

CAPACITY BUILDING  
INQUIRY  
Submission No. ....45.....



Northern Territory Government  
Submission to the House of  
Representatives Standing Committee on  
Aboriginal and Torres Strait Islander  
Affairs

Inquiry into Capacity Building in  
Indigenous Communities

October 2002

## **Terms of Reference**

*“The Committee will inquire into and report on strategies to assist Aboriginals and Torres Strait Islanders better manage the delivery of services within this communities. In particular, the Committee will consider building the capacities of:*

- (a) community members to better support families, community organisations and representative councils so as to deliver the best outcomes for individuals, families and communities;*
- (b) Indigenous organisations to better deliver and influence the delivery of services in the most effective, efficient and accountable way; and*
- (c) government agencies so that policy direction and management structures will improve individual and community outcomes for Indigenous people.”*

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## Glossary of terms

ACCO	Aboriginal Community Corrections Officer
ACPO	Aboriginal Community Police Officer
AFVS	Aboriginal Family Violence Strategy
ALJS	Aboriginal Law and Justice Strategy
ALRA	<i>Aboriginal Land Rights (NT) Act 1976</i>
AMSANT	Aboriginal Medical Services Association of the NT
ATSIC	Aboriginal and Torres Strait Islander Commission
CDEP	Community Development Employment Program
CYDU	Community Youth Development Unit
DEET	Department of Employment, Education and Training
DHaCS	Department of Health and Community Services
IHANT	Indigenous Housing Authority of the Northern Territory
KWCCT	Katherine West Coordinated Care Trial
KWHB	Katherine West Health Board
LEB	Local Education Board
MBS	Medical Benefits Scheme
NACCHO	National Aboriginal Community Controlled Health Organisation
NAHS	National Aboriginal Health Strategy
NTETA	Northern Territory Education and Training Authority
NTG	Northern Territory Government
OATSIH	Office for Aboriginal and Torres Strait Islander Health
PBS	Pharmaceutical Benefits Scheme
PHCAP	Primary Health Care Access Program
SMS	Self Managed School
TILG	Tiwi Islands Local Government
UNDP	United Nations Development Program

## **Introduction**

The submission concentrates on the Northern Territory Government's (NTG) experience with capacity development in the context of meeting its service delivery obligations and supporting the development of Indigenous governance within discrete Indigenous communities. In particular, it focuses on NTG experience of what has worked in devolving responsibility to communities and in developing arrangements for cooperative service delivery.

The focus is not just on developing capacity in Indigenous communities but also on the development of capacity within governments to interact effectively across agencies and with Indigenous communities.

The submission identifies a number of case studies that show that significant effort must be expended to develop the appropriate governance structures at the community level, to develop institutional functionality and to develop social capital through a community development approach.

Any consideration of issues that relate to developing strategies to assist Indigenous peoples to better manage the delivery of services requires a sound appreciation of the historical context by which current arrangements have been developed.

Unfortunately in the Territory, relationships between the previous government and Indigenous interests have largely been adversarial in nature and this has contributed to a failure to systematically address the needs of remote communities. There has also been a lack of systematic approach to supporting effective forms of Indigenous governance and capacity development in communities.

The submission highlights a number of practical examples where these issues are now being addressed consistent with the new government's overall partnerships approach.

The submission concludes by identifying the core building blocks for capacity development both within Aboriginal communities and in government agencies themselves:

- Establishment of governance institutions with genuine (culturally legitimate) decision making and a separation of powers.
- Long term commitment
- Acceptance of the rights and responsibilities of traditional owners.
- Community development focus, including the use of specialist teams with knowledge of Aboriginal culture, cross cultural awareness and negotiation skills, participatory planning experience, organisational and management skills and the capacity to commit for an extended period.

- Continuous training and development, including task driven cultural change.
- Outcomes focus on specific issues that have been agreed by all parties to be of value.
- Establishment of processes that deliver value to all parties.
- Devolution of real decision making powers based on the achievement of agreed outcomes.
- Where possible, adopting regional approaches to the delivery of services that allow for the achievement of economies of scale, but which ensure individual communities retain autonomy.
- Where possible, pooled funding and shared accountability.

### **Definition**

The term “community capacity building” has been traditionally interpreted differently within the two main schools of public administration and community development.

Public administration has generally been focused around assisting communities to meet government imposed accountability requirements in terms of government grants and transfers, and to comply with relevant corporate governance laws. This has led to a resultant emphasis on policies and programs that emphasise the development of managerial capacity and administrative skills.

The community development ethos relates more to the stated intention to empower communities by their direct participation in policy and decision making, leading to an emphasis on the development of effective and culturally informed governance structures and institutions and the requisite skills required to fully participate in these.

The definition and framework developed by the UNDP<sup>1</sup> allows for analysis of both interpretations:

*Capacity development is the process by which individuals, organisations, institutions and societies develop abilities (individually and collectively) to perform functions, solve problems and set and achieve objectives, within a framework consisting of four interrelated dimensions:*

1. *Individual*
2. *Entity (organisations and community groups)*
3. *Interrelationships between entities*

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<sup>1</sup> United Nations Development Program 1997. *Capacity Development*. Technical Advisory Paper 2, UNDP Management Development and Governance Division, Bureau for Policy Development, New York.

4. *Enabling environment, consisting of differing aspects relating to institutional functionality, sociopolitical issues, economic management, and environmental management dependant on the context under consideration.*

The terms of reference for this review somewhat reflect the UNDP definition, but do not fully recognise the importance of interrelationships and enabling environment. In the experience of the NTG, it is these aspects that are of at least equal importance in any attempts to develop capacity.

In particular, it is often assumed that the required aspects of the enabling environment exist within Indigenous communities. For reasons outlined below, the NTG's experience indicates that this is not the case, and significant effort must be expended to develop the appropriate governance structures at the community level, to develop institutional functionality and to develop social capital through a community development approach.

## **Context**

The following is a brief outline of the context within which capacity development occurs within the Northern Territory.

One of the changes in policy direction under the current government is a commitment to "the development of long term solutions which incorporate Indigenous people and their interests into the processes of government, through the creation of working partnerships"<sup>2</sup>. As part of the implementation of this commitment, significant resources have been allocated specifically to community capacity development as detailed in Attachment A.

## **Historical overview**

For the purposes of providing a historical context to the submission it was decided to focus on developments over the last 30 years. This relates to the fact that the major policy developments in relation to Indigenous affairs that relate to this inquiry largely date from the 1967 referendum onwards, when the Commonwealth assumed far greater direct involvement and significant changes occurred across of levels of government.

During the 1970's Indigenous Affairs in the Northern Territory underwent significant reforms. The Welfare Branch of the Commonwealths Northern Territory administration was replaced by the national Department of Aboriginal Affairs and in the process former Welfare officers were removed from many remote Indigenous communities and replaced by community advisors employed

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<sup>2</sup> Labor Northern Territory 2001, *A Framework for Partnership with Indigenous Territorians*.

and answerable to local Indigenous organisations. These emergent Indigenous community organisations were largely incorporated under the Commonwealths Councils and Associations Act 1976 and were funded for the delivery of some services and the conduct of some aspects of local governance in their communities.

