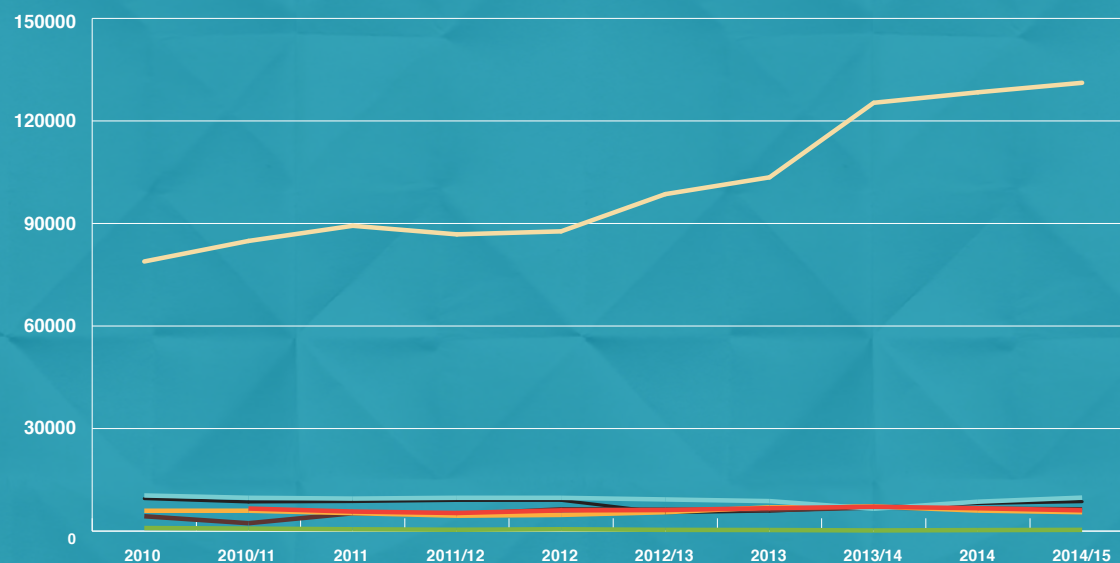
In addition, the 2015/16 Business Plan was substantially re-worked to report against the five strategic objectives and corresponding strategic actions in the new Strategic Plan. The Business Plan was also made available to stakeholders on the Congress website.

This year reported major improvements in the proportion of babies born of low birth weight with only 6% and 10% of about 140 births being low in the two reports for the period. Pre-term labour cases have also reduced, due to a range of probable factors but most likely due to the reduction in alcohol related violence. Childhood immunisation coverage improved to 98% and child health checks continue to increase passing 50% for the first time. There has also been

a significant improvement in Rheumatic Heart Disease (RHD) coverage for the preventive penicillin needles, especially amongst children where there is now 100% coverage based on the NTAHKPI.

Chronic disease data remained stable and major planning is underway to enhance systems in the clinics and beyond, to improve chronic disease care, including prevention and management, which has been stable for some years. Premature death from chronic diseases accounts for 80% of the Life Expectancy Gap and Congress will continue to strive to determine more effective ways of managing the high burden of chronic disease on the community. Other areas for improvement include Pap smear, Fluvax, smoking, STI screening and overweight and obesity rates (see KPI data for more information).

Congress Town and Remote Clinics Episodes of Care over Time

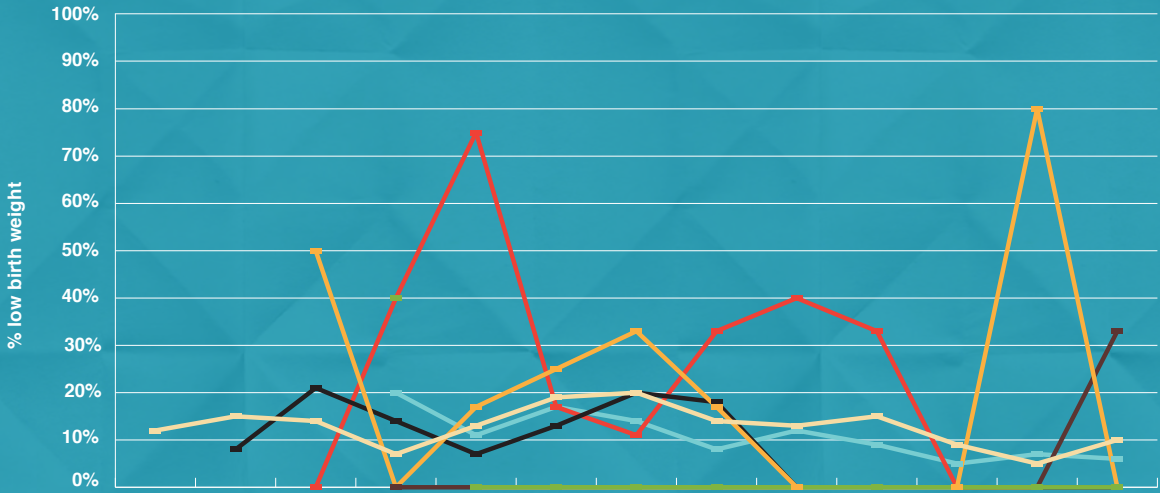


This graph shows the number of episodes of care provided by Congress urban and remote clinics over time.

Over this period, the remote clinics have maintained a relatively stable trend with few peaks and troughs, whilst the number of episodes of care provided by Congress town clinics has almost doubled. This may be partly attributed to the growing of services such as the Social and Emotional Wellbeing Program.

	2010	2010/11	2011	2011/12	2012	2012/13	2013	2013/14	2014	2014/15
Wallace Rockhole	899	739	530	390	544	364	316	195	294	361
Hermannsburg	10425	9745	9515	9746	9737	9261	8779	6541	8605	9797
Amoonguna	5954	5964	5252	4505	4739	5519	6953	7204	6004	5522
Mutitjulu	4345	2306	5211	4873	6386	6263	6127	6883	6563	6370
Santa Teresa	9510	8529	8652	8985	9008	5406	5856	6984	8076	8617
Areyonga		6602	5716	5296	6054	6166	6712	7113	6691	6072
Congress urban	78884	84889	89328	86814	87699	98586	103501	125315	128383	131160

Congress Town and Remote Clinics Low Birth Weights over Time

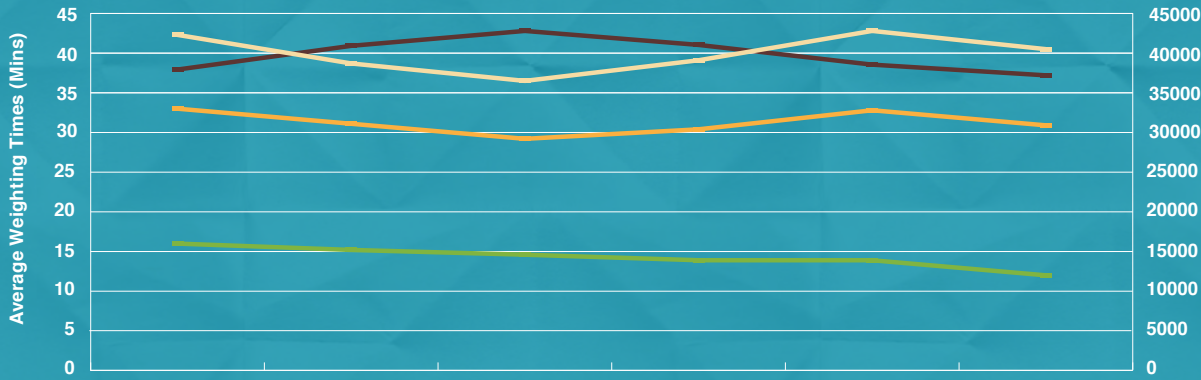


This graph shows the trends in the percentages of low birth weight babies by clinic over time from the Northern Territory Key Performance Indicators.

The high fluctuations in the remote clinics are due to the low numbers of babies been born to residents of these communities; there has been a gradual but positive reduction in the number of low birth weight babies for Congress town clinics.

