Optimising the health and wellbeing of Aboriginal and Torres Strait Islander children and youth in the Northern Territory

Response to the Productivity Commission's Issues Paper *Expenditure on Children in the Northern Territory*

Overview

Throughout the Productivity Commission's study into current funding arrangements for children and family services in the Northern Territory, the central and highest focus should be on optimising the health and wellbeing of Aboriginal and Torres Strait Islander ('our') children and youth.

Aboriginal Community Controlled Health Services (ACCHSs), known and trusted by Aboriginal and Torres Strait Islander families in urban, rural and remote families and communities, are best placed to meet many of the needs of our children and youth through the delivery of comprehensive, holistic, culturally competent, preventive and place-based services.

By increasing and reallocating funding to extend ACCHS's service delivery reach and remit and by strengthening effective early intervention and prevention approaches, government's overall expenditure will decrease in the long-term, and, more importantly, families and communities will be strengthened and the health and wellbeing of our children and youth optimised.

Aboriginal Medical Services Alliance Northern Territory (AMSANT), Danila Dilba and Central Australia Aboriginal Congress ('Congress') have provided input into this NACCHO submission.

Introduction

What our children and youth in the Northern Territory most need is what all children and youth most need — the love and protection that comes from their families. As Congress state in their submission, the nurture and care of children is at the heart of Aboriginal culture, but contemporary Aboriginal families have been profoundly affected by the processes of colonisation.

For our children and youth to be strong and safe, our families and communities must be strong and safe. For generations prior to European arrival, our families and communities were so. However, the legacy of colonisation and ongoing disadvantages in education, employment, housing, health, legal representation and life expectancy has comprised this strength and safety.

Our children and youth in the Northern Territory experience low health and wellbeing outcomes, along with poor educational outcomes, high rates of removal from their families and high incarceration rates as compared to their non-Aboriginal and Torres Strait Islander counterparts—largely due to being separated from their families. This is despite the fact there were 450 charities operating in the Northern Territory in 2016, with combined revenue of $1.5 billion.[1]

We believe that the best investment and approach to optimising child and youth health and wellbeing is a preventive approach with services and programs that are holistic, comprehensive and place based. However, over the years, removing children and youth from their families through the child protection and juvenile justice systems has all too often been government and mainstream services' approach to dealing

[1]Australian Charities and Not-For-Profits Commission, 2016, *ACNC 2016 Annual Information Statement Data*, Melbourne.

with issues facing our people. This has only perpetuated the devastation experienced by our families and communities, and their children.

As Congress point out in their submission, successive governments have failed to adequately address the needs of Aboriginal and Torres Strait Islander children and youth in the Northern Territory. Aboriginal community controlled services provide essential and effective engagement with our young people. Each ACCHS is operated by the local Aboriginal community through a locally elected Board of Management. We listen to, understand and respond to the local health and wellbeing issues of our local peoples, to deliver culturally responsive and competent services to them. Community control, cultural competency and ability to keep funds in the community makes ACCHSs known and trusted by Aboriginal families and communities.

However, despite the strength of our model of health care and its reach into urban, rural and remote regions, approximately 45% of Aboriginal primary health care is still provided by government with a slow and over-cautious approach to extending the reach of community control into government areas. Furthermore, even where ACCHSs exist, mainstream NGOs often provide services such as family support and prevention programs in the same communities. This causes duplication, lack of cultural safety and missed opportunities to grow the Aboriginal workforce. With extended funding to move into areas currently serviced by government and to deliver a wider range of services such as family support and parenting programs, ACCHSs can provide culturally safe service delivery to a higher proportion of our families, children and young people, keep more children and youth at home with family, and make these homes strong and safe. This will optimise child and youth health and wellbeing and reduce Federal and Territory expenditure on harmful and ineffective protection and detention facilities. We also note other strong Aboriginal organisations providing early childhood, social services, and family and cultural support need to be part of the service mix, including Tangentyere Council's family and youth services.[2]

As noted in the Issues Paper, exploration of the evidence for optimising child and youth wellbeing should be the focus of this inquiry. We encourage the Productivity Commission to keep this perspective throughout this study — over and above any fiscal cost required for achieving this primary outcome.

Our approach to responding to the Issues Paper

In considering our response to this inquiry, we identified in-scope services outlined in the Issues Paper that are provided by ACCHSs.

ACCHSs' service delivery is shaped by the commitments and roles and responsibilities of the Northern Territory Aboriginal Health Forum (NTAHF) governed by the *Aboriginal Health Partnership Framework Agreement 2015–2020*. The commitment under this agreement is for 'a health system that provides clinically appropriate care that is accessible, culturally safe, culturally competent and free of racism for all Aboriginal people'; and 'coordinated, culturally appropriate services across the health system to improve the patient journey and health outcomes for Aboriginal people and their families.'