Another significant reform was the passage of the Commonwealth's *Aboriginal Land Rights (NT) Act 1976* that transferred existing reserve lands to Lands Trusts to be held on behalf of traditional owners. It also established Northern Territory Aboriginal Land Councils to support traditional owners both in the management of these lands and in the making claims for unalienated crown land not in towns. The decision of the Commonwealth to grant self government to the NT followed shortly after with the passage of the Northern Territory Self Government Act 1978.

At the time of self-government the NT government moved to assume responsibility for normal essential service functions for major remote Indigenous communities and created its own community governance scheme under NT local government legislation.

The historical role of the Commonwealth in administering the Northern Territory and in continuing to maintain some direct responsibility for Aboriginal issues through the ALRA contrasts with other State jurisdictions. This has contributed to significant ongoing tensions between the role and responsibilities of the Northern Territory government on the one hand and those of the Northern Territory Land Councils on the other.

This lack of consensus over the operations of the ALRA and the needs of Indigenous peoples over the past 15 years has resulted in a number of unfortunate consequences, not the least of which has been the maintenance of an ongoing adversarial culture. This was particularly evident in the poor relationships between the major Land Councils, other Indigenous peak organisations and the previous Northern Territory Government.

There have been a number of unfortunate consequences of this ongoing dispute, including:

- the commitment of substantial resources both in terms of money and time by the Land Councils, the Northern Territory and Commonwealth Governments which could have applied to better effect in other positive activities;
- the lack of the development of meaningful partnerships and agreements that respect and clarify roles and responsibilities in addressing both the urgent and longer-term governance, social and economic development needs of communities resident on Aboriginal Lands and pastoral leases; and



- the perceived abandonment of many remote Indigenous communities in terms of ongoing and suitably skilled community development support and in addressing severe family and community dysfunction.

The current Government has adopted a fresh policy approach to tackling these issues based around mutual respect and recognition of the legitimate roles and responsibilities of all Territory stakeholders. This approach focuses on the development of partnerships that look to the future and address substantive issues relevant to the needs of Indigenous Aboriginal people and the wider community in the Northern Territory. The Government believes that the significant challenges that lie ahead in responding to the economic and social needs of the Indigenous Territorians will only be meaningfully addressed by agreement being reached about ways forward and acceptance of mutual roles and shared responsibilities by both governments and Indigenous peoples.

### Funding and accountability

Despite increasing requirements for greater Indigenous financial and service delivery accountability to governments, there has been little genuine authority for financial control or policy-making/program design devolved to communities, and a lack of systematic and sustained attention paid to building community financial institutions and administrative capacity. For example in a period where the political rhetoric of welfare dependence and welfare reform is constantly referred to in the Indigenous context, the fact is that many Aboriginal communities still lack informed access to those basic banking and financial services enjoyed by most Australians. Many individuals still receive their Centrelink entitlements by cheque and find themselves subject to unscrupulous book down arrangements.

Under current funding arrangements, Indigenous communities typically receive the majority of their funds closely tied to the delivery of a specific program or service. The only "untied" money is that paid to councils under the two local government-funding programs (Commonwealth Financial Assistance and Roads funding and NTG Operational Subsidy). For a community receiving Community Development Employment Program (CDEP) funding, the proportion of tied funding is approximately 92%. For a non-CDEP community, the percentage is closer to 85%, with social security benefits flowing directly to individuals.

The program requirements for the tied funds are established by the agencies, which supply the funds, usually with minimal input from Indigenous communities. However the responsibility and accountability for service delivery sits with the community organisations. These organisations are often overwhelmed by the workload in administering and acquitting a multiplicity of special purpose grants from all levels of government.

In addition, the way funding has been organised has led to the "stovepipe" or "silo" effect on service delivery. Whilst Indigenous organisations are intent on

accessing existing and new government programs as a means of securing resources, the program managers are under pressure to find secure target “markets” for their programs. This vertical orientation between program administrators and community-based organisations means that cross-program coordination is intermittent at best, especially between programs delivered by different jurisdictions.

The effect has been the development of a set of perverse incentives, both for Aboriginal communities and government agencies:

For Aboriginal communities:

- government program dependence is encouraged
- failure is often rewarded by increased government effort and funding
- a grant program mentality – that is the primary focus is on attracting further grant money, which is not conducive to a focus on outcomes and performance
- there is little incentive for reform and innovation

For government agencies:

- focus around programs and devising projects to align with guidelines (“stovepipe” problem)
- lack of individual or departmental reward for interagency cooperation
- locked into short-term grant funding with focus on financial accountability
- inter-agency competition for funds and control

In addition, the distribution of national specific purpose payments (such as for Local Government, roads and housing) is according to a per capita basis rather than according to relative need. The resulting shortfall in funding to communities means that they do not have the capacity to deliver the same level of services. An illustrative example is housing funding.

Funds under the Commonwealth State Housing Agreement applied to the Aboriginal Rental Housing Program are distributed among the States and Territories on the basis of the proportion of Aboriginal people in each jurisdiction as a percentage of the total Aboriginal population rather than on the basis of need.

If the funds were actually distributed on the basis of need there would be a substantial increase in funding to the NT. Such a system would take account of the fact that the construction of houses in remote communities in the Northern Territory is a relatively recent phenomenon and that, for many years, house construction in Indigenous communities concentrated on the construction of shelters and buildings similar to garden sheds. The need for housing is coming off a very low base and the growth rate is very high.

For example, in the largest Indigenous community in the Territory, Wadeye, there is an average of 16 people in each 3 bedroom house. The population of that community is increasing through the birth of 60 babies per year. On current funding levels Wadeye receives funds for about 4 new houses per year. Wadeye needs to double its current number of houses just to meet current requirements.

Approximately \$80M per year is spent on housing and related physical infrastructure construction in the Territory for Indigenous people from all sources. A further \$9.0M is obtained in rent and this also flows into maintenance of houses.

However, with current levels of funding and population growth on Indigenous communities in the Territory the need will never be met. New approaches to generating the revenue necessary to address the gap between need and available funds are being actively pursued, including finding methods of involving the private financial institutions in the provision of funds. This issue is merely compounded by the withdrawal and virtual absence of major banking institutions in remote communities.

Housing is both a fundamental need of all people and a means of generating community capacity. The lack of funding has an immediate effect on the capacity of communities in a number of ways. It is not simply a question of shelter. Housing funding can flow into the development of local construction, small business, training and employment. In many areas it provides one of the few avenues for employment in addition to locally constructed housing being a source of pride and achievement for the community generally.

Some of the flow on effects of effective housing programs are being achieved. The introduction during the last 2 years of a new model of delivery in the Central Remote ATSIC Region is intended to generate employment and training outcomes in addition to more sustainable housing outcomes. Unfortunately these approaches are severely restrained by lack of resources, particularly when current funding levels are matched with the high level of needs.