	2008/09	2009	2009/10	2010	2010/11	2011	2011/12	2012	2012/13	2013	2013/14	2014	2014/15
Congress Urban	12%	15%	14%	7%	13%	19%	20%	14%	13%	15%	9%	5%	10%
Amoonguna			50%	0%	17%	25%	33%	17%	0%	0%	0%	80%	0%
Mutitjulu				0%	0%	0%	0%	0%	0%	0%	0%	0%	33%
Santa Teresa		8%	21%	14%	7%	13%	20%	18%	0%	0%	0%	0%	0%
Areyonga			0%	40%	75%	17%	11%	33%	40%	33%	0%	0%	0%
Wallace Rockhole					0%	0%	0%	0%	0%	0%	0%	0%	0%
Hermannsburg				20%	11%	17%	14%	8%	12%	9%	5%	7%	6%

Congress Clinic Waiting Times (mins.) by Booking Status and Reporting Period

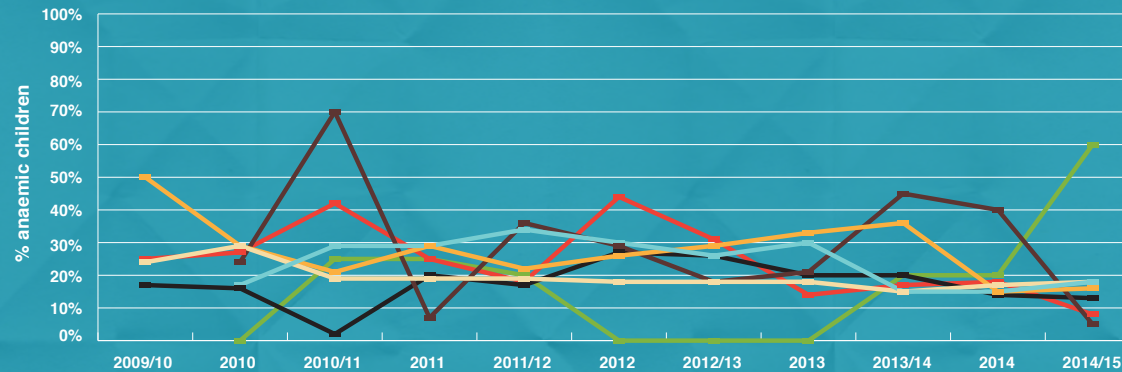


This graph shows the average waiting times in minutes for the Congress Urban Main Clinic over time broken down by booked appointments and extras (walk-ins). The brown line shows the number of episodes of care being provided by the main clinic as a comparison.

Waiting times are down very slightly for the 2014/15 reporting period but have remained rather consistent over time.

	2012	2012/13	2013	2013/14	2014	2014/15
Bookings	16.2	15.2	14.6	13.9	13.9	12
Extras	42.3	38.7	36.5	39.1	42.8	40.5
All	33	31.1	29.2	30.4	32.8	30.9
Total Episodes	37933	40921	42800	41037	38549	37201

Congress Urban and Remote Clinics Anaemic Children over Time

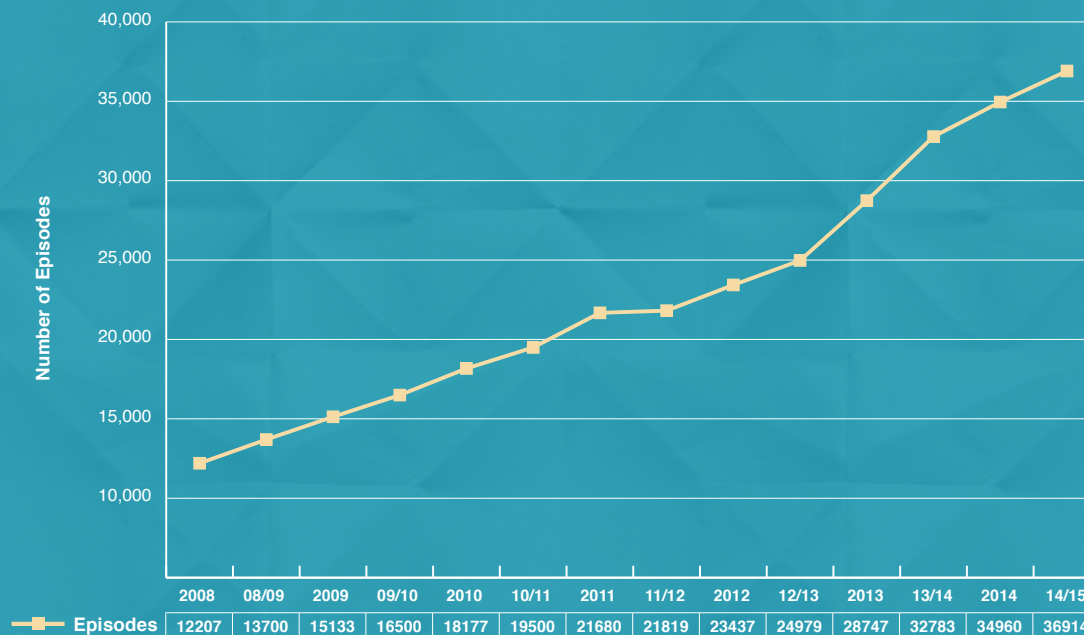


This graph shows the trends in the percentages of anaemic children by clinic over time from the Northern Territory Key Performance Indicators.

The high fluctuations in the remote clinics are due to the lower numbers of resident children in these communities; however the overall results show an impressive reduction in anaemic children for all clinics except for Wallace Rockhole where the small numbers meant that the 3 anaemic children for the 2014/15 year made up 60% of the children measured for anaemia.

	2009/10	2010	2010/11	2011	2011/12	2012	2012/13	2013	2013/14	2014	2014/15
Congress Urban	24%	29%	19%	19%	19%	18%	18%	18%	15%	17%	18%
Amoonguna	50%	29%	21%	29%	22%	26%	29%	33%	36%	15%	16%
Mutitjulu		24%	70%	7%	36%	29%	18%	21%	45%	40%	5%
Santa Teresa	17%	16%	2%	20%	17%	27%	26%	20%	20%	14%	13%
Areyonga	25%	27%	42%	25%	18%	44%	31%	14%	17%	18%	8%
Hermannsburg		17%	29%	29%	34%	30%	26%	30%	15%	15%	18%
Wallace Rockhole		0%	25%	25%	20%	0%	0%	0%	20%	20%	60%

Dispensary Episodes of Care over Time



This graph shows the trends in the number of Episodes of Care being provided by the Congress urban dispensary over time. It has continued to rise over the years and gives an indication of the amount of medication being supplied to patients to manage both chronic and acute health conditions.

Continuous Quality Improvement

Congress' Continuous Quality Improvement (CQI) Service continued to monitor, document and report on the performance of Congress' health services against key performance indicators, with the aim to identify opportunities for improvement in service provision across Congress, at both town and remote locations.

This reporting period, CQI remote and town staff merged to result in a more integrated and better coordinated team, improving capacity to support remote services. This has also enabled enhanced recruitment and retention of key staff and has increased visits to Congress' Remote Health Services by CQI facilitators.

Recruitment measures included the recruitment of a specialist CQI pharmacist that has improved pharmaceutical care at Congress clinics.

The sexual health education program, Congress' Community Health Education Program (CCHEP) became part of the Public Health Division under the leadership of the Sexual Health CQI Coordinator. This will enable Alukura to better focus on its core service activities as well as offer greater support to sexual health strategies and provide a greater public health focus on sexual health which is an area where further improvement is needed. The management of Medicare was also transferred to CQI to provide greater support for remote and urban Medicare activities and link aspects of Medicare analysis into CQI processes, especially for the Enhanced Primary Care Items such as chronic disease care planning and health checks.

CQI staff provided full support to incident reporting processes resulting in approximately 230 incidents logged, contributing to continuous improvement in systems and services. The team also assisted in the design and implementation of the risk and quality management software, RiskMan, which is in trial phase (see Business Services Division Report).

The team supported the implementation of the Alice Springs After-Hours General Practice, delivered by Congress and based at the Alice Springs Hospital (ASH), by providing ongoing data evaluation, database management and Medicare administration support to staff (see Main Clinic Service Report).

In regards to additional support provided to remote locations, CQI staff assisted to facilitate AGPAL accreditation for Mutitjulu and Utju health services, with a successful outcome achieved in March 2015.

Congress CQI also assisted Northern Territory Government Department of Health (NT DoH) CQI to connect and build relations with staff at Ntaria / WAHAC to support improvements to service delivery during dual service provider arrangements (see Remote Health Services Report).

CQI staff greatly enhanced work with Urupuntja Health Service, Pintupi Homelands Health Service and Ampilitwatja Health Service to support CQI activities, with the aim to improve service provision and health outcomes in these areas.

CQI assisted in the organisation and delivery of a Healthy Lifestyles Event at Mutitjulu, attracting 162 children and young people less than 15 years of age, to present for a health check over two days - an increase of more than 90%. Eighty two presentations were seen, treated and assessed by regular clinic staff, with a further 80 clients seen by AOD and Healthy Lifestyles and Tobacco Cessation Program staff.

CQI staff organised and ran sexual health screening and Healthy Lifestyle Promotion at the Lightning Cup Carnival event held in Alice Springs. The popular community event presented an opportunity to conduct a large number of sexual health screens in one go, with approximately 200 young people participating over the two days. The Congress Healthy Lifestyle and Tobacco Cessation Program assisted by providing brief tobacco cessation intervention, through the provision of health information, and assisted to recruit young people to participate in the screening.

Congress had a strong presence in sector reform initiatives with CQI staff attending the NT Jurisdictional CQI Collaborative to present on the topic of its participation in the Lightning Cup Carnival Health Promotion event and how the sector can better use CQI and community events to achieve primary health care targets.

CQI staff hosted an Inaugural Congress CQI Collaborative Workshop for Congress remote and town clinical staff to examine how CQI can be, and is applied across all work areas. A main focus of the workshop was on improving anaemia in children and antenatal care outcomes.

The team also organised and held an AGPAL accreditation workshop, inviting internal and external service providers from across Central Australia as well as Katherine to learn about the CQI requirements of AGPAL accreditation.

