Central Australian
Aboriginal Congress
ABORIGINAL CORPORATION | ICN 7823

Submission to the Productivity Commission Issues Paper *Expenditure on Children in the Northern Territory*

24 July 2019

Executive Summary [see text for details]

Principles for action

A. The nurture and care of children is at the heart of Aboriginal culture. However, contemporary Aboriginal families have been profoundly affected by the processes of colonisation. Successive governments have failed to adequately address the resulting severe needs of Aboriginal children.

B. Any new funding framework for child and family services in the Northern Territory must recognise the rights to self-determination of Aboriginal peoples as established under international agreements to which Australia is a signatory, including the *United Nations Declaration on the Rights of Indigenous Peoples.*

What services and programs are in scope?

C. Elements of the primary health care system, preferentially delivered by Aboriginal community controlled health services, should be considered part of child and family services. These include annual child health checks and developmental screening; evidence-informed early childhood health and development programs; and parenting and family support programs.

D. Alcohol, housing, intergenerational trauma, and culture are key determinants of the health and wellbeing of Aboriginal children in the Northern Territory. Aboriginal organisations with experience in these areas should be involved appropriately in any planning and funding framework.

Improving planning and funding of child & family services

E. A new funding framework for child and family services should build upon the successful reforms of primary health care planning and funding developed in the Northern Territory during the late 1990s and 2000s. The establishment of the Northern Territory Aboriginal Health Forum (NTAHF) was a key part of these reforms.

F. During this period, increased funding, collaborative needs based planning, and transfer of services to Aboriginal community control saw significantly reduced mortality rates amongst the Aboriginal population in the Northern Territory.

G. Unfortunately, from around 2009 a policy model based on competitive tendering and the increased use of mainstream non-Aboriginal providers saw these gains stall, not just in the Northern Territory but across Australia.

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Aboriginal health in Aboriginal hands.

Options to improve funding arrangements

H. Based on the success of the collaborative health service planning and resource allocation for Aboriginal primary health care in the Northern Territory, a new funding framework for child and family services in the Northern Territory must be based on increased funding; transfer of services to Aboriginal community control; and collaborative needs based planning, based on an agreed set of evidence-informed core services and appropriate KPIs and other measures. The core services should be based on the current Northern Territory Aboriginal Health Forum's *A child health and early childhood core services model for the Northern Territory* (see copy accompanying this submission).

I. Any new funding framework should also explicitly recognise the Secretariat of National Aboriginal and Islander Child Care's (SNAICC's) five-point strategy for addressing the rising numbers of Aboriginal children being removed from their families and other key documents from APONT and AMSANT.

Increased funding

J. Demand on child and family services in the Northern Territory, particularly in relation to Aboriginal people, has increased significantly in recent years. However, Government funding for child protection and out of home care services has not kept pace with the increasing demand, and funding for family and youth support services has significantly declined.

K. Recent years have also seen declining per capita government expenditure on many other service sectors that affect Aboriginal child health and wellbeing, including on Indigenous early child development, health services, and safe and supportive communities.

L. In this context, any new funding arrangement must include significantly increased funding into a wide range of child and family services in the Northern Territory as a foundation for success.

Collaborative needs based planning

M. A Child and Family Services Forum, modelled on the NTAHF, would include Australian Government agencies, Northern Territory Departments, and representation from Aboriginal community-controlled services. This could be a role for the existing Northern Territory Children and Families Tripartite Forum. The Forum would need to be able to draw on expert advice and input from other sectors, especially those relating to alcohol, housing and the impacts of intergenerational trauma.

N. It is essential that such a Child and Family Services Forum be resourced appropriately for it being able to play its role.

Transfer of services to Aboriginal community control

O. Resource allocation in a new funding framework should explicitly recognise Aboriginal community-controlled organisations as preferred providers of child and family services to the Aboriginal community, as such organisations have structural advantages in delivering services and improved outcomes compared to non-Indigenous services.

