

AMSANT Submission on Productivity Commission Draft Report: Expenditure on Children in the Northern Territory

24 January 2020

Introduction

Thank you for the opportunity to provide a submission in response to the Productivity Commission Draft Report on Expenditure on Children in the Northern Territory.

AMSANT is the peak body for the community controlled Aboriginal primary health care (PHC) sector in the Northern Territory (NT). AMSANT has been established for 2 years and has a major policy and advocacy role at the NT and national levels. We have 26 members providing Aboriginal comprehensive primary health care across the NT from Darwin to the most remote regions.

Comprehensive primary health care (PHC) includes a range of programs targeting the health and wellbeing of children and families, including: early childhood development, parenting and family support programs, and social and emotional wellbeing (SEWB) support for young people. Aboriginal Community Controlled Health Services (ACCHSs) are also required to provide responses in relation to statutory notifications of child abuse and neglect, and are subject to mandatory reporting requirements in relation to harm or exploitation of children and in certain circumstances of underage sexual activity. They also provide services and care for children in out of home care and detention as well as post-detention and care.

The ACCHSs sector in the NT is comparatively more significant than in other jurisdictions, being the largest provider of Aboriginal primary health care services to Aboriginal people in the NT. Around two thirds of all Aboriginal PHC services in the NT are provided by ACCHSs.

Overview

This submission is relatively brief, noting AMSANT's previous submission (July 2019)¹ to the Productivity Commission's *Expenditure on Children in the Northern Territory: Issues Paper*.

AMSANT is broadly supportive of the Draft Report and its recommendations. AMSANT also notes - and is supportive of - the submissions on this Draft Report made by the following bodies/organisations:

- Children and Families Tripartite Forum
- Aboriginal Peak Organisations Northern Territory (APO NT)
- Northern Territory Council of Social Service (NTCOSS)
- Danila Dilba Health Service.

¹ Submission no.20 <https://www.pc.gov.au/inquiries/current/nt-children/submissions>

General feedback

A key priority for AMSANT is the transition of services delivery to Aboriginal community controlled organisations (ACCOs), in recognition that ACCOs/ACCHSs provide a long-standing model for effective place-based decision-making. AMSANT noted the benefits of Aboriginal community control in the primary health care sector in our previous submission to the Commission (pp11-12). We reiterate this as a priority focus and note that the Tripartite Forum is in strong support of the transition of children and family services to Aboriginal community controlled organisations.

AMSANT also supports a focus on partnerships (outlined in draft recommendation 7.5) and urges the Commission to adopt the Partnership Principles established by APO NT. These principles are designed to guide the development of a partnership-centred approach for non-Aboriginal organisations engaging in the delivery of services or development initiatives in Aboriginal communities in the Northern Territory.

We consider it important to note that AMSANT does not support competitive tendering, as set out in our previous submission to the Commission of July 2019. Again we reiterate that many aspects of Aboriginal health and the wider human service delivery sector are largely not suited to the introduction of greater competition through competitive tendering processes. Through investment in genuine partnerships and in alignment with the APO NT Partnership Principles, capacity building of smaller ACCOs/ACCHSs should occur in a way that strengthens the Aboriginal community controlled development and service sector in the NT.

AMSANT agrees with the Tripartite Forum's position that does not support the recommendation of tasking the NT Children's Commissioner with the additional responsibilities of monitoring the allocation of funding and the implementation of the recommendations of the Draft Report. We agree that the focus of the Children's Commissioner should remain on supporting and protecting vulnerable children.

Information Request 3.1

The Commission is seeking feedback on what geographical unit should be used for reporting where funded services are provided. Is the concept of a 'service catchment area' a useful touchstone for choosing or designing a geographical unit? How might it be operationalised in practice?

AMSANT notes the Northern Territory Government is looking to re-align regional boundaries to ensure there is consistency across its departments and agencies. These proposed boundaries would also align with regions used by the Australian Bureau of Statistics.