Accordingly, this submission first identifies the strengths of ACCHSs in optimising child and youth health and wellbeing, and that of families and communities (Part A). We then identify how we can expand our reach and remit with additional funding (Part B)—which we argue would further optimise child and youth health and wellbeing but also reduce overall expenditure on children and family services in the Northern Territory in the long term.

A full list of our recommendations is provided at the end of this submission.

[2] Accessible at: https://www.tangentyere.org.au/services/family_youth/

Part A How ACCHSs optimise child and youth health and wellbeing

ACCHSs are the main provider of primary health care to Aboriginal and Torres Strait Islander peoples across the Northern Territory and have well established relationships and networks with community. ACCHSs are a trusted service provider and have demonstrated capacity to provide culturally safe services to vulnerable children and families.

ACCHSs deliver more cost-effective, equitable and effective primary health care services to Aboriginal and Torres Strait Islander peoples and are 23% better at attracting and retaining Aboriginal and Torres Strait Islander clients than mainstream providers.[3] [4] [5] ACCHSs are distributed widely across the NT from Darwin to the most remote communities. However, much more can be done to transition government clinics across to community control. Some very large remote communities, including Wadeye, Tiwi Islands and Yuendumu, currently have no access to an ACCHS. Active transition is underway in Maningrida, East Arnhem and West Arnhem, but progress has been hampered by stop-start Commonwealth Government support and some inertia in the Northern Territory Government health bureaucracy.

ACCHSs provide holistic and comprehensive primary care. Services include: medical, public health and health promotion services; allied health; nursing services; assistance with making appointments and transport; help accessing childcare or dealing with the justice system; alcohol and other drug services; social and emotional wellbeing programs; and providing help with income support.

Some ACCHSs are also funded to provide targeted and intensive child and family services, which includes the Aboriginal Nurse Family Partnership (ANFP) program, Targeted and Intensive Family Support Services (targeted family support is for families with vulnerabilities who are not in the child protection system and intensive family support is for families already in the child protection system) and early childhood learning programs. Nearly all services provide antenatal care with Aboriginal staff able to increase engagement particularly for high risk families.

Other ACCHSs are also providing the ANFP program, with Danila Dilba providing a service comprising 100% Aboriginal staff. Danila Dilba as well as Congress provide an assessment clinic for children with neurocognitive issues, including fetal alcohol spectrum disorder (FASD). For some years ACCHSs, as well as Congress and Anyingniyi, have provided family support services for high risk families, including those in the child protection system. However, use of competitive tendering practice makes this service delivery precarious. Recommendations for adjusting tender and grant assessment processes are made later in this submission. The NTAHF has endorsed a core services approach to child and family services up to age 5 which we recommend the Productivity Commission use to map services against in this age group. The document is called *What services are needed to improve Aboriginal child health outcomes in the NT? Progress and possibilities* (at www.amsant.org.au/ntahf).

Issues facing our children and youth in the Northern Territory

ACCHSs have expert knowledge of the interplays between intergenerational trauma, the social determinants of health, family violence, institutional racism and other risk factors that increase our children and young peoples' exposure to the child protection and detention systems.

Harm and neglect - Harm encompasses both physical and psychological harm, and the detrimental effect of intentional or unintentional behaviour by a parent, carer or other person on a child's physical, psychological or emotional wellbeing or development[6]. Neglect is a major issue, with about half of the substantiated cases of harm to children in the Northern Territory related to neglect[7] [8] [9].

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[3] Ong, Katherine S, Rob Carter, Margaret Kelaher, and Ian Anderson. 2012. Differences in Primary Health Care Delivery to Australia's Indigenous Population: A Template for Use in Economic Evaluations, *BMC Health Services Research* 12:307.

[4] Campbell, Megan Ann, Jennifer Hunt, David J Scrimgeour, Maureen Davey and Victoria Jones. 2017. Contribution of Aboriginal Community Controlled Health Services to improving Aboriginal health: an evidence review, *Australian Health Review* 42(2) 218-226.

[5] Department of Health. 2017. *Aboriginal and Torres Strait Islander Health Performance Framework*, Canberra.

[6] *Accessible at: https://www.findandconnect.gov.au/ref/nt/biogs/YE00445b.htm*

[7] AIHW. 2019. *Child Protection Australia: 2017-18*, Child Welfare Series no.68, Canberra.

[8] Royal Commission into the Protection and Detention of Children in the Northern Territory. 2017. *Final Report*, Darwin.

[9] Steering Committee for the Review of Government Service Provision. 2019, *Report on Government Services 2019*. Productivity Commission, Canberra.

Early development - Harm and neglect impacts a child's early development. A large number (37%) of our children are developmentally vulnerable in one or more domains, and 23% across two or more domains. Nationally, mortality rates for children aged 1-4 years were 2.1 times higher for our children than for other Australian children between 2011 and 2015. In the Northern Territory, mortality rates for our 1 to 4-year-old children were 3.6 times higher in this period.