#### Dispersion, remoteness, small scale

The Northern Territory is unique in the proportion of its population that is Indigenous, with about 28% of the population or 60,000 people identifying as Aboriginal at the 2001 Census.

However, more important for the task of providing and maintaining social and physical infrastructure to this population is that 90% of Indigenous Territorians live in discrete communities in remote areas ranging in size from a few to just over 2,000 people. The average population of Aboriginal communities is 72 people. There are 550 communities with populations less than 50 people and only 6 with populations greater than 1,000 people.

Access to remote communities can also be a major impediment. A significant proportion of the NT's land transport network comprises unsealed gravel roads, many of which provide the primary access to Aboriginal communities in remote areas. Due to environmental factors and normal transport usage, these roads break up quickly, thereby reducing the level of access to these communities and impeding service delivery.

In this context, the decentralisation of service delivery has been adopted as a possible solution to the impediments of remoteness and dispersion. In turn, regionalisation initiatives have been devised as a response to the problems of small scale.

### **Core Issue: The Legitimacy of Indigenous institutions of governance**

The long-term policy preoccupation of governments with service delivery and the dollars expended on addressing Indigenous disadvantage has not been matched by the significant improvements in socio-economic status that have been sought. This has led to a wide ranging debate regarding the effectiveness or otherwise of current policies and programs. To date little of this debate has centered on the marked dissipation of program resources injected via inappropriate local institutional structures and their critical role in engendering economic and social development.

Similarly training programs have paid limited attention to the cultural and institutional dynamics that operate at the local level.

#### *Community Governance*

The NTG has recognised for many years that the establishment and support of effective structures of Indigenous governance are vital ingredients towards ensuring Indigenous people are able to both influence and shape their relationships with each other, governments and the wider community.

There were a number of vehicles developed in the late 1970s to achieve this goal. All have contributed to the creation of a plethora of Indigenous organisations across Australia. In remote areas in the NT the initial focus was on the establishment of councils for each "community". Government officers both actively encouraged or simply required (to be eligible for funding purposes) councils to be established to comply with one of 3 pieces of Commonwealth or NTG legislation (Commonwealth Aboriginal Councils and Associations Act 1976, NT Local Government Act and NT Associations and Incorporations Act ).

Whilst there is now greater recognition that effective structures and institutions of Indigenous governance require cultural legitimacy and specialist regulatory, training and support this has yet to be fully reflected in necessary reforms of both Commonwealth and NT legislation.

The reasons for the lack of legitimacy and/or sustainability of many of these structures are varied and will differ according to each case. Some of the factors appear to be:

- in many cases, the existing Indigenous organisations were originally designed to meet externally imposed objectives and lacked local cultural legitimacy;
- there was a consistent failure to recognise the legitimate rights and obligations of traditional landowners set out under the Aboriginal Land Rights (NT) Act 1976.
- a narrow focus regarding the powers and functions that might effectively be both granted to and undertaken by councils;
- competition between governments, their individual agencies, Indigenous organisations and individuals for power, influence and resources; and
- a preoccupation and political focus on national and regionally based organisations and funding issues (e.g. ATSIC, Land Councils) at the expense of systematic attention and support being provided given to meeting the needs of local communities.

This resulted in the power of locally based councils deriving primarily from their access to information, employment of staff and capacity to deliver funds and services. Most have lacked local legitimacy and many have also proved to be consistently dysfunctional in terms of complying with corporate governance and financial accountability requirements.

## **Case studies**

The following outlines practical examples where the NTG is working in partnership with Indigenous communities and organisations.

### Regional Governance

#### ***Tiwi Islands***

The Tiwi Islands are north of Darwin and have a population of approximately 2,468<sup>3</sup>. There were three established local government bodies and one outstation resource centre. The Islands have had a Land Council for many years

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<sup>3</sup> Tiwi Health Board, 2002. *Information Paper for Commonwealth Grants Commission*.

and more recently a Tiwi Health Board. There has been a strong entrepreneurial culture on the Islands and key leaders have embraced development of enterprises.

The Tiwi were frustrated when an ATSIC review removed the Tiwi Regional Council and made the Tiwi part of the Jabiru ATSIC Region. They had long wanted to go further than being a Regional Council and move to become a "Regional Authority". This was a concept that owed something to the Torres Strait Regional Authority but with more power to govern.

In basic terms the Tiwi leadership indicated they wanted an organisation that carried the power of a properly constituted local government, in receipt of direct funding from governments in relation to health, education, training and employment. They were keen that this organisation not remove the powers of individual communities to make decisions that were specific to those communities, but believed that all decisions of significance to do with Tiwi should be made in the over arching body.

The current Tiwi Islands Local Government (TILG) is a properly constituted local governing body. The Tiwi Health Board still operates as separate authority although most of its members are also members of the TILG. The Tiwi Land Council is still separate although the 8 senior clan leaders are automatically members of the TILG. The Tiwi Islands Training and Employment Board is drawn largely from the membership of TILG but, at this time, has not been formally brought under its banner. The four communities continue to have Community Management Boards that have power to make decisions at a community level.

The TILG has been in formal operation for a little over a year. So far, the development process has generated a great deal of discussion regarding key underlying issues:

- the relationship between the traditional owners, their decision making powers, and the remainder of the population;
- how financial resources should be distributed – on the basis of need or to communities as of right;
- whether Tiwi can ever be employed as 'clerks' or 'community managers'.

The Government has also learned lessons from the Tiwi experience. For example, the capacity of the Tiwi to deal with the above mentioned issues would have been greatly assisted by the provision of specialist resources to facilitate the continuing debate and advice about the options available.

Also, there was a failure to follow through with support and direction necessary to properly establish the new organisation. While an administrative implementation

plan had been developed with the organisation, the new administration failed to deliver.

Lessons learnt include the need for government to ensure in the case of any new organisation that:

- a process is put in place to deal quickly and effectively with staff who do not embrace the changes;
- administrative processes are established that ensure that the new organisation receives the advice it needs to operate and make effective decisions;
- all relevant government agencies support the new organisation;
- sufficient funding is provided to ensure the change is made effortlessly; and
- support is available where there is any indication of slippage in the agreed implementation process.

While the implementation of the new council has had its problems, there appears to be a growing acceptance. The high level of support that has been present throughout from senior traditional owners has been maintained. A review is now underway led by a senior Departmental Officer with a team including the Northern Zone ATSIC Commissioner and the Chief Executive Officer of the Local Government Association of the Northern Territory with the Chairman of the Tiwi Islands Local Government. The Review will report on a range of matters relating to the continued development of the new governance structure. The Review is intended as a means of providing input to the implementation process of the new structure.

Key outcomes at this time include:

- establishment of an accountable financial management system – all 3 of the previous councils had qualified audits with one in serious financial difficulty;
- a decision making structure that balances the rights and responsibilities of traditional land owners with those of community residents;
- recruitment of Tiwi as Community Managers;
- establishment of a foundation for Tiwi governance that will enable the development of a more extensive governance structure should the Tiwi so desire;
- maintenance of all services with expansion in a number of areas.