Whilst AMSANT can see the benefits of this, we would like to see further consideration given to regions that takes into account areas with identified cultural links; how and where current service provision is taking place that may constitute formal or informal regions; and the regions in which ACCHSs currently operate and provide services to. These areas may differ from the regions proposed by the NTG.

Information Request 6.1

Which locations or service types should be considered as priority candidates for funds pooling? How could funds pooling be best put into practice in these areas?

AMSANT notes that the Tripartite Forum is currently developing a Coordinated Funding Framework to improve coordination of children and family services and support the establishment of such a framework.

Within the NT, a similar model already exists in the Northern Territory Aboriginal Health Forum (NTAHF). NTAHF is a planning structure that provides strategic guidance on key policy and planning issues for Aboriginal health in the NT, and has been the key driver of effective system reform for primary health care in the NT.

The Coordinated Funding Framework being developed by the Tripartite Forum would similarly provide a strategic process through which to prioritise funding. It would also provide greater transparency and reduce cost shifting. Central Australian Aboriginal Congress provides greater detail of this approach in their submission to the Productivity Commission's *Issues Paper*, under the heading 'Collaborative needs based funding'.²

Information Request 6.2

What are the sensitivities involved in releasing data at the community level on risk, protective and wellbeing factors of children and families (such as statistics on child protection, police, justice, health and education)? How could these sensitivities best be managed?

AMSANT shares the concerns raised by the Tripartite Forum on the public reporting of data at a community level. As such, AMSANT does not support the recommendation to publicly release community level data as proposed by Draft Recommendation 6.2.

Our primary concern is the need for strong protection of the rights and privacy of Aboriginal people in relation to their data. AMSANT is concerned that community-level disaggregation of data relating to children and families (particularly in relation to matters of health and child protection), and making these data publically available, places the privacy of vulnerable children and families at risk of being identifiable. For example, a community such as Imanpa has a small population of around 150 people and only around a dozen children aged 0-4 years old.³ It would be very easy to identify families who may have had contact with child protection when there are only 10 families with children under 14 years of age.

AMSANT shares the view of the Tripartite Forum that the benefits of public reporting at a community level are unclear.

AMSANT advocates for Indigenous data sovereignty and strong Indigenous data governance to mitigate the risks of inappropriate use of data, but also as an expression of the inherent rights of

² Submission no.25 <https://www.pc.gov.au/inquiries/current/nt-children/submissions>

³ Australian Bureau of Statistics 2016, 'Imanpa, General Community Profile', viewed 17/12/19, https://quickstats.censusdata.abs.gov.au/census_services/getproduct/census/2016/communityprofile/SSC70134?opendocument

Indigenous peoples. More detail on this is provided in our submission on the *National Primary Health Care Data Asset discussion paper, AIHW* (June 2019)⁴.

AMSANT and ACCHSs have a strong record of using data for needs analysis, continuous quality improvement and service planning, with each clinic in the NT Aboriginal primary health care sector reporting on compulsory clinical data since 2009. AMSANT is supportive of data being released on a regional level, however we note that there needs to be a proper process for data sharing that does not yet exist.

Information Request 8.1

How could the reporting burden be reduced for service providers that receive multiple grants for different funding agencies? Should providers only have to report to one funding agency? For example, should a 'lead agency' receive a unified report covering all reporting obligations for the children and family services the provider has been funded for in that jurisdiction? What other options are there to reduce reporting burdens?

AMSANT supports measures that reduce the reporting burden for service providers. The notion of a 'lead agency' as proposed in the draft report is supported, as are the recommendations to transition to longer-term funding and a relational approach to contracting.

However, AMSANT also notes that transition to longer-term funding should be contingent on the implementation of reforms to increase the delivery of services and programs by Aboriginal controlled organisations, including through preferred provider status for Aboriginal controlled service providers and the embedding of the APO NT Partnership Principles in program and service procurement and policy processes of government.

⁴ Available at <http://www.amsant.org.au/wp-content/uploads/2019/10/190728-Submission-for-the-National-PHC-Data-Asset.pdf>