P. Congress has documented the substantial evidence about the increased effectiveness of ACCHSs in delivering a holistic and comprehensive range of primary health care services including those focused on the needs of Aboriginal children and family (see accompanying paper).

Background

1. Central Australian Aboriginal Congress (Congress) is a large Aboriginal community controlled health service based in Alice Springs. We are one of the most experienced organisations in the country in Aboriginal health, a national leader in primary health care, and a strong advocate for the health of our people. Since the 1970s, we have developed a comprehensive model of primary health care that includes:

   - multidisciplinary clinical care;
   - health promotion and disease prevention programs; and
   - action on the social, cultural, economic and political determinants of health and wellbeing.

2. Congress delivers of range of evidence-informed, culturally safe services for Aboriginal children, aimed at improving their health and wellbeing during their early years and over the course of their lives.

3. Congress welcomes the Productivity Commission's inquiry into *Expenditure on Children in the Northern Territory* and in particular the focus on improving decision-making on the allocation of funding for children's services. In responding to some of the key questions identified in the Issues Paper, we draw upon a substantial history of advocacy for, design of, and participation in collaborative decision-making processes in primary health care in the Northern Territory.

Principles for action

4. The nurture and care of children is at the heart of Aboriginal culture. For tens of thousands of years, our diverse peoples raised healthy, resilient and creative children. Today, many of our families still do.

5. However, contemporary Aboriginal families have been profoundly affected by the processes of colonisation including the dispossession and impoverishment of our communities; the forcible removal of children from their families and its intergenerational effects; the suppression of culture and language; and the ongoing experience of racism and discrimination.

6. Numerous inquiries and reports have noted the profound challenges our communities and families face in caring for their children. Such issues were prominent in the reports of the Royal Commission Into Aboriginal Deaths In Custody in 1991 [1], and the report of the Board of Inquiry into the Protection of Aboriginal Children from Sexual Abuse, *Little Children are Sacred* in 2007 [2]. Despite the mounting evidence over decades, successive

Northern Territory and Australian governments have failed to respond adequately to the needs of Aboriginal children and families.

7. Given this systemic failure, and recognising that children's services in the Northern Territory are disproportionately used by Aboriginal children and families, any new funding framework must recognise the rights to self-determination of Aboriginal peoples as established under international agreements to which Australia is a signatory, including the *United Nations Declaration on the Rights of Indigenous Peoples* [3], which states:

> *Article 23: Indigenous peoples ... have the right to be actively involved in developing and determining health, housing and other economic and social programmes affecting them and, as far as possible, to administer such programmes through their own institutions;*

What services and programs are in scope?

What comprehensive primary health care adds

8. Congress has developed a culturally safe, integrated approach to child physical and social and emotional wellbeing. It includes both primary and secondary prevention programs and are delivered either in the home or in a dedicated centre. The holistic group of services is outlined in the following table:

Figure 1: Congress' integrated model of child and family services

	Primary Prevention Targets children with no current problems but who are at risk of developing problems – identified risk usually based on low SES or maternal education level		Secondary Prevention Targets children with current problems identified early in life when most likely to respond to intervention and before gets worse – determined by screening or referral to services	
	Child Focus	**Carer Focus**	**Child Focus**	**Carer Focus**
Centre Based Most work is done at a centre where child or families come in to access service	• Early Childhood Learning Centre • Immunisations • Child health checks • Developmental screening	• Health advice to parents in clinic (e.g. nutrition, brushing teeth, toilet training)	• Child-centred play therapy • Therapeutic day care • Preschool Readiness Program • Antibiotics	• Filial therapy • Circle of security • Parenting advice / programs • Parent support groups
Home Visitation Most work is done in the homes of families where staff outreach to children and families	• Mobile play groups	• Nurse home visitation • Families as first teachers (home visiting learning activities)	• Child Health Outreach Program • Ear mopping	• Targeted Family Support • Intensive Family Support • Case management models for children at risk • Parents under Pressure (PUPS)

9. These elements of the primary health care system are preferentially delivered in an integrated way by Aboriginal community controlled health services, and should be considered part of child and family services:

- annual child health checks and developmental screening using ASQ-TRAK, especially as a gateway to NDIS funding;
- evidence-informed early childhood learning programs; and
- parenting and family support programs (e.g. Nurse Family Partnerships, Parents Under Pressure) and access to Targeted Family Support services for self -identified at risk families.