### ***Thamurrurr / Port Keats***

Port Keats is a community in the Port Keats/Daly River Land Trust area about 400 kilometres south west of Darwin. The community is the largest in population

terms in the Territory and features regularly in the media as a place where there are violent outbreaks and lawless behaviour. The community currently is administered by the Kardu Numida Inc – a local governing body – the Murin Patha Tribal Development Inc – which owns and operates the store – and the Murin Association – which provides support to outstations.

In 1997, in recognition that a different approach was required to the community and its problems, funding was provided for a capacity building project. This entailed placing an officer in the community, at the direction of the community to work on issues directly related to governance. That long-term process has now resulted in the proposed establishment of the Thamurrurr Local Government.

The constitution of the Thamurrurr will be based on the 23 land owning groups that are the traditional owners of the land in the area surrounding Port Keats. The 23 land owning groups have held meetings on their separate lands to discuss their participation or otherwise in the arrangement.

The new body is proposed to be the over arching governing body for all structures over the area covered by the new constitution. As an overarching policy making body, it is envisaged that Thamurrurr will contract out the services to current and new organisations, whilst maintaining a small central core of expertise. Some of the existing organisations will continue but fulfil a contractual role to a higher authority.

An important feature of the new arrangement will be to ensure that there is a clearly defined relationship between the traditional landowners and their powers and responsibilities and those of the Thamurrurr.

The process of development of this structure has had a noticeable effect on the community. The sense of purpose and direction is clear and the confidence of the people that there will be some change is high. This process has not been particularly resource intensive but it has been resource critical. Two officers that have been used at two different stages of the process have, in our view, been critical to the development of the proposal to its current state. This mix of skills and expertise is not readily available in other jurisdictions.

One of the major challenges now facing the development of a proper governance structure at Port Keats is to find a means of systematically supporting the continuing development of the locally based capacity to assist Thamurrurr to establish itself as an effective governing institution with an appropriate division of powers, sound policies and procedures and the ability to negotiate effectively both internally and with external stakeholders.



## Achieving economies of scale

### ***Katherine West Health Board***

The coordinated care trials in the Tiwi Islands and Katherine have demonstrated the effectiveness of establishing an administrative structure that can achieve some greater economies of scale, sound governance and improved levels of service delivery.

In 1996, the Commonwealth and State and Territory Governments announced the establishment of a total of 13 Coordinated Care Trials across Australia, of which four were focussed on indigenous populations. Coordinated Care Trials are designed to test whether coordination of health care of people with multiple service needs will result in improved individual client health and well-being.

In the Northern Territory to date, two trials were undertaken - one on the Tiwi Islands and the other located in the Katherine West region. The Tiwi and Katherine West trials incorporated several features that make them distinct from other non-indigenous trials. Both trials have now finished, and the boards are in the process of negotiating and finalising sustainable funding regimes based on the Primary Health Care Access Program (PHCAP) model (see Attachment B for more information).

Firstly, responsibility for allocating health resources within the respective regions was shifted from the government-operated Territory Health Services (THS<sup>4</sup>) to Regional Health Boards. The Tiwi Health Board has responsibility for Bathurst and Melville Islands. The Katherine West Remote Health Board Aboriginal Corporation (KWHB) covers a large remote area (162,000 km<sup>2</sup>) stretching westward from Katherine to the West Australian border. KWHB comprises representatives of Aboriginal communities in the area, including Lajamanu, Kalkaringi, Daguragu, Yarralin, Pigeon Hole, Bulla and Amanbidji as well as the more culturally diverse township of Timber Creek. It also has an advisory committee to the board comprising non-indigenous representatives from the NT Cattleman's Association and the Timber Creek Community Government Council. Funds that would have been normally allocated to the provision of health services in the respective regions by the NT government were 'pooled' and provided to the health boards which, subject to agreed conditions, allocated these monies consistent with the board's own priorities.

The second characteristic is that both boards received additional funds from the Health Insurance Commission in the form of Medical Benefit Scheme/Pharmaceutical Benefit Scheme (MBS/PBS) cashouts. Residents of remote Aboriginal communities rarely receive rebates through either MBS or PBS, for the simple fact that there are very few private doctors or pharmacists to generate such rebates and thus Aboriginal people are rarely able

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<sup>4</sup> Since November 2001 the Department of Health and Community Services.

to utilise Medicare entitlements. This has, in turn, contributed to indigenous utilisation of the Medicare Benefits Scheme running at only one-quarter of the rate compared to that of other Australians, notwithstanding their health needs being approximately three times higher<sup>5</sup>.

This remains a major source of inequity in the present health system of remote area health care, when compared to funds and services available to the rest of the community. For the purposes of the Aboriginal trials the Commonwealth agreed to fund a per capita amount (additional to the normal NTG funding allocation) based on 'the estimated' average MBS/PBS rebate paid to citizens paid throughout Australia. This currently amounts to \$739.41 per person per year (as at 30 June 2002).

A third characteristic is that the indigenous trials were designed to deliver services on a 'whole of population basis', rather than serving the health needs of an identified sub-set of the community, as applied in the non-indigenous trials. The rationale behind this approach was to secure a greater emphasis on preventative, population-based measures than has been possible in the past.

Finally, the trials incorporated the principles of 'care coordination'. In the lead up to and prior to the commencement of the trials, THS facilitated the adoption of a number of best-practice protocols for management of chronic diseases and the development of a new computer-based client record system.

The critical attraction of this scheme in respect to Aboriginal communities is that participating communities are 'cashed out' with an additional payment calculated on gaining normal access to, and equivalent usage of, both the MBS and PBS. This allowed a predictable level of future income to the Trial, thus allowing strategic forward planning. In Katherine West alone this represented a net increase of \$1.5 million per annum. Data on the effectiveness of these trials awaits the public release of independent evaluations due later this year but preliminary health results are promising, including reductions in emergency evacuations and average number of hospital admissions per client.

The operations of the KWCCT are particularly instructive as a potential model of service delivery for application in other remote jurisdictions. Of considerable relevance is the changed role of the KWHB, from originally being a purchaser of health services provided by THS, to now itself becoming a direct provider of services through health centres located in five Aboriginal communities.

In moving to establish the KWHB, the board adopted a carefully planned and strategic approach towards building constructive links with other 'community' stakeholders across the region including:

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<sup>5</sup> Deeble, J., Mathers, C., Smith, L., Goss, J., Webb, R., and Smith, V. 1998. *Expenditures on Health Services for Aboriginal and Torres Strait Islander People*, cat. No. HWE 6, Australian Institute of Health and Welfare, Canberra.