Child protection - Our children and youth are vastly overrepresented in child protection systems in all jurisdictions, including the Northern Territory. Of the 63,000 children in the Northern Territory, nearly 7,400 received child protection services in 2017-18, and one (1) in nine (9) of our children and youth in the Territory received child protection services—which is four times the national average. Our children and youth are six times more likely to be receiving such services than other children in the Northern Territory.

Out of Home Care - Out of Home Care (OOHC) is also a large issue that often has a detrimental effect on our children and youth. Between 2011 and 2015, the number of Aboriginal and Torres Strait Islander children and youth in OOHC rose by an average of 16% per year, entirely due to the increased numbers of our children and youth who had been removed from their families. Our young people are 11 times more likely to be placed in out-of-home care than other young people. In 2017 alone, it was reported that 1,049 children and youth were placed in OOHC in the NT, and 89% of these were our children and youth. Sadly, only 31.9% are placed with Aboriginal carers – which breaks connections with culture, broader family and community, and increases risk factors our children and youth face resulting in further detrimental effects. AMSANT has noted that there is some slow improvement here in the proportion of children in kinship care after a long period of deterioration– which is an encouraging sign. This is due to greater commitment to working in partnership with Aboriginal organisations.

Detention - Detainment of our young people (aged under 18) in the Northern Territory is higher than it is in any other jurisdiction, although there are some early encouraging signs of improvement with lower crime rates over the last 12 months in Alice Springs.[10] Although there have been significant reductions in the numbers of our children and youth in detention, they are 63 times more likely to be in the detention system than other Australian children and youth.

Self-harm - Separation from family often results in self-harm. Evidence shows that deaths from intentional self-harm by children are significantly higher in the Northern Territory than anywhere else in Australia. In recent years there has been a large increase in suicide—among our children and youth.

<u>Other social determinants of health</u>

These protection, detention, and OOHC outcomes for our children and youth reflect the high prevalence of risk factors in the Northern Territory, which stem from complex social, historical and geographic factors (as identified on page 3 of the Issues Paper).

There are a range of social determinants of health that need to be addressed in order to reduce risk factors and enhance protective factors—to ensure our children stay with their families and out of protection and detention.

School attendance and attainment - A major social determinant of health is access to and success at school. School attendance rates have not improved since the Coalition of Australian Governments (COAG) set a school attendance target in 2014. Our children and youth in the Northern Territory continue to experience low educational outcomes in Australia, with 2014 NAPLAN results revealing that only 34% of our children were at or above the benchmark for reading, compared with 91% for other Australian students.

Housing -. Overcrowding is a key contributor to poor health for our peoples, with approximately 12% living in unsuitable housing in 2016. A healthy living environment with adequate housing supports not only the health of individuals and families, but also enhances school attendance[11], educational achievements, community safety and economic participation.[12]

[10] Accessible at: https://www.pfes.nt.gov.au/Police/Community-safety/Northern-Territory-crime-statistics
[11] Accessible at: https://www.researchgate.net/publication/327858228_Modelling_key_drivers_of_school_education
[12] Accessible at: https://www.anao.gov.au/work/performance-audit/

Responding to the issues

It is vital that Aboriginal and Torres Strait Islander families, including children and youth who are struggling with chronic, complex and challenging circumstances, are able to access holistic, culturally responsive, preventive services with trusted service providers that have expertise in working with whole families affected by intergenerational trauma.

ACCHSs consider local cultural and health needs and contexts when reaching children, families and communities. In the Northern Territory, ACCHSs consider unique local circumstances and challenges, including: the small and sparsely distributed population; the large number residing in remote areas; the high cost of providing services; difficulties in attracting, training, retaining employees; and diverse cultural needs.[13] [14] [15]

NACCHO agrees with the Aboriginal Peak Organisations Northern Territory (APO NT) and the North Australian Aboriginal Justice Agency (NAAJA) that the Northern Territory Government: give greater recognition to the importance of children and youth maintaining connection to family and community; better support Aboriginal and Torres Strait Islander foster and kinship carers; and wherever possible transfer the delivery of OOHC services for Aboriginal children to Aboriginal community controlled organisations. 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 (see Congress' submission).

NACCHO acknowledges that the NT Government has commenced investing in community controlled solutions, including small investments in family support programs in ACCHSs in two sites, and work to improve the proportion of children in kinship care, and development of an Aboriginal controlled OOHC service sector. However, the progress is slow and needs to be increased, particularly considering the number of Aboriginal children in out of home care in the NT continues to rise.[16]

Increased expenditure on housing, education, employment and income support for our families is required, as well as on child and adolescent mental health services, counselling services for child sexual abuse, and prevention and early intervention programs for child sexual abuse and inappropriate sexual behaviour.

To appropriately address the array of social determinants impacting child and youth health and wellbeing, recommendations from the 2011 report by the Office of the Northern Territory Coordinator-General for Remote Services[17] should be implemented. These recommendations, which have not as yet been implemented by the Northern Territory Government, pertain to introducing and/or enhancing: the mapping of service needs and peoples' mobility; one-stop shops/services; accountability and transparency; prioritisation of investment; community safety; early childhood; education; youth; workforce capacity; and housing.