Social determinants of child health and wellbeing

10. There are a myriad of determinants that affect the health and wellbeing of Aboriginal children in the Northern Territory. However, we identify three areas in particular that are relevant to preventing harm to children. These should be considered in the design of planning processes to prevent harm to children, with:

- terms of reference for planning structures that enable consideration of these determinants on the basis if expert advice; and
- Aboriginal organisations with experience in these areas involved appropriately.

Alcohol

11. Parental alcohol dependence is a major cause of child neglect and the need for out-of-home care. The harm caused by alcohol to children is recognised in tools for the assessment of the needs of children and families such as the Family Strengths and Needs Assessment tool (FSNA) used by Congress. In addition, FASD is estimated to be between 3 and 7 times as common in the Aboriginal community as it is in the non-Aboriginal population [4] with one study concluding that 15.6% of avoidable intellectual disability in Aboriginal children is attributable to maternal alcohol use – twelve times the rate for non-Aboriginal children [5].

12. Although there are significant social determinants of alcohol dependence a large and immediate impact on the primary prevention of neglect can be achieved by effective alcohol supply reduction measures. The Northern Territory is implementing an evidence-informed package of measures to reduce the supply of alcohol and this can be expected to have both short and long-term benefits for child safety and wellbeing.

Housing

13. In 2014, over half (52%) of Aboriginal Territorians were living in overcrowded houses, substantially more than in any other jurisdiction [6]. Overcrowding and poor living conditions contribute to poorer physical and socio-emotional outcomes for children as well as to the mental and physical health of parents and families [7]. This is consistent with an association

between lower housing standards and decreased school attendance observed in Northern Territory remote Aboriginal communities [8].

Intergenerational trauma and culture

14. The historical and ongoing experience of colonisation for Aboriginal people is now recognised as resulting in 'intergenerational trauma' whereby traumatic experiences

> *… can be transferred from the first generation of survivors that have experienced (or witnessed) it directly in the past to the second and further generations of descendants of the survivors … this intergenerational trauma … is passed from adults to children in cyclic processes as 'cumulative emotional and psychological wounding' [9]*

15. Culture and spirituality are important in addressing intergenerational trauma through supporting resilience, positive social and emotional wellbeing, and living a life free of addiction to alcohol and drugs [10]. In addition, all services for Aboriginal children and families should be resourced to be 'trauma-informed' such that they are able to recognise the different ways that the experience of unresolved trauma can manifest (for example, in mental health issues, or addiction, or violence) and address them in an informed way [9].

Improving planning and funding of child & family services

16. In designing a new funding and planning framework for children and family services in the Northern Territory, a great deal can be learned from the history of successes and challenges in planning and funding primary health care services in the jurisdiction.

Successes and challenges of planning and support for community control in PHC (1990s to 2000s)