The team continued to work with CQI coordinators from AMSANT to support CQI activities across the Northern Territory.

Research and Development

Congress' research capacity evolved significantly through a dedicated coordinator and improved processes and systems.

The key to these improvements has been the development of the Research Subcommittee of the Board which has provided strategic oversight to all research projects and coupled with much greater internal, operational capacity has enabled Congress to more effectively use research to improve the quality of services and programs and to address key policy issues in Aboriginal health.

Congress' internal capacity expanded to include a full-time Research Coordinator and a part-time Research Officer, with the latter provided through in-kind support from the Menzies School of Research. The team also includes project specific staff including:

- one Aboriginal male Research Officer for the Ingkintja Male Health 'Men's Shed' Model Development Study (CASSE);
- three part time clinical support positions for retinal imaging and medical decision support software research (AMSANT, University of Melbourne, University of Sydney, South Australian Health and Medical Research Institute, TEAMSnet);
- a part time Research Fellow for an evaluation of the Nurse Family Partnership Program and Economic Evaluation Projects (University of South Australia); and
- two Aboriginal Research Liaison Officers and one short-term backfill childcare position for the Early Learning Study in the Congress Childcare Centre as well as a study into a culturally appropriate, developmental screening tool for children (Melbourne University).

Congress refined its large array of research projects according to the strategic priorities from its new Strategic Plan. All research must now address either improvements in clinical care, improved social and preventative programs, and improvements in action on the broader social determinants of Aboriginal health. As at the end of the financial year, Congress has:

- 4 approved projects
- 14 completed projects (2 Social Determinants, 1 Social and Preventative programs, 11 Medical Care)
- 30 projects underway (7 Social Determinants, 3 Social and Preventative programs and 19 Medical Care)

Congress is now developing internal capacity to conduct in-house research projects. For example, the team has commenced planning for a research project evaluating member preferences regarding Congress' policy on alcohol, and is working to develop a culturally appropriate patient and client feedback tool.

Congress entered into a new five-year NHMRC funded collaboration with the Centre of Research Excellence in Aboriginal Chronic Disease Knowledge Translation and Exchange (CREATE) and which includes Wardliparingga Aboriginal Research Unit, SAHMRI, National Aboriginal Community Controlled Health Organisation (NACCHO), School of Population Health and Schools of Translational Health Science at the University of Adelaide which aims to:

- Use existing evidence and, where necessary, develop and collate new evidence to inform guidelines, policies and/or other tools focused on improving care and health outcomes for Aboriginal and Torres Strait Islander people with, or at risk of developing, a chronic disease.
- Strengthen the capacity of Aboriginal and Torres Strait Islander health service providers and researchers to conduct and use 'evidence' to improve health outcomes.

A significant on-going collaboration with the Menzies School of Health Research has been further strengthened for a further five years through a new MoU in order to share information and develop collaborations, particularly in regards to research and research capacity building in the context of Aboriginal health.

Other major research projects for this reporting period have included:

Early Childhood Development Abecedarian Study

This study was conducted in collaboration with University of Melbourne researchers involving childcare staff and 12 children in the Childcare Centre. The study found that over a two-month intervention period, children's age equivalent vocabulary improved by seven months. Congress is exploring opportunities to further integrate Abecedarian techniques in its Childcare Centre to benefit more Alice Springs children.

Early Childhood Development ASQ-TRAK Validation Study

This study was conducted in collaboration with university of Melbourne researchers involving clinic nurses, two Congress Aboriginal Liaison Officers and 60 young children aged between 2 and 48 months. Using both the ASQ-TRAK and Bayley Early Childhood Development testing tools very few children have been identified as in need of intervention to address developmental concerns.

The TEAMSnet Medical Decision Support and Retinal Imaging Study

This study was conducted in collaboration with the University of New South Wales and other researchers, Congress clinic GPs and Congress retinal imagers and follow up interviewers. Over 120 patients have received retinal imaging and have completed a mental health check survey with new support processes identified for follow up of clients in need of assistance.

The Intensive Family Support Service Evaluation

This study was conducted in collaboration with the University of South Australia researchers involving analysis of clinical records, interviews with program staff and review of case study notes for historical vignettes. The project found tangible health and wellbeing benefits to the families receiving this service. The Congress Board of Directors has workshopped results from the project including the key policy issues of child protection and out of home care.

The Men's Shed Model Development Project

This project is being conducted in collaboration with CASSE involving interviews and workshops with Aboriginal males with the aim to establish a stronger leadership and cultural foundation to male health service design. It also aims to find way to better work with males who are violent and seek support. It is a participatory action research project which reports to a new Congress Board male subcommittee is also driven by an independent Male Leadership Group.

The Town-Camp Study

This study is being conducted in collaboration with Baker IDI and aims to analyse access to medical care by people who live in town camps.

Congress has commenced participation in a number of new research projects, working in partnership with a range of research and primary health care bodies.

Details regarding current research projects and a list of research institutions working in partnership with Congress, have been made available to the public on the Congress website.

Training and professional development opportunities were extended to Congress researchers who attended the CARMA Introduction to Quantitative Analysis and Multiple Regression training in Adelaide and AMSANT Introduction to Research Workshop in Darwin this reporting period.

Congress has also continued to work with the Lowitja Institute as a core partner engaging in the strategic development of research on early childhood and the social determinants of health. Congress also worked with AMSANT, Baker IDI, Menzies School of Health Research, Charles Darwin University and others to establish a significant new research collaboration in Central Australia, known as the Central Australian Academic Health Science Centre, which will further enhance the capacity of research working in partnership with Aboriginal health services to improve the health system and address the broader social determinants of health.

Health Policy

Congress continues to play an integral role in the development of health policy and sector reform. This work is led by the CEO supported by the Public Health Services Division. This reporting period, priority health policy topics included:

- Funding for Aboriginal community controlled primary health care services
- Better integration of funding for primary health care services and the disadvantages of competitive tendering
- The integration of AOD and mental health service into primary health care
- Investment in after-hours youth services
- Alcohol and Other Drug strategies for more effective treatment and harm minimisation
- Investment in early childhood development as the key to further Closing the Gap by addressing intergenerational disadvantage and improving educational outcomes and subsequent employment.

Congress prepared a comprehensive submission to the *Senate's Inquiry into Health Policy, Administration and Expenditure in Australia* which was released at the end of the last financial year. Congress' submission highlighted the impact of health system spending cuts on the health of Aboriginal communities, drawing on evidence from the Australian and international context. The submission provided a foundation for advocacy around broader health system issues.

Congress also provided a submission into the House of Representative Standing Committee on Indigenous Affairs Inquiry into the Harmful Use of Alcohol in Indigenous Communities. The submission supported key alcohol policy positions including the need for a minimum unit price on alcohol and the effective of point of sale supply reduction measures, including photo-licensing and Temporary Beat Locations.

Congress and leading bodies AMSANT and NACCHO continued to advocate for improved funding and reporting processes to achieve more efficient and effective Aboriginal community controlled health services.

Congress continued to play an active role in the rollout of funding for youth services to ensure sufficient and effective support for young people in Alice Springs. As an outcome of effective lobbying, Congress received a commitment to funding the re-establishment of an After-Hours Youth Service in collaboration with the Alice Springs Town Council. The decision came after the tragic death of a young boy in early 2015 as a result of substance abuse after-hours, and after-hours antisocial behaviour following the Lightening Carnival event.

Congress has continued to participate on the Alice Springs Alcohol Reference Panel (ARP), lobbying for strategies promoting harm minimisation and safer consumption of alcohol. Congress has advocated for TBLs to remain in place until they can be replaced by photo ID screening and a renewed Banned Drinkers Register. Congress will continue to advocate for recognition of the role of price in regulating alcohol sales and consumption in this process.

In response to concerns about the use of methamphetamines, especially ICE, in the broader community, Congress has begun hosting a monthly 'ICE' Community Support Group (see Social and Emotional Wellbeing Report). Congress has advocated that the ICE challenge further highlights the need to strengthen existing AOD treatment services to provide access to medical care, psychological treatment and social and cultural support for all drugs of addiction including alcohol and ICE. There is no place for a separate, stand-alone service system for ICE users. Congress has also advocated that investment in early childhood is key to primary prevention of all forms of addiction and the need for more programs in this critical period including Abecedarian Educational Day care.

Investment in early childhood has been a primary focus for Congress and a key theme across all areas of policy advocacy. Congress has promoted the link between early childhood and long term physical and mental health outcomes including children from at-risk and under-resourced families. Congress will continue to advocate for funding for an Abecedarian Educational Day Care Centre in Alice Springs as an evaluated trial, as well as the links between alcohol and substance misuse and impacts on child development.

A woman with long dark hair, wearing a black cardigan over a blue and white striped shirt, is sitting at a wooden desk. She is smiling at the camera. Her right hand is on a black computer mouse, and her left hand is resting on the desk. On the desk, there is a Dell monitor displaying a web application with a sidebar menu, a white office phone, a small teal storage unit, and various papers. A yellow banner with the text "Human Resources Division Report" is overlaid on the bottom right of the image.