Congress identify in their submission that alcohol, housing, intergenerational trauma, and culture are key determinants of the health and wellbeing of Aboriginal children and youth in the Northern Territory. They add that Aboriginal community controlled organisations with experience in these areas should be involved appropriately in any planning and funding framework.

AMSANT has identified that there is a dearth of culturally appropriate specialist mental health services for children and young people particularly in very remote areas, but even in towns the services are very rationed. In particular, there is very little specialist counselling services available in very remote areas for children and young people who have been sexually abused or otherwise traumatised after a program called MOS Plus (Mobile Outreach Service) was cut a few years ago, by a joint decision from the Commonwealth and NT governments with no consultation with communities or service providers. This program arose out of the Northern Territory Emergency Response as a response to child sexual abuse and

[13] Northern Territory Government 2018a, *Budget Paper 2: Budget Strategy and Outlook 2017-18*, Darwin.
[14] Productivity Commission. 2017b. *National Disability Insurance Scheme (NDIS) Costs*, Study Report, Canberra.
[15] Productivity Commission. 2017a. *Introducing Competition and Informed User Choice into Human Services*, #85, Canberra.
[16] AIHW child protection in Australia 2017-2018. Accessible at: https://www.aihw.gov.au/reports/child-protection/child-protection-
[17] Accessible at: http://www.territorystories.nt.gov.au/bitstream/handle/10070/

other forms of trauma. The program had some major flaws including that it was a vertical government provided program which was under pressure to respond to the concerns about sexual abuse and thus expanded too quickly; which limited the effectiveness of services. However, the lack of consultation about the program being ceased is symptomatic of how the needs of vulnerable families and children are at times failed by both arms of Government.

Also, implementing the recommendations NACCHO made in March 2019 to all sides of politics in the lead up to the federal election would also assist in addressing these social determinants.[18] Four of these recommendations in particular would substantially improve the health and wellbeing of our children, families and communities by keeping families together:

- expanding the funding and timeframe of the current National Partnership on Remote Housing to match at least that of the former National Partnership Agreement on Remote Indigenous Housing;
- establishing and funding a program that supports low cost social housing and healthy living environments in urban, regional and remote Aboriginal and Torres Strait Islander communities;
- investing in preventing avoidable health issues affecting Aboriginal and Torres Strait Islander peoples, including rheumatic heart disease, which will require a major investment in both Aboriginal PHC, environmental health and housing;
- funding to address the national crisis in Aboriginal and Torres Strait Islander youth suicide in vulnerable communities, with a focus on community controlled solutions.

<u>Recommendations</u>

We recommend:

1. That the Northern Territory Government:
    - Invest in families to reduce the need to remove children and youth from their families with a priority to provision of parenting and family support programs in ACCHSs;
    - better support Aboriginal and Torres Strait Islander kinship and foster carers with a strong emphasis on kinship carers;
    - accelerate the development and transfer of the delivery of OOHC services for our children to Aboriginal community controlled organisations with a planned capacity building program for Aboriginal organisations in this area.
2. That the 12 recommendations put forward in the 2011 report by the Office of the Northern Territory Coordinator-General for Remote Services be implemented in funding determinations.
3. That greater funding be given to services that would improve outcomes for our children, families and communities regarding housing, education, employment, income support.
4. That the funding and timeframe of the current National Partnership on Remote Housing be expanded to match at least that of the former National Partnership Agreement on Remote Indigenous Housing.
5. That a program that supports low cost social housing and healthy living environments in urban, regional and remote Aboriginal and Torres Strait Islander communities be established and funded.
6. That the Productivity Commission maps services for children aged 0-5 against the core services document that has been endorsed by the Northern Territory Aboriginal Health Forum: *What are the key services needed to improve Aboriginal childhood outcomes in the NT: Progress and possibilities*.
7. That there is increased funding for child and adolescent mental health, counselling for child sexual abuse, and prevention and early intervention programs for child sexual abuse and inappropriate sexual behaviour and that these services are expanded in a partnership with the ACCHS sector.
8. That greater investment be made into preventing avoidable health issues affecting Aboriginal and Torres Strait Islander peoples, including rheumatic heart disease through a focus on both social determinants and health service delivery.

[18] Accessible at: https://www.naccho.org.au/media/voteaccho/federal-election-recommendations/

9. That ACCHSs be funded to address the national crisis in Aboriginal and Torres Strait Islander youth suicide in vulnerable communities.

A place-based approach

The Productivity Commission asks (page 15) *How can a funding approach best support place-based decision making and a public health approach to service delivery?*

Our response to this question is that ACCHSs and other Aboriginal community controlled organisations (ACCOs) should be the preferred providers of services to vulnerable families and youth. If the ACCHS or ACCO does not have capacity to provide the service because of lack of experience/knowledge in a particular area (e.g. family support), the ACCHS or ACCO should partner with a non-government organisation with the aim of building its capacity to take over full service delivery within a reasonable time. This should be formalised in an agreement between the two organisations. In the situation where the government provides clinical primary health care in a location, there may be another suitable Aboriginal organisation who can provide the service in the community or a neighbouring ACCHS may be able to provide the service. As stated earlier, the current lack of ACCHSs in many remote communities needs to be addressed through a faster transition to community control.