- establishing an elected governing board (with numbers of members selected under a per capita formula from individual communities);
- investing heavily in educating Board members to effectively carry out their representative functions (including utilising innovative reporting systems designed for people with low literacy levels designed by Pangea Pty Ltd);
- initiating dialogue with the Northern and Central Land Councils with a view to securing leases from relevant Land Trusts for KWHB operations;
- securing Memoranda Of Understanding with local community councils to ensure regular communication and clarify respective roles and responsibilities;
- establishing health committees in individual communities that focus solely on health and well-being issues; and
- carrying out extensive consultation with non-indigenous residents of the region living on pastoral properties and small townships, leading to the establishment of a consultative sub-committee representing the Cattlemen's Association and 'town residents' and agreement of non-indigenous residents to participate in the trial.

Improvements reported by KWHB in the level of delivery health services since the commencement of the trial include:

- significant increases in the level of staffing of community health centres (including doubling the number of such Aboriginal staff as Aboriginal Health Workers);
- improved provision of mobile primary care services to Aboriginal and non-Aboriginal pastoral properties and outstations;
- a doubling of primary care doctor visits to communities;
- for the first time locating resident general practitioners in the region;
- establishment of women's and aged care programs;
- increased delivery of dental and specialist services; and
- increased capacity of Board membership to understand and control the management and finances of complex organisation such as health service delivery.

The basic proposition underpinning the KWCCT trial was that community control (in the form of health boards), with fund pooling and the MBS/PBS cashouts, together with care coordination, can lead to improved health services and indirectly to improved health outcomes.

### *Lessons learned*

A key outcome of the coordinated care trials is that they have highlighted the inequitable position faced by most remote Aboriginal communities when their access to funded health services is compared to that of the rest of the population. These are further explored in Attachment C.

An emerging lesson in respect of the KWHB is to ensure that funding arrangements are carefully negotiated beforehand, or specific clauses are included in any agreement to renegotiate funding arrangements within a specified period. This is an essential safeguard, particularly where the sponsoring organisation may contemplate moving from being a purchaser to a provider of services.

In addition, the implementation of increased allocations for primary health care will need to take into account the existence of the new community based structures. For example, an electoral promise to employ 25 additional maternal/child health positions will need to proportionally allocate positions to the Tiwi and Katherine West Health Boards, not just increase staffing within the government controlled health services. These are new issues for the NTG and will require the development of capacity to equitably allocate such resources.

More positively, however, these trials have provided a significant opportunity for Aboriginal communities to assume community control of health services and, at the same time, demonstrate that they may be better placed to service non-indigenous health servicing needs than the usual government provider. In moving to successfully establish the KWHB a number of critical steps were undertaken that should be relevant considerations for other regionally based organisations.

These include:

- A sustained period (eighteen months) of intensive consultation and negotiation with all affected communities and key stakeholders *before* the establishment of KWHB. The existence of functional health boards is a precondition for devolution of funding and responsibility. A key factor in the success of the existing Health Boards is the cultural legitimacy of the Boards leading to community acceptance for the decisions they make.
- Adoption of a multi-pronged strategy in maintaining ongoing communication with all stakeholders, backed up where relevant by formal agreement (regional service delivery agreements) which clarify respective roles and responsibilities between KWHB and other organisations such as land councils and community councils
- A strong emphasis on the establishment and support (including training) of the governing Board. It was recognised that Board members would need

knowledge and skills relating to health, culture, service delivery, financial management and strategic planning. The development of this knowledge preserved and built on existing knowledge and skills.

- Strategic and governance planning were commenced at the outset and there has been a continuing emphasis on training and education, especially financial management. It is the ongoing training and development, which has significantly contributed to a sustainable arrangement.
- A recognition that Aboriginal-controlled health services established in small individual communities outside major urban centres in the NT are no longer viable and should be operated on a regional basis, with an ability to purchase and provide services for indigenous and non-indigenous residents using pooled resources.

The lessons learnt from the Katherine West and Tiwi Health Boards are being applied in relation to the 19 new regional health zones announced by the NT Minister for Health and Community Services earlier this year. These zones will be progressively rolled out, beginning in central Australia.

#### Overcoming disjointed funding arrangements - shared accountability and pooled funding

##### ***Indigenous Housing Authority of the Northern Territory (IHANT)***

The Indigenous Housing Authority of the Northern Territory (IHANT) provides a valuable example of inter agency and cross government collaboration to address housing needs via a mechanism for effective sharing of resources and decision making by governments and Indigenous representatives.

IHANT was established following the negotiation of a bilateral agreement in June 1995 – the first achieved in the country – developed pursuant to the *National Commitment to Improved Outcomes in Services and Programs to Aboriginal Peoples and Torres Strait Islanders*. IHANT was formed with a majority of members drawn from the ATSIC elected arm – 7 Regional Council Chairs and 2 Commissioners – 5 representatives of Chief Executive Officers of relevant NT agencies and 1 representative of the Commonwealth agency responsible for housing.

IHANT had and continues to have responsibility for the allocation of pooled housing and infrastructure funds from the Commonwealth and the Northern Territory. The key achievements of IHANT are:

- establishing and maintaining the enforcement of building standards for all new houses constructed in rural and remote areas;

- funding the construction or major renovation of over 2,000 houses on remote Indigenous communities;
- establishing a maintenance program that has now allocates approximately \$9.0M per year directly into maintenance program and is being used to leverage the payment of rent that is also normally being directed into maintenance and management of a further \$9.0M per year;
- enforcing the establishment and maintenance of the Environmental Health Standards;
- developing and progressively implementing standards and processes for management of housing and individual houses.

The IHANT arrangement is not without its tensions. ATSIC Regional Council Chairs and Commissioners clearly find it difficult at times to communicate the needs of their constituents in a way that Departmental representatives are able to understand. Departmental representatives find it frustrating at times to deal with the longer consultative lead times that are essential in a body involving representatives of Indigenous people.

Negotiation of the original agreement required a substantial leap in faith by parties who were, at the time, deeply distrustful of each other. The basis for the negotiation with Regional Councils was:

- Indigenous representatives would be the majority on the board;
- ATSIC Regional Councils would make all intra-regional distribution funding decisions, provided they stay within the parameters set by the IHANT Strategic Plan;
- there would be total transparency in the operations and delivery of the Program;
- the new system would deliver quantifiable housing and infrastructure outcomes.

On the government side the basis for negotiation was:

- continued operation of two programs was wasteful;
- bringing together program management would provide real benefits in the achievement of economies of scale;
- only by establishing without doubt that every current dollar was expended to its full advantage would we ever be able to sustain an argument for additional funds from either the NT or the Commonwealth.

Factors contributing to the success of the arrangement include:

- it focuses on issues of direct concern and interest to all members of the board;

- the decisions that are being taken have a real and direct effect – that is, funding allocations and policy decisions are not subject to appeal to Ministers other than as part of an overall 3 year Strategic Plan;
- accepted that only by establishing that every available dollar is being expended to its full advantage will Board be able to sustain an argument for additional funds from either the NT or the Commonwealth.

### A Participatory Planning Model

#### ***The Law and Justice Projects***

Some of the most effective work on capacity building has been carried out using a participatory planning approach. An illustration of the value of this approach is the so called *Law and Justice* projects at Ali Curung, Lajamanu and Yuendumu.