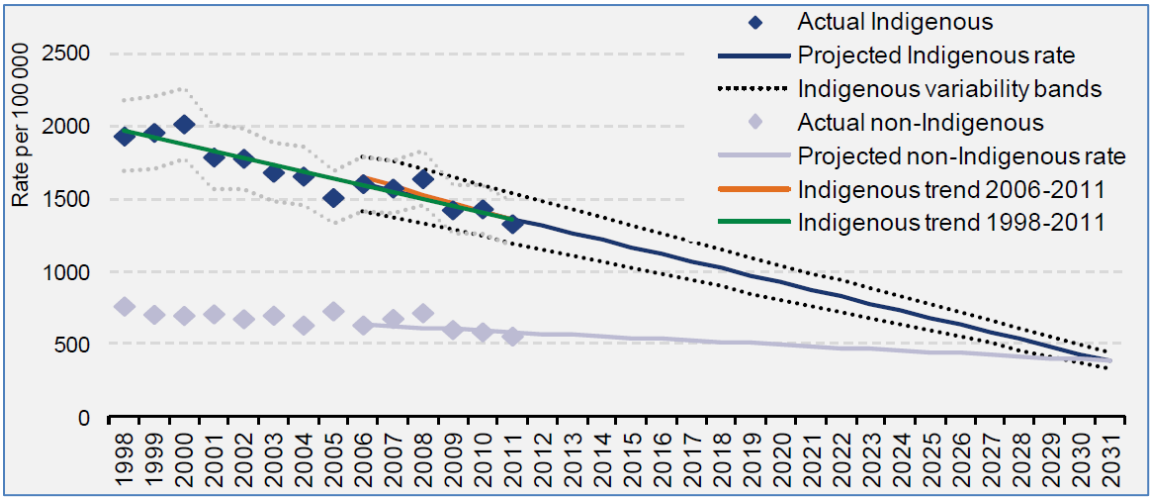
17. During the late 1990s and 2000s, the Northern Territory saw a successful response to the health and wellbeing needs of Aboriginal and Torres Strait Islander people through increased funding, collaborative needs based planning, the development of an agreed, evidence informed core primary health care services framework with corresponding core indicators and transfer of services to Aboriginal community control through a single provider at community or regional level to support and integrated service system [11].

18. The collaborative needs-based planning included the establishment and workings of the Northern Territory Aboriginal Health Forum. While this contained challenges for both government and community controlled agencies [12], the commitment to a cooperative approach and through it the

allocation of resources according to need to existing health service providers improved the health system and its outcomes for Aboriginal people.

19. The following table from the Council of Australian Governments Indigenous Reform Council report in 2013 (Table A.6, page 77) shows a more than 30% decline in all-cause mortality for Aboriginal people since the late 1990s, and that alone of all the jurisdictions, the NT was on track to meet its 'Close the Gap' Life Expectancy targets by 2031 [13].

Figure 2: Death rates per 100,000 population, 1998–2031, Northern Territory



20. During this period, other key drivers of health outcomes such as educational attainment, average income, employment and overcrowding did not change in the Northern Territory [13] and that therefore we can hypothesise that these positive changes can be attributed to health system improvements. Key to these gains was better access to primary health care supported by increased funding and by a planning process which allocated resources to areas of highest need using the most effective service model (Aboriginal community-control).