ACCHSs' place-based approach to delivering services to our children, families and communities is highly effective. Place-based initiatives contribute to ensuring 'the capacity of communities to manage and provide services locally' (page 3), and ACCHSs have a particularly positive impact in this regard. Evidence points to the positive impact and strong return on investment that ACCHSs have in improving the wellbeing of our children, families and communities.

ACCHSs, initiated and operated by Aboriginal communities through a locally elected Board of Management, allow Aboriginal communities to determine their own affairs, protocols and procedures, which is essential for realising the holistic health and wellbeing of Aboriginal and Torres Strait Islander children and families.

Accordingly, we recommend that services for Aboriginal and Torres Strait Islander peoples be delivered by ACCHSs and be given preference in the awarding of future grants and service contracts.

<u>Recommendation</u>

We recommend:

10. That health and wellbeing services for Aboriginal and Torres Strait Islander peoples be delivered by ACCHSs or ACCOs, and they be given preferred provider status in the awarding of future grants and contracts.

Taking a prevention / public health approach

The Northern Territory Aboriginal Health Forum (NTAHF) has developed a core services approach for improving childhood outcomes that is congruent with the ACCHS model of care, that is, 'a strong, culturally appropriate universal system based on health and wellness promotion, prevention and early intervention.'[19] The core services approach has been used successfully in Aboriginal primary health care in the NT to map out a consistent approach to primary health care service delivery in the NT and this approach is now extended to children aged 0-5 (*Core Functions of PHC - a framework for the NT*). We welcome the recommendation made by the Royal Commission for the need for a public health approach, and we note the Northern Territory Government's proactive response to this recommendation.

However, while the Northern Territory Government has stated its commitment to a public health approach, rather than significantly increasing the proportion of investment in prevention and early intervention over recent years it has continued to direct investment towards the tertiary end of the system. For example, the Northern Territory Government has recently invested $70 million for the youth detention facility upgrades (noting that the facilities were found to be very substandard) and $67 million on upgrading the data systems, and only about $20 million in early intervention. There are some encouraging signs this is turning around, but the pace of change is too slow.

[19] Accessible at: http://www.amsant.org.au/ntahf/

The ACCHS model of care complements preventive aspects of a public health approach, in identifying as early as possible risk factors facing our children and youth (and their families) and enhancing protective factors. ACCHSs are staffed by health professionals who understand the vital importance of regular screening and treatment for infants and their mothers and providing early support to at-risk families.

For example, from the early stages of pregnancy, ACCHSs' model of care and suite of services contribute to reducing risk factors and enhancing protective factors for the mother and child. These include: economic factors; social factors; parental factors; child characteristics; family characteristics; family characteristics, ecological factors (environmental toxins) and abuse and neglect.[20] However, many ACCHSs are not resourced to provide targeted intensive multidisciplinary therapeutic and cultural support to children and families with more significant problems leading to a crisis tertiary response once the situation escalates. This needs to change.

The aspects of a public health approach that the services ACCHSs deliver align with are evident in Figure 1 on page 4 of the Issues Paper, with services being available to all families (for example, child and family health and early childhood education); preventive interventions targeted to vulnerable families and children; and 'last resort' responses.

Aboriginal practitioners reaching Aboriginal peoples

Evidence shows that our children and youth, and their families and communities, are best reached by Aboriginal and Torres Strait Islander health professionals. ACCHSs and their AHWs, AHPs, Aboriginal family support workers and other Aboriginal staff are highly effective in reaching our children and youth.

ACCHSs are the biggest employers of Aboriginal and Torres Strait Islander peoples in Australia. More so, in 2016-17, 82% (364,100) of ACCHS clients and over half of all staff (53% — or 4,028) were Aboriginal and/or Torres Strait Islander. ACCHS staff positions—including AHPs, AHWs, Aboriginal family support workers and other Aboriginal staff—are Aboriginal identified positions.

Despite this, there remains a significant lack of Aboriginal workforce across many services. We need a greater investment in developing an Aboriginal and Torres Strait Islander health and social services workforce, across a range of professions, including Aboriginal Health Practitioners, workers and family support workers but also nurses, psychologists, social workers, early childhood educators to name a few.

<u>Recommendations</u>

We recommend:

11. That increased support be given to ACCHSs to expand Aboriginal and Torres Strait Islander health workforce, including Aboriginal Health Workers and accredited Aboriginal Health Practitioners.
12. That more investment is provide through scholarship and mentoring to increase Aboriginal participation across a range of professions in the health and social services industries.