Participatory Planning entails working closely with a community or related group of communities to identify and provide information in relation to an issue or related group of issues. Methods of dealing with the issues are then jointly developed and trialed accordingly.

The Aboriginal Law and Justice Strategy (ALJS) was a response to a number of law and justice initiatives occurring in Aboriginal communities across the Northern Territory. It was also a way to give effect to some of the recommendations from the Royal Commission into Aboriginal Deaths in Custody. The Strategy was designed to provide a comprehensive whole of government response to law and justice issues at a Territory, Regional and Community level.

The ALJS focused on three main areas:

- Establishing consultative and participatory decision making arrangements,
- Developing policy for priority and emerging issues, and
- Implementing community law and justice plans.

A NTG Officer was first allocated to the project in 1996. The first plan (Ali Curung) was signed off the following year. Consistent with the philosophy that participatory planning would be the planning methodology for the implementation of the Strategy in remote area communities, a female project officer was later appointed.

The ALJS through a process of participatory planning seeks to establish Community Law and Justice Plans that provides a frame work for a whole of government - whole of community, response to concerns identified during the planning process. The Plans establish partnership arrangements and agreements between relevant and appropriate community organisations and individuals and government and non- government agencies with a responsibility

(statutory, financial, or programs and services) in law and justice. These agreements particularly establish the perimeters of responsibility of each player.

Community law and justice plans, as a participatory plan, provided a strategic focus for the community and agencies. Each community plan is unique and has its own objectives. A typical plan could have up to 40 strategies. This significantly enhances the coordination of service delivery. At Ali-Curung when the initial plan was reviewed after three years 75% of the undertakings committed to by the various signatories had been implemented.

The ALJS has developed a comprehensive body of methodology, practise and principles governing its application in the field.

The Kurduju Committee has evolved from the individual community based law and justice committees as the peak law and justice committee for the Warlpiri homelands. The Committee sees its role as having a strong research capacity and advisory role for Government, particularly on best practise models for dealing with a range of issues (eg.: Safe Houses, Night Patrols, customary marriage).

Outcomes from the ALJS, for instance, are measured against the objectives developed by the communities and contained in their community plans.

The objectives of the Ali Curung and Lajamanu committees can be generalised as follows:

1. Provide a framework for community to make decisions
2. Empowering Aboriginal people with greater participation in the law and justice process
3. Provide a forum of exchange between courts and customary law implications.
4. Reduce the levels of family and community violence
5. Facilitating the development of local diversionary programs

The outcomes of the participatory planning model, properly and completely applied can effective in:

- Increasing confidence and capacity in the community to deal with issues of concern using a mix of traditional and non-traditional practices. The Law and Justice Committees, not unlike Thamurrurr discussed previously, have representations from male and female skin groups, community elders, Traditional Elders and skin leaders;
- The development of an appreciation of the part of agencies and authorities of the needs of Indigenous people and the value of respect for traditional practices, and which can embrace service delivery. The Law and Justice



projects put some effort into raising awareness, within agencies, of the emerging structures and how to deal with them.

- New and legitimate structures of governance.
- Growth in understanding and awareness about the methods communities can use to deal with issues.
- Performance can be measured against outcomes drawn up by the combined government and community committee.

The participatory planning model is a resource intensive approach. It necessarily requires:

- the use of a male and female team of skilled and experienced officers;
- the long term support of government and a long term commitment to work with a group of communities on the part of the officers; and
- the development of innovative ways of supporting the process.

It is very difficult with this project, as with many capacity building initiatives, to measure discrete outcomes. For instance, at an anecdotal level there has been a reduction in family violence in the community of Ali Curung. At the same time there has been an increase in reporting. At least part of this increase, is apparently due to greater sensitisation of the community to the issues. Community members report a reduction in 'serious' violence, making the distinction between violence that does not harm and violence that causes harm.

The structures developed to manage and implement the project at a community level continually review progress in the implementation of the wide range of strategies that form part of the Community Justice Plans. At Ali Curung the Community Justice Committee considers that it has achieved over 75% of its original objectives. They regard this as reasonably successful and certainly as successful enough to justify their continuing high level of activity.

The development of an evaluation framework for this and other capacity building projects is considered to be among the highest priorities in this area of work. There is a clear need to be in a position to demonstrate that outcomes are being achieved and changes being affected. Establishment of such a framework is difficult in a mainstream program. In a cross cultural context these difficulties are much more difficult to overcome.

## Creating an environment for cooperation

### ***Environmental Health Surveys***

One practical success in inter-agency cooperation and collaboration is the establishment and implementation of Environmental Health Standards for Rural and Remote Communities. Commenced in 1993 it continues today, albeit in a different form.

At the time of commencement:

- morbidity and mortality of Indigenous people arising directly from environmental living conditions were seriously high;
- the *Public Health Act* was unable, both through deficiencies in its legal structure and fundamental lack of relevance to prevailing environmental health issues on Indigenous communities, to establish or maintain any environmental health standards on remote communities;
- houses on Indigenous communities had an average 'life' of approximately 7 years receiving little or no cyclical maintenance during that time;
- there were no enforceable standards for construction of houses that could guide the renovation or refurbishment of houses or that could ensure that design of houses matched the realities of the use to which those houses would be put;
- there were no standards to guide the delivery of essential services – power, water or sewerage provision – available and accepted within government;
- no responsibility was taken by local governing bodies for the delivery or maintenance of housing or for the maintenance of standards of environmental health infrastructure.

For some time, policy makers and program managers in the various agencies with responsibility for the various parts of the problem had sought assiduously to apply the solutions that had been found to be successful in other similar situations. These efforts were marked only by failure which was particularly costly for government in the meeting an ever-increasing housing and health bill, generated partly by poor environmental health standards.

The fundamental policy propositions of the Environmental Health Standards project were, in brief:

- there is a minimum standard of environmental health and amenity that government has a responsibility to enforce; and
- that standards should be applied by the specification of the outcomes to be achieved rather than by prescription of detailed standards.

Collaboration and cooperation on this project was achieved by a process that was originally coordinated by the (then) Office of Aboriginal Development. Coordination later passed to the (then) Department of Local Government. The 'collaborators' were the agencies responsible for the provision of housing, local government, power, water, sewerage, roads and health services. The project was driven by a Steering Committee of officers from the agencies responsible. These officers were normally those with program management responsibilities in their agencies.

The project was successful in:

- Developing Environmental Health Standards for Rural and Remote Communities in the Northern Territory and having those Standards accepted, eventually, by the Government.
- Providing for the enforcement of the standards in all new construction of houses and in maintenance standards – thus partially overcoming the lack of formal building standards regulation in remote areas of the Territory.
- Establishing a process of survey of every house on every Indigenous community in the Territory at least once every year with this process being, in turn, evaluated and monitored by an independent research body (the Menzies School of Health Research).

The flow on effects of these outcomes have been substantial with a dramatic change of attitude having been achieved to a situation where maintenance of houses is now routine, Environmental Health Surveys of houses are routine and, most importantly, the expectations of residents have apparently risen substantially.