Human Resources Division Report

Congress recognises the significant impact that our people make on the provision of services to Congress clients and patients and the need to have a skilled and committed workforce to ensure quality care and service delivery.

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

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

Workforce Profile

As at 30 June 2015 Congress employed 307 staff in full-time, part time and casual roles.

Workforce by equivalent salary level and Aboriginal and non-Aboriginal staffing levels:

EQUIVALENT SALARY LEVEL	SUMMARY OF INCLUDED ROLES	HEADCOUNT Aboriginal and Torres Strait Islander staff	HEADCOUNT Non-Aboriginal or Torres Strait Islander staff	TOTAL
Level 1 to 2	Entry level roles	26	2	28
Level 3 to Level 5	Technical officer roles, Childcare, AHPs and admin levels	68	19	87
Level 6 to Level 7	Front line supervisors, experienced admin levels, new graduates RN and allied health	36	16	52
Level 8 and above	Management roles, GPs, tertiary qualified roles, allied health staff, experienced RNs	14	126	140
Total		144 (47%)	163 (53%)	307

Workforce by Gender:

WORKFORCE BY GENDER	HEADCOUNT	PERCENTAGE (%)
Female	205	67%
Male	102	33%

Workforce Engagement and Development

Workforce Engagement and Development is a focus area of the Congress Strategic Plan 2015-2018 and specifically sets out to address development needs of our Aboriginal workforce. Congress also recognises the need to strengthen our internal foundation and in 2015 the Workforce Engagement and Development Plan was developed with all staff in mind recognising that our entire workforce needs to be committed to the plan for its objectives to be achieved.

The Aboriginal Staff Advisory Group have been instrumental in providing input into the development of the Workforce Engagement and Development Plan, especially activities that put the focus on career planning for Congress' Aboriginal workforce, commitment to cultural safety and competency for the entire workforce and streamlining Congress' recruitment processes. The CEO and Human Resources will continue to work closely with the Aboriginal Staff Advisory Group to implement the Workforce Engagement and Development Plan.

Key aspects of the plan are to set up individual professional development plans for all Congress staff, an all-staff survey to be conducted in 2015/2016 and a focus on strengthening Congress' recruitment practices. These plans aim to support staff to achieve their work performance and career goals. While there is a focus on training and study there is also scope within the professional development plans to explore other job experiences such as secondments, leadership training and mentoring that can contribute to the achievement of our staff.

Key Workforce Engagement and Development Achievements for Congress in 2014/2015:

- Workforce Engagement and Development Plan commenced in June 2015.
- Aboriginal Staff Advisory Group developed and facilitated an in-house course which is compulsory for all new Congress staff, entitled "Congress' Introduction to Central Australian Aboriginal Cultural Awareness Orientation Program".
- Four Aboriginal staff were supported to successfully complete a Diploma of Management in 2014.
- Continued support provided to an Aboriginal staff member through study of Medicine at Flinders University.
- Continued support to three Congress staff working towards their Bachelor of Social Work.

- Support provided to three Aboriginal staff members who have commenced a Bachelor of Business Management with Charles Sturt University in 2015.
- Support provided for six staff to successfully complete Certificate IV in Alcohol and Other Drugs in 2015.
- Three Aboriginal people appointed to newly created trainee positions of Dental Assistant, Human Resources and Administration in 2015.
- Supporting two Aboriginal staff from Alukura to successfully complete Certificate II in Aboriginal and Torres Strait Primary Health Care in June 2015.
- One Aboriginal staff member undertaking Certificate IV in Community Services.
- As at 30 June 2015, 25 staff members were engaged in a study agreement.

Employee Relations

Terms and conditions of Congress' employees are determined by an Enterprise Agreement made under the *Fair Work Act 2009*. Congress successfully negotiated with employees to approve Central Australian Aboriginal Congress Aboriginal Corporation Enterprise Agreement 2014-2017. The enterprise agreement was approved by the Fair Work Commission and commenced in January 2015 and has a nominal expiry date of 30 June 2017.

Human Resource Management

In December 2014 Congress implemented an electronic Human Resource Information System for use by all staff and accessible using portable devices. This system automates many administrative human resource, training and payroll processes resulting in a reduction in manual processing and reliance on paper forms. It also provides staff and managers with access to real time information and reports on leave, payroll information and employee records.

Work Health and Safety: Congress Commitment

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

Congress is committed to:

- Implementing a governance framework that delivers compliance with all relevant health and safety legislation and other requirements relevant to Congress’ activities;
- Providing a safe and healthy workplace free from injury and illness;
- Eliminating or minimising the risk of workplace incidents and injuries;
- Providing a framework for continuous improvement of a Work Health and Safety Management System;
- Reinforcing a culture of safe work practices in the workplace;
- Defining health and safety expectations, accountabilities, responsibilities, obligations and duties to all stakeholders;
- Reducing the cost of injury or illness to the business;
- Returning injured employees to the workforce at the earliest opportunity; and
- Providing fair and effective workplace representation, consultation, cooperation and issue resolution in relation to work health and safety.



Work Health and Safety: Consultation and Reportable Matters

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

Dates and number of attendances for Work Health and Safety Committee meetings

20 August 2014	9
24 September 2014	6
18 November 2014	9
2 April 2015	12
11 June 2015	10

During the 2014-2015 reporting period:

- Compliance inspections of three matters were undertaken by the regulator in 2015 and no non-conformances were identified arising from these inspections.
- There were no provisional improvement notices issued under Section 90 of the *Work Health and Safety (National Uniform Legislation) Act (NT)*.
- There were no reportable incidents made to the regulator under Section 35 of the *Work Health and Safety (National Uniform Legislation) Act (NT)*.





Education and Training Report

Congress' Education and Training Service (E&T) deliver the Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice qualification.

The partnership agreement continued with Aboriginal Health Council of South Australia (AHCSA) as the auspice registered training organisation (RTO), with E&T continuing to deliver all aspects of the Certificate HLT40213 IV A/TSIPHCP qualification at Congress.

The updated National HLT40213 Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice qualification commenced for facilitation in July 2014, endorsed by the Community Services and Health Industry Skills Council as per the requirements of the New Standards for Training Packages. The former HLT43907 qualification was superseded in June 2014.

Eight enrolments were maintained, as was the case for the previous financial year, and included an increase in male student enrolments.

An Aboriginal Health Practitioner (AHP) Clinical Educator was recruited, following an extended vacancy of this substantive position.

Three students were successful in their applications to attain a Puggy Hunter scholarship through the Australian College of Nursing.

An Asthma and Spirometry Update was facilitated for AHPs in October 2014, with support including some funding provided by the National Asthma Council Australia. Invitations were extended across the broader Alice Springs community gaining widespread interest and resulted in good attendance.

In October 2014, educators and students attended the Baker IDI Educational Symposium – Cardiovascular Disease and Diabetes: A Whole Life Approach. This provided important information contributing towards student learning in chronic disease with focus on the primary health care context.

In December 2014, Communio consulted with E&T seeking assistance with the development of a 'Women's' Business' resource – Breast and Gynaecological Cancer, created by Cancer Australia. Input was provided by the AHP Clinical Educator who worked collaboratively with Congress Aboriginal AHP/AHWs and students to provide the input into the design of cultural content.

In February 2015, E&T facilitated a pilot workshop with eleven attendees to trial the Breast and Gynaecological Cancer resource, in conjunction with Cancer Australia to promote awareness and encourage discussion amongst Aboriginal women in Alice Springs, with the aim to seek early detection of signs and symptoms of these potentially life-threatening diseases.

Educators and students attended the National Aboriginal and/or Torres Strait Islander Health Worker Association (NATSIHWA) Professional Networking Forum in September 2014, where the students had the opportunity to gain more information in regards to membership support provided by the Association, as well as the role of AHP/AHWs and the profession itself at the national level.

Following attendance from students at the forum, NATSIHWA enquired with E&T to consult two male students to provide input towards the organisation's Annual Report. Content included their training experience at Congress, financial issues faced and being motivated to encourage other males in the community to enrol in the course to increase the numbers of males within the AHP workforce.

In March 2015, AHP students and educators participated in Close the Gap Day celebrations held at Congress' Main Clinic Service, assisting to showcase the AHP program, networking with external organisations and the wider community, and utilising the opportunity to recruit new students. Two students were interviewed by CAAMA Radio at the event where they talked enthusiastically about their experience studying, challenges faced, and aspirations to contribute to their community and forge a career in health.

Additional collaborative partnerships continue with other external providers including:

- The Department of Health
- Alcohol and Other Drug Services of Central Australia
- Mental Health Association of Central Australia
- Centre for Remote Health Development Services Ltd.



Business Services Report

A major focus for Congress' Business Services Division, including Finance, Information and Communications Technology, Information and Records Management and Quality and Risk Management corporate support services, has been the implementation of systems introduced at the end of the previous financial year, as well as the ongoing review of all current processes to achieve continuous quality improvement.