Continuous quality improvement (CQI)

We agree with the Productivity Commission that it is essential to implement robust accountability, reporting and monitoring requirements for service providers, which ACCHSs currently adhere to in order to optimise access to services for Aboriginal and Torres Strait children, youth, families and communities.

ACCHSs' accreditation standards require them to have mechanisms in place for receiving and acting on client feedback.

The Northern Territory has been a leader in implementing CQI in Aboriginal primary health care. This quality culture spreads across the full range of service delivery including family support services and early childhood.

[20] Royal Commission into the Protection and Detention of Children in the Northern Territory. 2017. *Final Report*, Darwin.

Part B How increased funding for ACCHSs would further optimise child and youth outcomes

Future funding for child and family services in the Northern Territory must recognise the rights to self-determination of Aboriginal and Torres Strait Islander peoples, as established under *United Nations Declaration on the Rights of Indigenous Peoples* and other international agreements to which Australia is a signatory. ACCHSs and other Aboriginal community controlled service organisations (ACCOs) are a strong vessel for self-determination.

Any new funding framework for child and family services should also 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. 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 Territory (for more information please see Congress' submission).

Elements of the primary health care system, most preferably delivered by Aboriginal community controlled health services, should be considered part of child and family services (see Congress' submission). Greater investment into the work of ACCHSs is required so they can expand their delivery of evidence-based, cost-effective, equitable and effective primary health care services to our children, families and communities.

New funding arrangements must include significantly increased funding into a wide range of child and family services in the Northern Territory (including Indigenous early child development and child health services), in recognising there was a declining per capita government expenditure on many service sectors that affect Aboriginal child and youth health and wellbeing (see Congress' submission).

By increasing ACCHSs' service delivery reach and remit in the Northern Territory— government's overall expenditure on children and family services will decrease over the long term and, more importantly, families and communities will be strengthened and the health and wellbeing of our children and youth optimised.

We agree with the Productivity Commission that funding arrangements in the Northern Territory appear to be characterised by a lack of coordination between the Northern Territory and Commonwealth Government, and arrangements need to be tightened.

We contend that where there is duplication of services, priority should be given to funding ACCHSs and other Aboriginal community controlled service providers, in ensuring the needs of Aboriginal children are best met. The Royal Commission and earlier inquiries found systemic problems with the way children and family services have been funded, including a lack of rigorous tracking of how funding was being spent or the outcomes it was achieving (page 3 of the Issues Paper).

As Congress point out in their submission, 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 must be based on: increased funding; transfer of services to Aboriginal community control; and collaborative needs based planning. We support the establishment of a pooled funding model for investment from the Commonwealth and NT governments, which could be based on a virtual pooling model that would avoid the need for developing a new formal funds holding mechanism.

The new coordinated funding framework should also build upon the Secretariat of National Aboriginal and Islander Child Care's (SNAICC's)[21] five-point strategy for addressing the rising numbers of Aboriginal

[21] Secretariat of National Aboriginal and Islander Child Care (SNAICC), *Submission to the Senate Inquiry into Out of Home Care*. 2014, SNAICC: Melbourne.

children being removed from their families and other key documents and dialogue from Aboriginal Peak Organisations Northern Territory (APO NT) and AMSANT[22] [23] [24] [25] [26].

A Tripartite Forum has been established in the NT to oversee child protection and juvenile justice reforms. Key partners include APO NT, NAAJA, NTCOSS, Territory Families, and Prime Minister and Cabinet. The Forum has an independent Aboriginal Chair (Donna Ah Chee). The forum is currently focusing on the recommendations from the Royal Commission initially focused on juvenile justice including ongoing problems with the NT's youth detention centres in Darwin and Alice Springs. It needs to have a stronger focus on early intervention and prevention services using a core services approach. Although the Tripartite Forum is advisory to Government, it must be taken seriously and have a central role in funding decisions.

This should include a central role for the Tripartite Forum in decision-making on the needs-based allocation of funding, modelled on the NTAHF. 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. As indicated earlier in this submission, despite the work of ACCHSs, there remains great unmet need in the Northern Territory due to underfunding —. In recent years there has been a *decline* per capita government expenditure on many service sectors that affect Aboriginal child health and wellbeing in the Northern Territory, including on Indigenous early child development, health services, and safe and supportive communities (see Congress' submission). It is imperative that each of the Northern Territory's thirteen (13) ACCHSs that deliver a full range of comprehensive primary health care services be consulted in regard to expanding their remit and reach for optimising the wellbeing of children and youth and their families and communities. It is also imperative that appropriate levels of increased funding to deliver on this expanded remit and reach be negotiated.

There are numerous improvements to current funding arrangements that will optimise outcomes for our children and youth associated with keeping them with their family in safe and supportive environments, and out of the protection and detention systems. Currently, ACCHSs receive their core funding for comprehensive primary health care through the Indigenous Australian Health Program (IAHP) administered by the Indigenous Health Division of the Australian Department of Health. Some ACCHSs also receive program funding through other Commonwealth, state and territory government programs.