While there have been evaluations of the Standards and the Surveys, there has been no evaluation or detailed analysis of the process that generated them. A number of factors appear to have led to success:

- a clear focus on the issue, outcomes to be achieved and the sharing of accountability for achievement among the participants;
- formation of a relatively small group of officers from the key agencies committed to achievement of the outcomes who were able to work as a team over time;
- support at a high level in key agencies that was maintained through the life of the Project;
- a preparedness to take some risks, develop innovative approaches, challenge and change program guidelines, procedures and rules that precluded a change of approach;
- maintenance of a simple, uncomplicated approach in negotiations with line areas whose cooperation would be required for implementation; and
- identification, wherever possible, of value for an agency in adoption of the change in approach.

Barriers to the approach and to the Project throughout included:

- a strong view on the part of many key officers and agencies that the concept could not succeed and would not be necessary if other things were done;
- a lack of dedicated resources – the entire project and its implementation has occurred completely within existing resources and without any formal budget provision;
- a continuing tendency in some agencies to cling to a particular policy position that had its basis in the views of a profession about the way the issues should be dealt with;
- some lack of faith in key decision making forums that the effort required would provide outcomes.

Consistent with the overall approach taken in the Project, implementation was undertaken as a responsibility of the participating agencies. The strategy established was to have the first survey conducted by departmental officers with the responsibility progressively being handed over to community housing organisations as the capacity of those organisations to conduct surveys and develop the necessary scope of works for maintenance was developed. This strategy was designed to have the effect of giving field staff a direct contact with a key aspect of the project, provide an impetus for community level training and negotiation relating to continuation of the task.

The development of a sense of responsibility and ownership by communities, families and individuals for the houses they live in has been a key component of the strategy. This is considered to be enhanced by the approach of separating the survey from the actual repair and maintenance where the survey is carried out by an organisation external to the community. We have avoided at all costs any impression that this program is yet another example of someone from outside 'helping' the community to do something that it needs the capacity to do on its own.

At this time the majority of surveys are being undertaken by community organisations. Departmental officers maintain an audit role with 15% of houses being audited each year. The scope of works that flows from the surveys is provided to the housing managers who utilise these in the expenditure of housing maintenance funds, including rental, which have been made available through the IHANT programs.

Apart from the evaluations that are being carried out on a regular basis by the Menzies School of Health Research which are indicating a gradual improvement in housing maintenance standards, there is strong support being indicated from the councils and other organisations involved.

The latest Evaluation Report to hand (May 2002) notes that "the apparent success of the building and maintenance program in the short timeframe of one year is very encouraging. It reflects well on the performance of IHANT and the

IHANT program management against a number of the stated objectives of IHANT.” The Evaluation Report noted specific improvements in reported condition of 21 items against 5 that had a lower condition rating against the earlier survey.

### Promoting ownership of policing and corrections programs meeting the special and cultural needs of Aboriginal communities

The NTG has a number of programs in place that are intended to assist in the provision of remote policing services which address the needs of remote Aboriginal communities and which recognise that the delivery of service to Aboriginal communities is best achieved by, and with the assistance of, Aboriginal people.

The development of these programs involves working cooperatively with the particular community councils, traditional landowners and law people, family groups, Land Councils and remote Aboriginal organisations. In the majority of cases, this is a labour intensive task, however there are some instances where the communities have developed mechanisms to make these interactions more efficient. For example, in the Jawoyn homelands<sup>6</sup>, the Jawoyn people have established a Council of Ceremonial Elders who provide advice and guidance on law and order and the development of Aboriginal Warden Patrols within their communities.

#### ***Warden and Night Patrols***

The Northern Territory Police assist Aboriginal organisations and community councils with advice on the establishment of Night Patrols/Warden schemes and provide both initial and in-service training, and ongoing advice/consultation as required to communities, Night Patrol and Warden staff.

The success of Warden and Night Patrol schemes can be attributed to the fact that they provide a culturally appropriate response to issues of concern to Aboriginal people. The operation of these schemes also complies with the recommendations arising from the Royal Commission into Aboriginal Deaths in Custody. This creates an empowering process allowing Aboriginal people to look after themselves and resolve issues prior to the necessity for police involvement. The development of these community-policing schemes includes maximum community participation and subsequent implementation involving ongoing community participation.

None of these schemes are based on formal legislative powers. They depend upon the tacit consent of the people with whom they deal. Where the role of the Night Patrol/Wardens involves the removal of intoxicated persons from the

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<sup>6</sup> Incorporating Barunga, Beswick and Bulman.

community to a shelter or police cells, at any time clients may request to be removed from any vehicle or shelter. Upon such a request, the person will be released forthwith. Police may then be called upon to complete the conveyance to the shelter or cells as deemed appropriate. History suggests that Aboriginal people in these circumstances much prefer to access these services than deal with police. The consequences are:

- Reductions in police time and resources previously involved in resolving minor disputes capable of being resolved at community level;
- Reduced use of court time and resources;
- Reduced levels of violence within the communities; and
- Reduced burden on the health systems arising from people being hospitalised as a result of disputes within the community.

The Northern Territory Police Force has been successful in obtaining Capacity Building funding to hold a series of regional workshops, followed by a Territory Workshop/Conference of Aboriginal Night Patrol workers and Community Wardens and all relevant stakeholders. The Territory wide workshop will include community councils and peak Aboriginal organisations such as ATSIC, (including selected interstate participants). To date 6 regional workshops have been conducted. The workshops and Territory conference objectives are to develop and promulgate a set of Northern Territory widely accepted Night Patrol Protocols and Practices. It is expected that the Territory Conference would be open to selected national participation and aims to place these protocols on the national agenda for acceptance.

The overall aim is to increase the effectiveness of Aboriginal community-based responses to anti-social behaviour and minimise alcohol and other substance related injury and violence.

### ***Aboriginal Community Police Officer (ACPO) Scheme***

The Aboriginal Community Police Officer (ACPO) Scheme (previously known as the Northern Territory Police Aide Scheme) had its beginnings in 1979 when Aborigines were utilised in a coast watch surveillance role in the Top End of the Northern Territory. These Police Aides were nominated by their respective communities and trained and funded by the Department.

Police Aides, at the time, also acted as a liaison between visiting police and the communities they served, which made the visits of police far more effective. Since then the scheme has developed its original conception from a Police Aide "coast watcher" to the current Aboriginal Community Police Officer Scheme.

The Northern Territory Police Force operates from 36 police stations across the Northern Territory. Of these 36 Police Stations, 13 are situated on Aboriginal

Communities. The Scheme continues to develop and there are currently 49 ACPO staffing positions in major centers and remote communities across the Northern Territory. Sixteen ACPOs currently operate in remote Aboriginal communities where there is no other police presence. The majority of the ACPOs now have an expanded function in that they perform two main roles. Firstly, they act as law enforcement officers and secondly, they act as intermediaries or liaison officers between the police and the Aboriginal communities. Their duties are varied and the Scheme has developed to the extent that many carry out most of the functions of a Constable either in the company of another member, or working "one up" on a remote community.