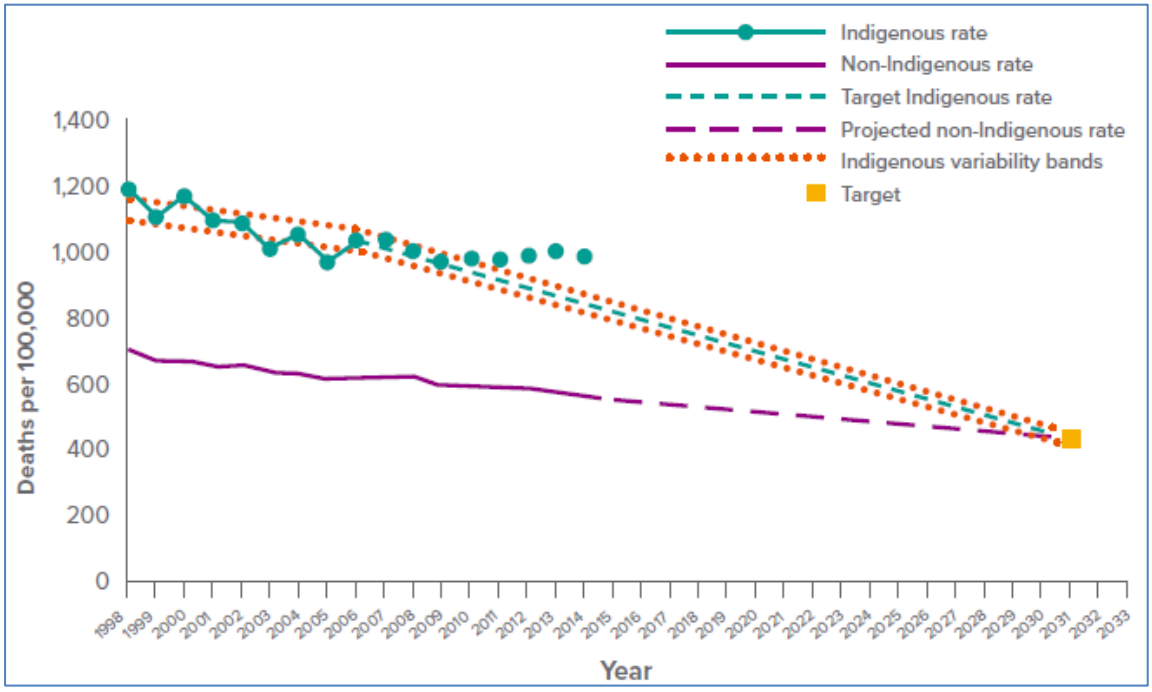
21. Formal evaluations of a number of sites (Katherine West, Sunrise Health Service, and the Tiwi Islands) where services were moved to regional Aboriginal community control showed greatly improved services including [14]:

- increased access to and improved quality of services;
- improved delivery of culturally secure care;
- increased employment of local community members;
- a greater focus on public health, health promotion and prevention; and
- improved community participation.

The shift towards competitive tendering (2009 onwards)

22. From around 2009 the policy model shifted to emphasise competitive tendering and the increased use of mainstream non-Aboriginal community controlled providers. This weakened the collaborative implementation of evidence informed services supported by performance indicators, and opened up the possibility of funding to services that were not strongly informed by evidence. The previous gains stalled, not just in the Northern Territory but across Australia as reported in the *Prime Minister's Closing the Gap Report* of 2016 (page 43) [15]:

Figure 3: Overall mortality rates by Indigenous status: NSW, Qld, WA, SA and the NT combined 1998-2031



23. This is strong circumstantial evidence, supported by the on-ground experience of many health professionals and Aboriginal people, that open competitive tendering contributed to a more fragmented and ineffective service system that lacks Aboriginal input and leadership. It has facilitated the entry of numerous non-Aboriginal NGOs that do not have strong links with the community or other local service providers, have little history of successful service delivery in the challenging cross-cultural / infrastructure-poor environments of the Northern Territory, and do not have the long-term commitment required for sustainable and effective service provision.

24. This argument is supported by Senate Inquiry findings which highlighted the negative impact of the competitive tendering processes on service quality, efficiency and sustainability of services to Aboriginal people [16].

Options to improve funding arrangements

25. The current state poor state of health and wellbeing in the Northern Territory for Aboriginal children is symptomatic of a disjointed, underfunded and ineffective service system that is largely unable to support the strengths of Aboriginal communities and families or deal with the negative consequences of colonisation that they suffer.

26. Without fundamental redesign of the system, significant improvements are highly unlikely.

27. Based on the success of the collaborative health service planning and resource allocation for Aboriginal primary health care in the Northern Territory we suggest that important gains in service effectiveness and health and wellbeing outcomes for Aboriginal children in the Northern Territory can be gained through:

    - increased funding;
    - the development of an agreed, evidence informed core child and family services framework with corresponding indicators
    - transfer of services to Aboriginal community control; and
    - collaborative needs based planning.