Finance

Congress maintained a strong financial position with an improved solvency ratio compared to last year and ensured Medicare income was invested in clinical and social support programs to optimise service delivery and health outcomes. Greater emphasis in our internal reporting has a strong focus on the analysis and reporting of surplus and deficit funds on all funded programs. Improving our financial systems and services to deliver an enhanced quality service to our Board of Directors and all Congress services and programs was a significant and commendable achievement of the finance team.

Powerbudget software was introduced enabling all program managers' ongoing access to their program's financial reports electronically. Program managers are now able to access financial information within 24-hours of the information being inputted into the general ledger. System uptake by program managers has gathered momentum throughout the year. Finance continues to look at ways of adjusting the system to provide additional benefit to program managers, assisting managers to better understand reporting.

Towards the end of the year, an *iPOS* software system was in testing prior to organisation rollout. Once implemented, this system will enable staff to raise and approve purchase orders electronically, using remote access from computers or mobile devices. *iPOS* will enable a more efficient, transparent, accountable and robust process.

The 2013-14 Financial Report audit produced no significant audit issues and to date, interim testing performed during the 2014-15 year identified no significant weaknesses in our controls and processes.

Information and Communications Technology

Congress' Information and Communications Technology (ICT) internal support service has contributed to numerous projects aimed at automating many manual administrative processes across Congress, including the implementation of *Connx* human resource information system, *Riskman* for incident reporting and risk register and the *iPOS* electronic purchasing system.

ICT completed the first phase of a move to integrate the dispensary ICT system with the rest of Congress.

A survey was undertaken of all Congress urban sites to determine optimal location of Wi-Fi access points. ICT continues with the implementation of the new wireless infrastructure at our main clinic, which will provide the underlying support for a duress alarm system for the clinic.

A complete audit of all mobile telecommunication devices within Congress was carried out, identifying major cost-savings in inactive and redundant services. *jCurve* provides the framework to provide ongoing management of mobile devices and services and allows Congress to accurately account for the cost of these services and allocate them accordingly to the relevant section/program.

Negotiations are underway with several companies to provide improved telecommunications links to our remote sites. This will lay the foundations for a rationalisation of ICT infrastructure at remote sites in order to improve the delivery of ICT services to each site. The project is ongoing as finer details are negotiated.

A full audit of all physical IT infrastructures across town and remote sites was completed. Having an accurate register of current assets allows Congress ICT to better plan replacement cycles in order to precisely forecast expenditure each financial year.

Staff engaged in training and professional development and attended the HealthConnex conference in October 2014. The conference provided valuable insights into the future direction of health informatics and in particular *Communicare*, (Congress' patient information system) and *Argus* (secure messaging), recently purchased by Telstra Health.

Quality and Risk

This year, Congress commenced embarking on the introduction of a web-based incident reporting system, *RiskMan* to record and track the management of incidents and risk register that support the administration of Congress' Risk Management Framework. In June 2015, Congress commenced a six-week testing of an incident-reporting module. A Quality and Risk Coordinator, who was recruited during the financial year, has carried out training of all staff who participated in the pilot, to be followed up by a survey of participants to obtain feedback on the system in the beginning of the new financial year. Results will be used to determine the success of the pilot. Congress is aiming to go live with *RiskMan* at the beginning of the new financial year.

Congress commenced working towards *ISO9001 Quality Management Systems* accreditation. Congress selected the ISO framework due to its focus on the organisation's broader administrative and structural processes and systems and its strong management focus. The implementation of this plan has resulted in a stronger emphasis on incident reporting and a committee structure to ensure best practice clinical and administrative planning, processes, risk management and policies. This accreditation project is expected to run over a period of approximately two years.

Communications

Congress is committed to advocating for improved Aboriginal health outcomes on behalf of Aboriginal people, through public communication activities including media engagement, public presentations and participation in community events.

Communication activities focus on key issues as highlighted in the Public Health Division's Health Policy Report, including early intervention through investment in early childhood development and youth service provision, measures to reduce Alcohol and Other Drug related harm, and other factors addressing the social determinants of health.

Important Congress perspectives promoted through local and national media platforms have included:

- Congress' opposition to the Commonwealth Government's proposed \$7 co-payments for GP visits in last year's budget announcements.
- Congress' advocacy on behalf of community controlled primary health care service model delivery, in particular, following Congress' presentation at AMSANT 20/40 conference.
- Congress' advocacy on behalf of investment in, and delivery of, adequate and suitable youth services as preventative solutions to primary health care issues, including CEO Donna Ah Chee's participation in the popular ABC national radio, Triple J's 'Hack' program regarding the effects of substance abuse in Central Australia.
- Congress' pressure on local and NT Government to implement Alcohol Management Strategies and participation in a Territory Alcohol Reference Panel.
- Congress' support for the Commonwealth Government's announcement to recommit to three-year funding agreements for Aboriginal Community Controlled Health Services through IAS funding, and pressure to prioritise funding for early childhood programs under IAS.
- Congress' support for the NT Legislative Select Committee on Fetal Alcohol Spectrum Disorder (FASD) which has demonstrated a comprehensive understanding of the issues in the broader public health context.

- Congress support for Governments' bipartisan approach to achieving Aboriginal health equality following the release of the *2015 Closing the Gap* report.
- Congress pressure on the NT Government to reinstate water supply to the remote community of Whitegate following a government decision to cease maintenance of water supply.

In addition to engagement with media, avid participation in national discussion forums enables Congress to present on evidence-based practices in the provision of Aboriginal primary health care services, and is a means through which it is able to represent the voice of the Aboriginal community as per its community controlled foundations. The following is a list of conference and seminar presentations made by Congress throughout the reporting period:

- NT FASD Inquiry presentation
- Royal Australasian College of Surgeons Symposium
- Presentation to National Aboriginal Torres Strait Islander Health Workforce Association meeting
- 22nd National Australian Health Promotion Association Conference and the 18th Chronic Diseases Network Conference
- Presentation to the Australian National Family Partnership Program (ANFPP) National Meeting
- Presentation to Baker IDI Heart and Diabetes Institute Symposium
- Presentation to Australian Medical Association (AMA) National Summit on Alcohol
- Presentation to Aboriginal Medical Services Alliance Northern Territory (AMSANT) 'Our Health is Our Way' 40th Anniversary Conference
- 13th Institute of Family Studies Conference
- Social Equity Conference
- Lowitja Institute's "Growing up strong and deadly Aboriginal and Torres Strait Islander early childhood health roundtable"
- AMSANT 20/40 Conference; Our Health Our Way
- Maternal, Child and Family Health Nurses Australia Bi-annual Conference
- Australian Primary Health Care Nurses Association (APNA) Conference



General Purpose Financial Statements For 12 Months Ended 30th June 2015

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Directors' Report

for 12 Months Ended 30th June 2015

Your Directors present this report on the corporation for the financial year ended 30 June 2015.

Changes In State Of Affairs

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

Principal Activities

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

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

Short and Long Term Objectives

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

The long term objectives of the corporation are to continue to the overall health of Central Australian Aboriginal and Torres Strait Islander people.

Measurement of Performance

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

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

Directors and Directors' Meetings

Name of Director	Period of Tenure	Qualifications, Experience and Special Responsibilities	Meetings Attended
William Tilmouth	1st July 2014 to 30th June 2015	President	6
Donna McMasters	1st July 2014 to 30th June 2015	Board Member	4
Joseph Hayes	1st July 2014 to 30th June 2015	Board Member	6
Louis Miller	1st July 2014 to 30th June 2015	Board Member	4
Chanston Paech	1st July 2014 to 30th June 2015	Board Member	2
Dawn Ross	1st July 2014 to 30th June 2015	Treasurer	6
Roseanne Healy	1st July 2014 to 4th May 2015	Advisor	5
Roseanne Healy	5th May 2015 to 30th June 2015	Company Secretary	1
Mark Wenitong	1st July 2014 to 30th June 2015	External Governance	2
Steven Rossingh	1st July 2014 to 30th June 2015	External Governance	6
Graham Dowling	1st July 2014 to 30th June 2015	External Governance	6

There were 6 meetings of the Board of Directors held during the year.

Board Committees

The following Board members attended Board Subcommittees during the year as follows:

Name of Director	Finance, Risk & Audit Subcommittee	Clinics Subcommittee	Research Subcommittee	Governance Subcommittee
William Tilmouth	5	2	3	-
Donna McMasters	-	2	-	-
Joseph Hayes	-	-	-	-
Louis Miller	-	-	-	-
Chanston Paech	3	-	-	-
Dawn Ross	3	-	-	-
Roseanne Healy	-	-	-	5
Mark Wenitong	-	-	-	-
Steven Rossingh	6	-	-	4
Graham Dowling	-	1	-	3

During the year, there were 6 meetings of the Finance, Risk and Audit Subcommittee, 2 meetings of the Clinics Subcommittee, 5 meetings of the Governance Subcommittee and 3 meetings of the Research Subcommittee.

There is also a Human Resources Subcommittee that did not hold any meetings prior to the end of the financial year.

Secretary

The corporation secretary is Ms. Roseanne Healy.

Subsequent Events

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

- (i) the corporation's operations in future financial years; or
- (ii) the results of those operations in future financial years; or
- (iii) the corporation's state of affairs in future financial years.