The required improvements to funding arrangements include increasing the length of core funding for ACCHSs. Currently, ACCHSs are on 12-month funding extensions following on from three-year funding cycles. Even three-years funding is not enough to ensure our services achieve optimal outcomes, due to (amongst other things) short staffing contracts and high staff turnover, and inability to plan into the future — including via collaboration and partnerships with other local providers. We welcomed the Productivity Commission's[27] 2017 recommendation for 10-year grant funding be given to Aboriginal and Torres Strait Islander services, and request this recommendation be put forward again.

We note that changes to some of the services (including ANFP) ACCHSs are funded to deliver may be determined in the new IAHP funding model for ACCHSs, and for state and territory government auspiced Aboriginal Health Services. NACCHO is represented on the Australian Department of Health's Comprehensive Primary Health Care (CPHC) Sustainability Advisory Committee and has been contracted to develop a framework for ACCHSs core services and outcomes which will inform the Sustainability Advisory Committee's considerations. It is anticipated that arrangements on the primary health care funding model will reach agreement by October 2019. The date for implementation of the new funding model has been delayed to 1 July 2020.However, many important children and family services that are either currently provided or could be provided by ACCHSs are not funded through IAHP: these include targeted and

[22] Aboriginal Peak Organisations Northern Territory. *Submission to the Royal Commission into the Protection and Detention of Children in the Northern Territory*. 2017; Available from: http://www.amsant.org.au/apont/wp-content/uploads/2017/01/20170731-RC-APO-NT-Submission-FINAL.pdf.

[23] APO NT Partnership Principles. Accessible at: http://www.amsant.org.au/apont/our-work/non-government-

[24] AMSANT (Aboriginal Medical Services Alliance Northern Territory), *Child Protection and Out of Home Care (OOHC) Workshop*. 2016, Aboriginal Medical Services Alliance Northern Territory: Darwin.

[25] *What Are the Key Core Services Needed to Improve Aboriginal Childhood Outcomes in the NT? Progress and possibilities* report. Accessible at: http://www.amsant.org.au/wp-content/uploads/2017/08/

[26] *Core functions of primary health care: a framework for the Northern Territory.* Accessible at: http://www.amsant.org.au/wp-content/uploads/2014/10/111001-NTAHF-ET-External-

[27] PC. 2017a. *Introducing Competition and Informed User Choice into Human Services*, Report #85, Canberra.

intensive family support programs , Abecedarian services, disability services (NDIS funded) etc. Thus it is critical that there is effective coordination of multiple disparate funding schemes.

In the lead up to the 2019 federal election, NACCHO recommended that funding for programs for our children, families and communities be transferred from Primary Health Networks (PHNs) to ACCHSs. Improvements to the building infrastructure of ACCHSs are also required to strengthen their capacity to address gaps in service provision, attract and retain clinical staff, and support the safety and accessibility of clinics and residential staff facilities. ACCHSs' infrastructure is often 20-40 years old and requires major refurbishment, capital works and updating to meet increasing population and patient numbers. Another priority is increased funding for the expansion of ACCHSs and the transfer of government primary health care to community control. Accordingly, NACCHO also recommends that funding be increased through the Indigenous Australians' Health Programme (IAHP) for capital works and infrastructure upgrades, and also for telehealth services for clinical services to be increased, for further optimising outcomes for our children and youth, and their families and communities.

Reforms to procurement, tenders and grants are also required. NACCHO stands with AMSANT in its recommendation for urgent review of the Procurement Principles, in order to give greater priority to the role and capacity of Aboriginal and Torres Strait Islander organisations as preferred providers of services for our children, families and communities. With AMSANT, we argue that tender and grants for services for our children, families and communities should always be assessed by panels comprising Independent Aboriginal and/or Torres Strait Islander members, members with local community knowledge and Aboriginal and Torres Strait Islander sector expertise.

We also support AMSANT's call for tender and grant assessment criteria to be amended to enable assessment of an applicant's demonstrated capacity to support Aboriginal and Torres Strait Islander:
1. participation in decision-making and governance; 2. employment, training and career pathways; and
3. culturally competent service delivery.

<u>Recommendations</u>

We recommend:

13. That a coordinated funding framework be developed based on a virtual funds pooling model of Commonwealth and NT Government investment.
14. That the new coordinated funding framework should build upon SNAICC's five-point strategy for addressing the rising numbers of Aboriginal children being removed from their families.
15. That the existing Tripartite Forum be reviewed so it has a broader remit across children and family services generally and take on a central role for the needs-based allocation of funding from the coordinated funding framework and other relevant government funding.
16. That each of the Northern Territory's thirteen (13) ACCHSs that provide full comprehensive primary health care and other Aboriginal health organisations be consulted in regard to expanding their remit and reach and that appropriate levels of increased funding to deliver on this expanded remit and reach be negotiated.
17. That the Productivity Commission's recommendation in 2017 for 10-year grant funding be given to Aboriginal and Torres Strait Islander services be followed through.
18. That funding for programs for our children, families and communities be transferred from Primary Health Networks to ACCHSs.
19. That funding allocated through the Indigenous Australians' Health Programme (IAHP) for capital works and infrastructure upgrades and telehealth services be increased.
20. That greater priority be given to revise Procurement Principles to give greater priority to the role and capacity of Aboriginal and Torres Strait islander organisations as 'preferred providers' or 'providers of choice' in the delivery of goods and services where the identified beneficiaries are Aboriginal and Torres Strait Islander peoples and/or communities.
21. That tenders and grants for services for our children, families and communities be always assessed by panels comprising: Independent Aboriginal and/or Torres Strait Islander members; members

with local community knowledge; and Aboriginal and Torres Strait Islander services sector expertise.