28. Any new funding framework should also explicitly recognise the Secretariat of National Aboriginal and Islander Child Care (SNAICC) five-point strategy for addressing the rising numbers of Aboriginal children being removed from their families [17]:

    a. increasing community participation in decisions for the care of Aboriginal and Torres Strait Islander children, supported by community-controlled service design and delivery;

    b. re-orienting service delivery to early intervention and family support;

    c. ensuring that funding and policy support holistic and integrated family support and child protection services;

    d. recognising the importance of supporting and maintaining cultural connection; and

    e. building capacity and cultural competence for effective service delivery to Aboriginal and Torres Strait Islander children and families.

29. Congress also endorses the following documents as containing key information for the design of a new funding arrangement:

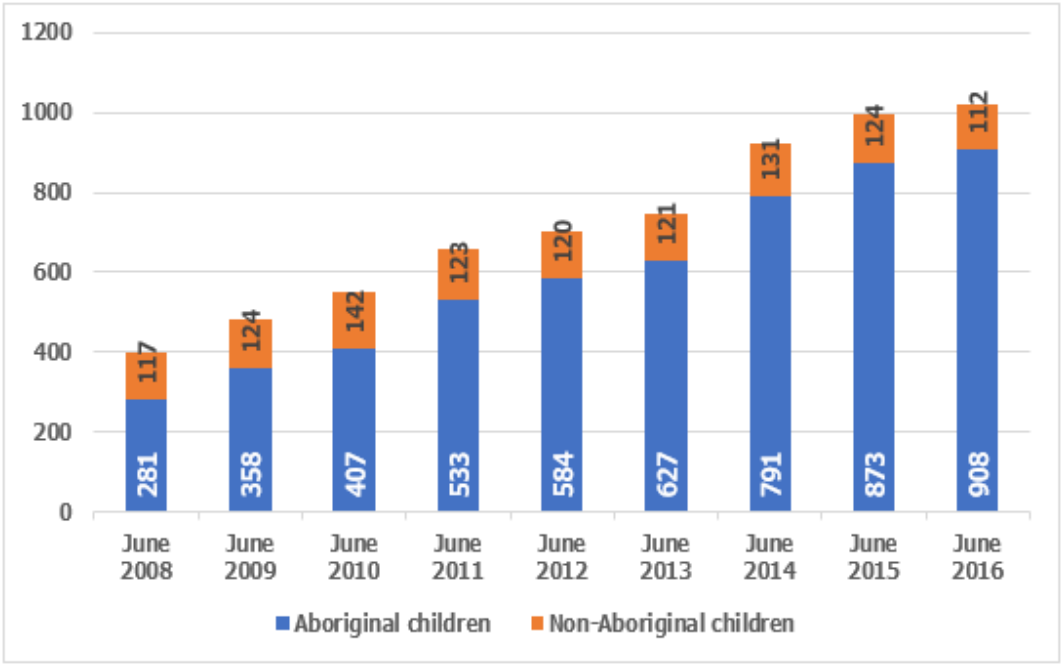
- The Northern Territory Aboriginal Health Planning Forum's *A child health and early childhood core services model for the Northern Territory* developed in April 2016.
- The recommendations of the *Child Protection and Out of Home Care (OOHC) Workshop* hosted by the Aboriginal Medical Services Alliance of the Northern Territory (AMSANT) in April 2016 [18]; and
- the Aboriginal Peak Organisations Northern Territory (APONT) recommendations to deal with out of home care of Aboriginal children, outlined in APONT's submission to the Royal Commission into the Protection and Detention of Children in the Northern Territory [19].

Increased funding

30. We are aware that this Inquiry is focused on how to allocate funds rather than on the quantity of funds required. However, there is no doubt that the child and family system in the Northern Territory is severely underfunded relative to need.