Environmental Regulations

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

Auditor Independence

No officers of the corporation at any time during the year held any position with the audit firm.

The auditor's independence declaration is included on the following page.

On behalf of the Directors



Director

08 October 2015

AUDITOR'S INDEPENDENCE DECLARATION

As lead auditor for the audit of the financial report of Central Australian Aboriginal Congress Aboriginal Corporation for the year ended 30 June 2015, I declare that, to the best of my knowledge and belief, there have been no contraventions of:

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

RSM BIRD CAMERON
 Chartered Accountants



R MILLER
 Director

Canberra, Australian Capital Territory
 Dated: 9th October 2015

Liability limited by a scheme approved under Professional Standards Legislation	Birdanco Nominees Pty Ltd ABN 33 009 321 377 Practising as RSM Bird Cameron ABN 65 319 362 479	Major Offices in: Perth, Sydney, Melbourne, Adelaide, Canberra and Brisbane	RSM Bird Cameron is a member of the RSM network. Each member of the RSM network is an independent accounting and advisory firm which practises in its own right. The RSM network is not itself a separate legal entity in any jurisdiction.
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Statement of Comprehensive Income for 12 Months Ended 30th June 2015

		2015	2014
	NOTES	\$	\$
OPERATING INCOME			
Grants and contributions provided		33,216,319	31,934,490
Interest		466,129	463,121
Medicare Income		3,738,073	3,313,766
Other operating revenues		1,835,016	4,144,267
Net gain on disposal of financial assets		-	1,442,967
Net gain on disposal of assets		-	102,453
		39,255,537	41,401,064
OPERATING EXPENSES			
Employee costs		27,253,651	26,289,890
Interest charges		8,667	3,500
Depreciation & amortisation	4 & 5	509,258	460,405
Medical supplies & program expenses		3,274,184	2,837,616
Motor vehicle & travel expenses		1,915,044	2,076,512
Rent & occupancy expenses		2,733,375	2,722,983
Other operating expenses		3,218,135	3,640,374
		38,912,314	38,031,280
SURPLUS (DEFICIT) FOR THE YEAR		343,223	3,369,784
Other Comprehensive Income		-	-
TOTAL COMPREHENSIVE INCOME		343,223	3,369,784

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

Statement of Financial Position as at 30th June 2015

		2015	2014
	NOTES	\$	\$
CURRENT ASSETS			
Cash and cash equivalents	2	19,243,691	17,644,475
Trade and other receivables	3	567,371	860,599
Other assets		41,592	41,592
TOTAL CURRENT ASSETS		19,852,654	18,546,666
NON CURRENT ASSETS			
Property, plant and equipment	4	5,204,049	5,119,994
Intangible Assets	5	198,028	251,382
TOTAL NON CURRENT ASSETS		5,402,077	5,371,376
TOTAL ASSETS		25,254,731	23,918,042
CURRENT LIABILITIES			
Trade and other payables	6	1,619,850	1,379,741
Employee benefits	7	3,410,764	3,493,299
Grants received in advance	12	809,000	-
Unexpended grants	14	4,168,978	4,659,763
TOTAL CURRENT LIABILITIES		10,008,592	9,532,804

		2015	2014
	NOTES	\$	\$
NON CURRENT LIABILITIES			
Employee benefits	7	517,676	-
TOTAL NON CURRENT LIABILITIES		517,676	-
TOTAL LIABILITIES		10,526,268	9,532,804
NET ASSETS		14,728,462	14,385,238
EQUITY			
Accumulated funds		1,894,565	1,518,414
Reserve funds		12,833,897	12,866,824
		14,728,462	14,385,238

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

Statement of Changes in Equity for 12 Months Ended 30th June 2015

	ACCUMULATED SURPLUSES	MEDICARE RESERVES	ASSET RESERVES	TOTAL
	\$			\$
Balances at the beginning of the previous year	2,515,282	1,179,889	7,320,283	11,015,454
Transfers to/from reserves from accumulated surpluses	(4,366,652)	2,826,207	1,540,445	(0)
Total comprehensive income for the year	3,369,784	-	-	3,369,784
Balances at the beginning of the previous year	1,518,414	4,006,096	8,860,728	14,385,238
Transfers to/from reserves from accumulated surpluses	32,928	570,232	(603,159)	0
Total comprehensive income for the year	343,223			343,223
Balances at the end of the current year	1,894,565	4,576,328	8,257,569	14,728,462

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

Statement of Cash Flow for 12 Months Ended 30th June 2015

	NOTES	2015 \$	2014 \$
CASH FLOWS FROM OPERATING ACTIVITIES			
Payments			
Employee costs		(27,705,151)	(26,289,890)
Materials, contracts and other costs		(11,013,568)	(11,737,890)
Interest paid		(8,667)	(3,500)
Receipts			
Receipts from activities		6,448,257	3,744,454
Interest received		461,974	463,121
Recurrent grants		33,675,329	36,828,575
Net cash provided (used) by operating activities		1,858,174	3,004,870
CASH FLOWS FROM INVESTING ACTIVITIES			
Payments for property, plant & equipment		(506,922)	(177,760)
Payments for intangible assets		(33,036)	(251,382)
Proceeds on sale of assets		-	126,442
Net cash used in investing activities		(539,958)	(302,700)
Capital grants received		281,000	-
Net cash provided (used) by financing activities		281,000	-
Net increase (decrease) in cash held		1,599,216	2,702,169
Cash at beginning of the year		17,644,475	14,942,306
Cash at end of the year	2	19,243,691	17,644,475
Cash at end of the year as per Balance Sheet			

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

Notes to the Financial Statements for 12 Months Ended 30th June 2015

General Information

The corporation is a not-for-profit Aboriginal Corporation, incorporated under the Corporations (Aboriginal and Torres Strait Islander) Act 2006 and operated in Australia.

The corporation's registered office and principle place of business is: 25 Gap Road, Alice Springs NT 0870

The date the financial statements were authorised for issue is as shown on the Directors' declaration.

1. SUMMARY OF ACCOUNTING POLICIES

Financial Reporting Framework

These "general purpose financial statements" have been prepared to satisfy the director's reporting requirements under the Corporations (Aboriginal and Torres Strait Islander) Act.

Accounting Standards include Australian equivalents to International Financial Reporting Standards ('A-IFRS') as they apply to "not for profit" entities. AIFRS include certain specific provisions relating to not for profit entities that are not included in the International Financial Reporting Standards.

The financial report has been prepared on the basis of historical cost and except where stated, does not take into account changing money values or current valuations of non-current assets. Cost is based on the fair values of the consideration given in exchange for assets.

Adoption of New and Revised Accounting Standards

The following new and revised Standards and Interpretations have been adopted. None of them affect the reported results or financial position.

AASB 1053 Application of Tiers of Australian Accounting Standards and AASB 2011-2 Amendment to Australian Accounting Standards arising from Reduced Disclosure Requirements.

Standards and Interpretations in Issue Not Yet Adopted

At the date of authorisation of the financial statements, the Standards and Interpretations listed below were in issue but not yet effective. These standard are not expected to result in any changes in recognition or measurement.

Standard/Interpretation:

AASB 9 Financial Instruments

Effective for annual reporting periods beginning on or after: 30-Jun-15

Significant Accounting Policies

In the application of A-IFRS management is required to make judgments, estimates and assumptions about carrying values of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and various other factors that are believed to be reasonable under the circumstance, the results of which form the basis of making the judgments. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period, or in the period of the revision and future periods if the revision affects both current and future periods.

Judgments made by management in the application of A-IFRS that have significant effects on the financial statements and estimates with a significant risk of material adjustments in the next year are disclosed, where applicable, in the relevant notes to the financial statements.

Accounting policies are selected and applied in a manner which ensures that the resulting financial information satisfies the concepts of relevance and reliability, thereby ensuring that the substance of the underlying transactions or other events is reported.

It is anticipated that the adoption, in future periods, of standards and interpretations issued but not yet effective, will have no material financial impact on the financial statements.

The following significant accounting policies have been adopted in the preparation and presentation of the financial report.

Accounts Payable

Trade payables and other accounts payable are recognised when the organisation becomes obliged to make future payments resulting from the purchase of goods and services.

Depreciation

Items of property, plant and equipment are depreciated over their estimated useful lives using the straight line method. The main rates used are:

Buildings	20 years
Plant	5 - 10 years
Motor vehicles	3 - 5 years
Furniture and equipment	5 - 10 years

Economic Dependency

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

Employee Benefits

A liability is recognised for benefits accruing to employees in respect of wages and salaries, annual leave and long service leave when it is probable that settlement will be required and they are capable of being measured reliably.

Liabilities recognised in respect of short-term employee benefits, are measured at their nominal values using the remuneration rate expected to apply at the time of settlement.

Liabilities recognised in respect of long term employee benefits are measured as the present value of the estimated future cash outflows to be made by the corporation in respect of services provided by employees up to reporting date.

Financial Instruments

Financial assets and financial liabilities are recognised when the corporation becomes a party to the contractual provisions of the instrument.

Financial assets and financial liabilities are initially measured at fair value.

