## Central Australian Remote Health Development Services Ltd

ACN 098 256 387 ABN 48 935 863 446

CAPACITY	BUILDING
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Submission No.	2
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DL/1293/2002

Friday, 30 August 2002

The Committee Secretary, House of Representatives Standing Committee on Aboriginal and Torres Strait Islander Affairs, Parliament House, Canberra ACT, 2600

Email: atsia.reps@aph.gov.au.

Dear Mr Wakelin,

We are pleased to respond to your call for submissions to the Inquiry into capacity building in Indigenous communities.

The Central Australian Remote Health Development Service has been established to develop the capacity of Aboriginal people and health professionals to improve community health outcomes and to increase effective Aboriginal control over PHC service delivery.

CARHDS is a unique service as it is directly controlled by and accountable to the Primary Health Care industry to meet the in servi ce training needs as determined by the employer. Currently there are 10 Aboriginal Community Controlled services in Central Australia, plus the NT government service. Under the Primary Health Care Access Program (PHCAP) the number of Aboriginal Community Controlled services will dramatically increase. CARHDS works with the current 36 Health centres, covering 5 health zones.

To achieve its goals CARHDS has a primary focus on providing regional support in order to improve access to, and equity in, the provi sion of in service training for all workers and boards but with a particular emphasis upon Aboriginal Health Workers.

The strength of the CARHDS model is that it is industry driven and directly accountable to the PHC services for outcomes. The benefits ar e immediately experienced in the Health Centre. The CARHDS model has been reviewed, evaluated and refined several times over the past 5 years. These reviews demonstrate clearly that Best Practice means Aboriginal Control.

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This has been confirmed by health research, which shows that unless people regain control over their lives, their health does not improve. Education and training must be empowering. It must build on the people's capacity to take control and must be provided in a way that the people can control.

CARHDS is now engaging with the Health Councils and Managers of Aboriginal Community Controlled Health Services to develop governance and management in service training in order to build their community capacity.

We would welcome the opportunity to meet with your committee to discuss these developments and to explore the issues you have identified in your call for submissions.

Yours Faithfully, Dorothy Lucardie Chief Executive Officer

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