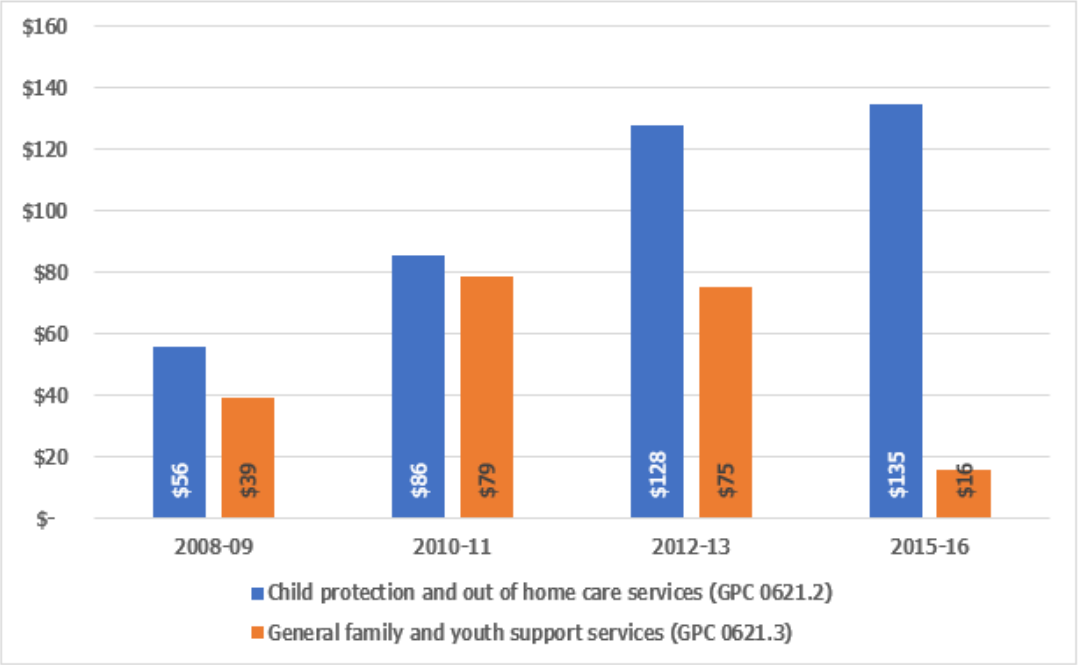
31. Data from the Northern Territory Office of the Children's Commissioner Annual Reports (https://occ.nt.gov.au/publications) shows that demand on the child protection system increased significantly across all measures, especially for Aboriginal children over the last decade. This can be see, for example in the numbers of Aboriginal children in out-of-home care, which increased by well over three times (323%) between June 2008 and June 2016 (*Figure 4*).

Figure 4: Number of children in out-of-home care in the Northern Territory, by Aboriginality, 2008 to 2016



32. The Productivity Commission's 2017 *Indigenous Expenditure Report* [20] shows that all-government per capita expenditure on child protection and out of home care services for Aboriginal people in the Northern Territory has increased over the same period, but at a lower rate (218%). Over the same period, per capita spending on general family and youth support services has fallen significantly (*Figure 5*).

Figure 5: All Government expenditure on family and child welfare services for Aboriginal people, Northern Territory, 2008-09 to 2015-16 ($M, 2015-16 dollars)



33. The *Indigenous Expenditure Report* also shows a declining Aboriginal per capita expenditure in the Northern Territory on many service sectors that affect child health and wellbeing. For example, per capita expenditure on Indigenous early child development services in the Northern Territory declined from $939 p.a. to $633 p.a. from 2012-13 to 2015-16. Similar patterns of declining Government investment are seen in expenditure on health services, and on safe and supportive communities for Indigenous people.

34. In this context, any new funding arrangement that does not include increasing the global amount of funding available risks simply being an exercise in 're-arranging the deck-chairs on the Titanic'. Further, there will be much reduced incentive for services to participate in collaborative planning processes if decisions made will result in reallocating much needed funding from one sector or organisation to another.

35. We therefore urge the Inquiry to recommend significantly increased funding into a wide range of child and family services in the Northern Territory as a foundation for a successful new funding framework.