Goods and Services Tax (GST)

Revenues, expenses and assets are recognised net of the amount of GST. Receivables and payables are recognised exclusive of GST. The net amount of GST recoverable from, or payable to, the taxation authority is included as part of receivables or payables. Operating receipts and payments in the cash flow statement are stated exclusive of GST.

Government Grants

Grants, contributions and donations are recognised as revenues when the corporation obtains control over the assets comprising the contribution.

Where contributions recognised as revenues during the reporting period were obtained on the condition

that they be expended in a particular manner or used over a particular period, and those conditions were undischarged as at the reporting date, the amounts pertaining to those undischarged conditions are disclosed in these notes.

Unexpended grants at year end which are refundable to the funding body are transferred to current liabilities.

Impairment of Assets

At each reporting date, management reviews the carrying amounts of its assets to determine whether there is any indication that those assets have suffered an impairment loss. If any such indication exists, the recoverable amount of the asset is estimated in order to determine the extent of the impairment loss (if any). Where the asset does not generate cash flows that are independent from other assets, management estimates the recoverable amount of the cash-generating unit to which the asset belongs.

Recoverable amount is the higher of fair value less costs to sell and value in use. In assessing value in use, the estimated future cash flows are discounted to their present value using a pre-tax discount rate that reflects current market assessments of the time value of money and the risks specific to the asset for which the estimates of future cash flows have not been adjusted.

Where the future economic benefits of an asset are not primarily dependent on the asset's ability to generate net cash inflows and where the corporation would, if deprived of the asset, replace it; value in use is the depreciated replacement cost of the asset.

If the recoverable amount of an asset (or cash-generating unit) is estimated to be less than its carrying amount, the carrying amount of the asset (cash-generating unit) is reduced to its recoverable amount. An impairment loss is recognised in profit or

loss immediately, unless the relevant asset is carried at fair value, in which case the impairment loss is treated as a revaluation decrease.

Where an impairment loss subsequently reverses, the carrying amount of the asset (cash-generating unit) is increased to the revised estimate of its recoverable amount, but only to the extent that the increased carrying amount does not exceed the carrying amount that would have been determined had no impairment loss been recognised for the asset (cash-generating unit) in prior years. A reversal of an impairment loss is recognised in profit or loss immediately, unless the relevant asset is carried at fair value, in which case the reversal of the impairment loss is treated as a revaluation increase.

Income Tax

The corporation is not subject to income tax.

Leases

Operating lease payments are recognised as an expense on a straight-line basis over the lease term.

Provisions

Provisions are recognised when the corporation has a present obligation (legal or constructive) as a result of a past event, it is probable that the corporation will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation.

Revenue Recognition

Revenue from the sale of goods and disposal of other assets is recognised when the organisation has passed the risks and rewards of ownership of the goods or other assets to the buyer.

Revenue from the provision of services is recognised when the services have been provided.

Revenue from investments is recognised when received.

	2015	2014
	\$	\$
2. CASH AND CASH EQUIVALENTS		
Cash on hand accounts	5,250	4,150
Bank - working account	2,055,244	595,186
Bank - urban medicare account	2,277,543	3,599,337
Bank - remote medicare account	683,270	519,203
Bank - cash deposit account	600,000	600,000
Bank - business online saver	1,489,119	10,301,079
Bank - fighting fund	133,265	125,519
Bank - term deposit accounts	12,000,000	1,900,000
	19,243,691	17,644,474

3. TRADE AND OTHER RECEIVABLES

Trade debtors	557,354	935,589
Sundry receivables	50,855	83,185
Allowance for doubtful debts	(40,838)	(158,175)
	567,371	860,599

The average credit period on sales of goods and rendering of services is 30 days.

No interest is charged on the trade receivables.

Movement in the allowance for doubtful debts

Balance at the beginning of the year	158,175	182,680
Impairment losses recognised	(117,337)	(24,505)
Amounts written off as uncollectible	-	-
Balance at the end of the year	40,838	158,175

4. PROPERTY, PLANT AND EQUIPMENT	LAND & BUILDINGS	MOTOR VEHICLES	OFFICE EQUIPMENT	OFFICE FURNITURE	PLANT & EQUIPMENT	TOTAL
	\$	\$	\$	\$	\$	\$
Gross Carrying Amount						
Balance at start of prior year	9,160,549	1,302,940	1,227,370	382,266	1,498,652	13,571,777
Additions	149,338	-	-	-	28,422	177,760
Disposals		(126,442)	-	-	-	(126,442)
Balance at end of prior year	9,309,887	1,176,498	1,227,370	382,266	1,527,074	13,623,095
Additions	83,997	36,364	-	-	177,068	297,428
Work in Progress	209,494	-	-	-	-	209,494
Disposals	-	-	838,100	150,622	1,085,721	2,074,443
Balance at end of current year	9,603,378	1,212,862	389,270	231,644	618,420	12,055,574
Accumulated Depreciation						
Balance at start of prior year	4,291,498	1,236,237	962,698	317,341	1,361,364	8,169,138
Charge for the year	243,395	50,589	77,860	25,742	62,819	460,405
Accumulated on disposals	-	-126,442	-	-	-	(126,442)
Balance at end of prior year	4,534,893	1,160,384	1,040,558	343,083	1,424,183	8,503,101
Charge for the year	250,615	24,193	77,860	18,697	51,504	422,868
Accumulated on disposals	-	-	(838,100)	(150,622)	(1,085,721)	(2,074,443)
Balance at end of current year	4,785,507	1,184,578	280,318	211,158	389,965	6,851,526
Net Book Value						
Balance at start of current year	4,774,994	16,114	186,812	39,183	102,891	5,119,994
Balance at end of current year	4,817,871	28,284	108,952	20,486	228,455	5,204,049

5. INTANGIBLE ASSETS**COMPUTER
SOFTWARE****Gross Carrying Amount**

Balance at start of prior year	251,382
Additions	-
Disposals	-
Balance at end of prior year	251,382
Additions	33,036
Disposals	-
Balance at end of current year	284,418

Accumulated Depreciation

Balance at start of prior year	-
Charge for the year	-
Accumulated on disposals	-
Balance at end of prior year	-
Charge for the year	86,390
Accumulated on disposals	-
Balance at end of current year	86,390

Net Book Value

Balance at start of current year	251,382
Balance at end of current year	198,028

2015

2014

\$

\$

6. TRADE AND OTHER PAYABLES

Trade and other creditors	1,571,011	1,362,610
GST / FBT	48,839	17,131
	1,619,850	1,379,741

7. EMPLOYEE BENEFITS**Current Liabilities**

Annual leave	1,643,235	1,463,409
Long service leave	1,258,721	818,651
Accrued Salary & Wages	508,808	1,211,239
Total Current Liabilities	3,410,764	3,493,299

Non Current Liabilities

Long service leave	517,676	-
Total Non Current Liabilities	517,676	-
	3,928,440	3,493,299

8. DIRECTORS REMUNERATION

Some elected members receive a Director's Fee, which represents compensation for out-of-pocket expenses. These payments are not made from grant funds.

The directors during the financial year were,

CURRENT BOARD:

William Tilmouth (President)
 Chanston Paech
 Donna McMasters
 Dawn Ross (Treasurer)
 Joseph Hayes
 Louis Miller
 Steven Rossingh
 Roseanne Healy (Secretary)
 Mark Wenitong
 Graham Dowling

	2015	2014
	\$	\$

9. KEY MANAGEMENT PERSONNEL COMPENSATION

The aggregate compensation made to members of key management personnel of the organisation is set out below:

Aggregate Compensation	889,314	631,212
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10. LEASES

Non cancellable operating lease commitments.

Not later than one year	1,903,921	2,179,248
Later than one year but not later than 5 years	1,138,356	1,475,680
Later than 5 years	-	-
	3,042,277	3,654,928

11. FINANCIAL INSTRUMENTS

Financial assets

Cash and bank balances	19,243,691	17,644,475
Held-to-maturity investments	-	-
Trade & other receivables	567,371	860,599
Available-for-sale financial assets	-	-

Financial liabilities

Cash and bank balances	-	-
Trade & Other Payables	1,571,011	1,362,610
Amortised cost next 12 months	1,903,921	722,671
Amortised cost total	3,042,277	437,292

Trade debtors and creditors do not bear interest and are expected to be settled within 12 months. Bank and cash balances bear interest at rates between 0 and 4%.

There is no material difference between the carrying amount of financial assets and financial liabilities and their respective net fair values.

The entity does not have any significant credit risk exposure to any single counterparty.

12. GRANTS RECEIVED IN ADVANCE

Advanced receipts for programs to be conducted in the 2015-16 Financial Year are as follows:

Department of Prime Minister & Cabinet	799,000	-
Northern Territory Government	10,000	-
	809,000	-

13. CONTINGENT ASSETS

Legal title to land previously owned by the Central Australian Aboriginal Congress Inc. ("Congress") at Ragonesi Road Alice Springs was transferred to the occupiers of the land, Central Australian Aboriginal Alcohol Programmes Unit ("CAAAPU") on 2 December 1993 for no consideration. The land has been valued at \$195,000 based on an independent valuation performed by Terry Weeks Licensed Valuer on 22 June 1992. The land was previously carried in the accounts of Congress at an amount of \$16,000. This was recorded as a loss on disposal in the operating statement for the year ended 30 June 1994.