22. That tender and grant assessment criteria be amended to enable assessment of demonstrated applicant's capacity to support Aboriginal and Torres Strait Islander: participation in decision-making and governance; employment, training and career pathways; and cultural competence in service delivery.

Full list of recommendations

We recommend:

1. That the Northern Territory Government:
    - Invest in families to reduce the need to remove children and youth from their families with a priority to provision of parenting and family support programs in ACCHSs;
    - better support Aboriginal and Torres Strait Islander kinship and foster carers with a strong emphasis on kinship carers;
    - accelerate the development and transfer of the delivery of OOHC services for our children to Aboriginal community controlled organisations with a planned capacity building program for Aboriginal organisations in this area.
2. That the 12 recommendations put forward in the 2011 report by the Office of the Northern Territory Coordinator-General for Remote Services be implemented in funding determinations.
3. That greater funding be given to services that would improve outcomes for our children, families and communities in regard to housing, education, employment, income support.
4. That the funding and timeframe of the current National Partnership on Remote Housing be expanded to match at least that of the former National Partnership Agreement on Remote Indigenous Housing.
5. That a program that supports low cost social housing and healthy living environments in urban, regional and remote Aboriginal and Torres Strait Islander communities be established and funded.
6. That the Productivity Commission maps services for children aged 0-5 against the core services document that has been endorsed by the Northern Territory Aboriginal Health Forum: *What are the key services needed to improve Aboriginal childhood outcomes in the NT: Progress and possibilities*.
7. That there is increased funding for child and adolescent mental health, counselling for child sexual abuse, and prevention and early intervention programs for child sexual abuse and inappropriate sexual behaviour and that these services are expanded in a partnership with the ACCHS sector.
8. That greater investment be made into preventing avoidable health issues affecting Aboriginal and Torres Strait Islander peoples, including rheumatic heart disease through a focus on both social determinants and health service delivery.
9. That ACCHSs be funded to address the national crisis in Aboriginal and Torres Strait Islander youth suicide in vulnerable communities.
10. That health and wellbeing services for Aboriginal and Torres Strait Islander peoples be delivered by ACCHSs or ACCOs, and they be given preferred provider status in the awarding of future grants and contracts.
11. That increased support be given to ACCHSs to expand Aboriginal and Torres Strait Islander health workforce, including Aboriginal Health Workers and accredited Aboriginal Health Practitioners.
12. That more investment is provide through scholarship and mentoring to increase Aboriginal participation across a range of professions in the health and social services industries.
13. That a coordinated funding framework be developed based on a virtual funds pooling model of Commonwealth and NT Government investment.
14. That the new coordinated funding framework should build upon SNAICC's five-point strategy for addressing the rising numbers of Aboriginal children being removed from their families.

15. That the existing Tripartite Forum be reviewed so it has a broader remit across children and family services generally and take on a central role for the needs-based allocation of funding from the coordinated funding framework and other relevant government funding.
16. That each of the Northern Territory's thirteen (13) ACCHSs that provide full comprehensive primary health care and other Aboriginal health organisations be consulted in regard to expanding their remit and reach and that appropriate levels of increased funding to deliver on this expanded remit and reach be negotiated.
17. That the Productivity Commission's recommendation in 2017 for 10-year grant funding be given to Aboriginal and Torres Strait Islander services be followed through.
18. That funding for programs for our children, families and communities be transferred from Primary Health Networks to ACCHSs.
19. That funding allocated through the Indigenous Australians' Health Programme (IAHP) for capital works and infrastructure upgrades and telehealth services be increased.
20. That greater priority be given to revise Procurement Principles to give greater priority to the role and capacity of Aboriginal and Torres Strait islander organisations as 'preferred providers' or 'providers of choice' in the delivery of goods and services where the identified beneficiaries are Aboriginal and Torres Strait Islander peoples and/or communities.
21. That tenders and grants for services for our children, families and communities be always assessed by panels comprising: Independent Aboriginal and/or Torres Strait Islander members; members with local community knowledge; and Aboriginal and Torres Strait Islander services sector expertise.
22. That tender and grant assessment criteria be amended to enable assessment of demonstrated applicant's capacity to support Aboriginal and Torres Strait Islander: participation in decision-making and governance; employment, training and career pathways; and cultural competence in service delivery.