Collaborative needs based planning

36. The Northern Territory Aboriginal Health Forum provides a model for a collaborative, needs-based planning process to ensure that the child and family service system operate on a more strategic, integrated basis and that funding is allocated to where it is needed through services which are the most effective.

37. A similar forum for child and family services would need to include Australian Government agencies, Northern Territory Departments, and representation from Aboriginal community-controlled services. It would need to be able to draw on expert advice and input from other sectors, especially those relating to alcohol, housing and the impacts of intergenerational trauma. This could be a key role for the current Child and Families Tripartite Forum.

38. While the terms of reference would need to be negotiated with the participants, such a Child and Family Services Forum would aim to increase the effectiveness of the child and family services system, by:

- ensuring that the social determinants of child health and wellbeing are addressed through high level collaboration and advocacy;
- ensuring appropriate resource allocation;
- maximizing Aboriginal community participation and control as a key element of sustainable, viable, effective and efficient child and family services;
- encouraging better service responsiveness to and appropriateness for Aboriginal people, including cultural safety and being trauma-informed and healing focused;
- promoting quality, evidence-based services;
- improving access for Aboriginal people to both mainstream and Aboriginal specific child and family services;
- increasing engagement of services with Aboriginal communities and organisations.

39. While the specific tasks of such a Forum would need to be agreed, some initial actions might include:

- getting agreement about an evidence informed, community supported core child and family service model that is appropriate for Aboriginal people
- assessing the type and numbers of the workforce needed to deliver it
- agreeing a set of KPIs to assess both its implementation and outcomes

- mapping service need across the Northern Territory and allocating new resources according to need beginning with the areas that have the highest rate of child neglect and other child health indicators.

40. It is essential that such a Child and Family Services Forum be resourced appropriately for it being able to play its role.

Transfer of services to Aboriginal community control

41. Resource allocation in a new Aboriginal child and family services funding arrangement should be through needs based planning (see above) to the most effective service models. This means explicitly rejecting open competitive tendering processes, and instead recognising Aboriginal community-controlled organisations as preferred providers of such services to the Aboriginal community.

42. Aboriginal organisations have a range of inter-linked structural advantages in delivering services and hence improved outcomes compared to non-Indigenous services (government or private). While the list below is drawn from the experience of Aboriginal Community Controlled Health Services (ACCHSs), these advantages are generalisable to all Aboriginal community-controlled organisations:

- a holistic approach to service delivery, including through addressing the social determinants of child and family wellbeing, based on a lived understanding of the Aboriginal conception of health;
- culturally secure services: Aboriginal community-controlled organisations are able to provide their care within a culturally secure setting, based on local knowledge, an Aboriginal governance structure and workforce, and strong relationships with the communities that they serve;
- better access, based on community engagement and trust: a strong practice of community engagement founded on strong relationships with the community, in turn based on a sense of ownership and history. Aboriginal people consistently prefer to use Aboriginal organisations such as ACCHSs over mainstream services giving them a strong advantage in addressing access issues;
- Aboriginal governance: individuals and communities are encouraged and enabled to participate in decisions on service delivery, including though formal governing Boards;
- an Aboriginal workforce: community-controlled services are significantly better at attracting, training and retaining Aboriginal staff leading to greater cultural appropriateness of services as well as benefits through providing employment and capacity building in the Aboriginal community;

- high levels of accountability: Aboriginal community-controlled services are highly accountable to their funders through robust data collection and a reporting regime which is above the requirements of mainstream health and wellbeing services.

43. This position is consistent with a Senate Inquiry recommendation which states that [16]:

> *… future selection criteria and funding guidelines should give weighting to the contribution and effectiveness of Aboriginal and Torres Strait Islander organisations to provide to their community beyond the service they are directly contracted to provide.*

44. Congress has documented the substantial evidence about the increased effectiveness of ACCHSs in particular in delivering a holistic and comprehensive range of primary health care services, including those focused on the needs of Aboriginal children and family. A copy of the paper containing this evidence accompanies this submission.

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