14. CONDITIONS OVER GRANTS

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

	2015	2014
	\$	\$
Dept of Health Commonwealth		
Systems Infrastructure Upgrades One Off	74,413	-
Chronic Disease & Child & Maternal Health Service	186,383	22,883
Amsant Consultancy MEHR	27,235	70,420
Remote Training Program (OATSIH)	49,462	60,700
Australian Nurse Partnership Program	214,178	266,268
New Directions Mothers and Babies	-	66,481
Tackling Smoking and Healthy Lifestyle Workforce	916,151	212,393
Mothers and Babies Services (Little Bubs)	441,373	527,133
Mutitjulu Capital Works (Clinic Refurbishment)	193,458	-
Indigenous Chronic Disease	-	816
Stronger Futures - WAHAC	131,618	250,379
Health Promotion Sports Weekend - Santa Teresa 251	4,000	4,000
Economic Development and Participation Governance	83,333	83,333
Strive WAHAC	2,000	2,000
Youth Sexual Health Demonstrations Project	-	192,403
EHSDI - RIA 2011	-	37,522
MPWELARA Q & A	-	9,500
Indigenous Male Health Summit	-	15,162
Total Dept of Health Commonwealth	2,323,604	1,821,393

	2015	2014
	\$	\$
Dept of Prime Minister & Cabinet		
WAHAC Alcohol And Other Drugs Program	81,868	72,810
Substance Use (COAG 07)	244,667	160,829
Santa Teresa Professional Counsellors	163,663	107,866
Male Health Intervention Program	46,029	-
Grog Mob Dept of PM&C (CW)	22,035	-
Mutitjulu Drug Action Week Activities	7,550	7,550
WAHAC Drug Action Week Activities	3,992	3,992
Total Dept of Prime Minister & Cabinet	569,804	353,047
Dept of Social Services Commonwealth		
Intensive Family Support Service (FaHCSIA)	55,865	174,824
ICSS Support Plan	66,354	-
MACS Child Care	26,000	-
Royal Commission Support Service	-	152,737
Total Dept of Social Services Commonwealth	148,219	327,561
NTG - Dept of Health		
Trachoma Program for Alice Springs Remote Region	46,883	145,897
Safe and Sober Program	43,317	702,220
National Youth Week	2,962	35
Ltyentye Apurte - SEWB	10,275	13,602
Mental Health Support Worker - SEWB	-	1,128
Areyonga Clinic (DoHNT)	27,453	27,453
Santa Teresa Health Services (DoHNT)	34,967	34,967
Community Health Education DHF Program	16,004	18,734
Total NTG - Dept of Health	181,861	944,036

	2015	2014
	\$	\$
NTG - Dept of Children & Families		
TFSS Part C FAHCSIA	8,964	4,353
TFSS Part A & B (NT Dept of Children & Families)	3,071	-
Preschool Readiness Program	-	21,375
Total NTG - Dept of Children & Families	12,035	25,728
Health Network Northern Territory		
Care Co-ordinator NTML	70,894	84,002
Remote Care Coordination Supplementary Services	4,650	-
After Hours Services - Alice Springs Hospital	22,009	50,000
Chronic Disease Care Coordinator (GPNNT)	50,801	85,755
Chronic Disease NTML Supplementary Services	130,037	123,127
Renal Unit Service Agreement	-	62,013
Renal NTML Supplementary Services	103,425	96,193
Allied Psychological Services (ATAPPS)	8,729	8,729
Total Health Network Northern Territory	390,545	509,819
headspace		
headspace	35,150	315,681
Family Planning NT - headspace	11,082	13,367
headspace Refurbishment	308,531	-
Young Carers at Risk Project	-	385
Total headspace	354,763	329,433

	2015	2014
	\$	\$
Research Projects		
Casse Men's Shed Project	23,698	3,779
Women's experience with FPP	13,564	13,564
HPV Research Alukura Kirby Institute	15,000	7,500
Lowitja Research Skills Development	10,000	-
Research Project ASQ3-TRAK	2,595	-
NDRI Research Project (Curtin University)	12,430	12,430
Retinal Research Sydney University	-	105,388
Total Research Projects	77,287	142,661
Other		
Male Health Consulting	21,796	19,296
Smart Start for Kids - I-CAN Program	2,000	2,000
Trachoma - Ntaria Based Workers - (Fred H.)	27,760	14,176
Alice In Latex 24 Hour Condom Access	-	4,894
DCIS Correctional SERV Contracts	49,717	51,561
Bringing Up Great Kids Program	6,258	6,258
Youth Activity Fund 2012-13	3,329	3,329
Utju Nutrition Program	-	100,000
AMSA Project	-	601
Violence Prevention Workshop	-	3,970
Total Other	110,860	206,085
Balance at end of current year	4,168,978	4,659,763

Directors' Declaration for the year ending 30 June 2015

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

1. the financial statements and notes of Central Australian Aboriginal Congress Aboriginal Corporation are in accordance with the requirements of the Corporations (Aboriginal and Torres Strait Islander) Act 2006 and:

(a) provide a true and fair view of the financial position of the corporation as at 30 June 2015 and of its performance for the financial year ended on that date; and

(b) comply with Australian Accounting Standards (including the Australian Accounting Interpretations).

2. in the Directors' opinion there are reasonable grounds to believe that the corporation will be able to pay its debts when they become due and payable.

3. the Directors are satisfied that

(a) the grant funds provided have been used for the agreed purpose and that all terms and conditions of the grants have been complied with;

(b) the attached financial statements are compiled accurately from the financial records and data of the corporation;

(c) adequate provision has been made for legitimate future statutory and other liabilities of the corporation including, but not limited to taxation liabilities, accumulated staff leave entitlements and replacement of assets, except for land & buildings;

(d) appropriate and adequate insurance has been maintained throughout the year;

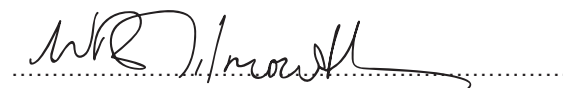
(e) the corporation has discharged its statutory obligations in relation to taxation, insurance, employee entitlements and the lodgement of statutory returns;

(f) the financial controls in place within the corporation are adequate;

(g) the administration expenses and overhead costs of the corporation were reasonably apportioned across all sources and funds.

Signed in accordance with a resolution of the directors

Signed at Alice Springs this 8th day of October 2015.



President of Board

INDEPENDENT AUDITOR'S REPORT

TO THE MEMBERS OF

CENTRAL AUSTRALIAN ABORIGINAL CONGRESS ABORIGINAL CORPORATION

We have audited the accompanying financial report, being a general purpose financial report, of Central Australian Aboriginal Congress Aboriginal Corporation, which comprises the statement of financial position as at 30 June 2015, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory notes and the directors' declaration.

Directors' Responsibility for the Financial Report

The directors are responsible for the preparation of the financial report and have determined that the basis of preparation described in Note 1 to the financial report is appropriate to meet the requirements of the *Corporations (Aboriginal and Torres Strait Islanders) Act 2006*.

The directors' responsibility also includes such internal control as the directors determine is necessary to enable the preparation of a financial report that is free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. Those standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation of the financial report that gives a true and fair view in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial report.

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

Independence

In conducting our audit, we have complied with the independence requirements of the *Corporations (Aboriginal and Torres Strait Islanders) Act 2006*. We confirm that the independence declaration required by the *Corporations (Aboriginal and Torres Strait Islanders) Act 2006*, which has been given to the directors of Central Australian Aboriginal Congress Aboriginal Corporation would be in the same terms if given to the directors as at the time of this auditor's report.

Liability limited by a
scheme approved under
Professional Standards
Legislation

Bircanco Horne Pty Ltd
ABN 33 009 321 377
Practising as
RSM Bird Cameron
ABN 65 319 382 479

Major Offices in:
Perth, Sydney,
Melbourne, Adelaide,
Canberra and Brisbane

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the RSM network is an independent accounting and advisory firm which
practises in its own right. The RSM network is not itself a separate legal
entity in any jurisdiction.



Opinion

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

- (a) giving a true and fair view of the corporation's financial position as at 30 June 2015 and of its performance for the year ended on that date; and
- (b) complying with Australian Accounting Standards to the extent described in Note 1.

Basis of Accounting

Without modifying our opinion, we draw attention to Note 1 to the financial report, which describes the basis of accounting. The financial report has been prepared for the purpose of fulfilling the directors' financial reporting responsibilities under the *Corporations (Aboriginal and Torres Strait Islanders) Act 2006*. As a result, the financial report may not be suitable for another purpose.

RSM BIRD CAMERON
Chartered Accountants

A handwritten signature in black ink, appearing to read 'R Miller', written over a horizontal line.

R MILLER
Director

Canberra, Australian Capital Territory
Dated: 9th October 2015



Central Australian
ABORIGINAL CONGRESS
ABORIGINAL CORPORATION | ICN 7823

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