The ACPO Scheme is in effect a partnership arrangement between the Northern Territory Police and Aboriginal communities. The police and the community jointly fund the scheme. The ACPOs' cultural ties and multilingual communication skills within their communities provides an intimate knowledge of the underlying reasons for the disputes, domestic violence and inter-clan fighting which often plague the modern Aboriginal community. Their local knowledge is also invaluable in the location and identification of offenders and when searches are necessary in remote areas.

There has been pressure from the ACPOs, Aboriginal communities and mainstream police to increase the responsibilities and training of ACPOs. They are now expected to perform both increased policing and community liaison/leadership roles. Also, there has been demand for more structured career opportunities and a transitional course to assist Aboriginal people to enter mainstream policing.

In late 1996, the Northern Territory Police, Fire and Emergency Services commenced work on an ACPO Development Program and received accreditation from the Northern Territory Employment and Training Authority (NTETA) in 1999. This was incorporated into the National Public Safety Training Package in 2000.

The aim of the ACPO Development Program is to:

- raise the status and standard of Aboriginal Community Policing;
- facilitate the entry of Aboriginal people into mainstream policing; and
- foster Aboriginal Community Development through partnership policing.

The core of the program is a structured regime of training and assessment designed to develop the job competencies of ACPOs. These job competencies include both mainstream policing and community liaison/development aspects and, at the higher level, ACPOs may specialise in one or the other according to their background and inclination.

To provide structured progression, the job competencies have been grouped into qualifications at Certificate levels 2, 3 and 4. These have then been used to define traineeships attracting Commonwealth funding, directly or through NTETA.

The Certificates also correspond to qualifications within the Public Safety Training Package recently approved by the Australian National Training Authority and lead on to its Diploma of Policing, which will be the basic qualification for future Constables.

The program has three major components:

- assessment and local on-the-job training by OIC/Supervisors;
- formal off-the-job training to correct skill/knowledge deficits; and
- workshops to develop ACPO-led intervention strategies for major departmental concerns such as Road Safety and Juvenile Diversionary Programs.

Considerable stress is placed on “two-way policing”. This means the effective use of community, political and cultural structures to resolve problems without the intervention of the criminal justice system where permissible. It also means the correct application of police powers and legislative requirements where the matter cannot be dealt with at that level.

At present most ACPOs have completed the Certificate 2 course. Training for the Certificate 3 level has commenced for the Certificate 2 graduates with a focus on legislation and the Juvenile Diversion Scheme. The Northern Region coastal ACPOs are also receiving training in fisheries enforcement.

Other initiatives relating to community capacity development include:

- The establishment of an Indigenous Development Unit with Territory-wide responsibility for the recruitment, training and support for ACPOs.
- The development and implementation of training courses for Aboriginal Interpreters in the legal system and the development of information tapes on the use of Interpreters, the role of the prisoner's friend and the police caution, translated into 16 major languages within the Northern Territory. Currently the program continues to be developed Territory-wide.
- The Northern Territory Police and the Jawoyn Association continue to work in partnership on the ‘Aboriginalisation of the Maranboy Police District’. This is a long-term project with a current focus on the development of ACPOs within the Police District. Currently there are two ACPOs employed to work from the Maranboy Police Station. This project continues to be oversighted by a Special Projects Officer to ensure the partnership developed between the NT Police and the Jawoyn people continues to be enhanced.
- Development of a Territory-wide Aboriginal Road Safety Strategy (“Kick a Goal for Road Safety”) utilising the ACPOs as team leaders. This initiative, commenced in December 1998, is in partnership with the NT Road Safety Council, Aboriginal communities and their Warden/Night Patrol members. Significant reductions in Aboriginal road trauma have been achieved each year since the strategy was introduced. The success of the strategy to date



has been enhanced by the emphasis placed on Aboriginal leadership from both the ACPOs and Community representatives in relation to the development and implementation of strategies.

- Encouraging Aboriginal communities to utilise alternative dispute resolution processes through local Community Justice and Law and Order Plans. This allows the community to resolve conflict at the community level and alleviates the initial involvement of police in matters that can be satisfactorily resolved at community level.
- The NT Police involves the ACPOs, Night Patrol and Aboriginal Community members in cross-cultural training for all police recruitment courses. This training also involves an extended visit to remote Aboriginal Communities.

### ***Juvenile Pre-Court Diversion Scheme***

The Agreement between the Commonwealth and the Northern Territory relating to the diversion of juveniles from the criminal justice system has resulted in the introduction of the Juvenile Pre-Court Diversion Scheme in the Northern Territory.

Although many Australian jurisdictions have introduced options such as "victim/offender conferencing" as a response to juvenile offending, no other jurisdiction has taken such a broad and holistic approach to juvenile offending including the development of legislative support and the complete administration of the Scheme by police.

The Scheme provides for many different levels of response to juvenile offending including verbal and written warnings, formal cautions, victim/offender/family conferencing, conditions, programs including substance/drug abuse programs and community service programs; and prosecution.

Approximately 80% of the police force have received formal training in general diversion and the facilitation of victim/offender conferences. Two hundred and twenty three (223) police officers have been trained as conference facilitators and Juvenile Diversion Units have been established in Darwin and Alice Springs to support the operation of the Scheme and to provide the necessary advice and support to police and communities throughout the Territory.

Under the Scheme, the needs of the parents/guardians, victims and the community are taken into account and given a much higher priority. Police are very mindful of community concerns and diversions are strictly monitored to ensure that the level of diversion is commensurate with the seriousness of the offence with the emphasis on changing long-term behaviour. In fact, a number of juveniles are finding that diversion is not a "let off" and are declining the offer of diversion. However, many juveniles have successfully completed three-month programs in addition to other conditions of their diversion.

Of 2926 juvenile apprehension cases in the first 24 months of the Scheme, 66% were offered diversion. Only 6% of juveniles offered diversion declined the offer of diversion whilst 34% of juveniles were denied diversion because of the seriousness of the offence or the impact upon the victim.

Under the Scheme, there are three types of offences that can be committed by juveniles:

1. Minor property offences where the value of the property involved does not exceed \$100. Juveniles who commit these offences must be offered diversion.
2. More serious offences where police have the discretion to offer diversion; and
3. Excluded offences, which are too serious to be the subject of diversion for example, armed robbery or rape.

In terms of the Agreement between the Commonwealth and the Northern Territory, all 401 apprehension cases that related solely to the commission of a minor property offence were offered diversion. Only three juveniles declined the offer of diversion for a minor property offence and were referred to Court.

In respect of the use of police discretion, 80% of apprehension cases were for more serious offences not being excluded offences. Of these, police offered diversion to 65% of the apprehension cases with only 8% of these cases declining the offer of diversion. This is a very high level of police discretion in favour of the juvenile.

In respect of "excluded offences", 6% of cases involved offences that could not be considered for diversion and were referred to the Courts.

Of the 1812 cases that received diversion:

- 28% were identified for a verbal warning
- 31% were identified for a written warning
- 33% were identified for a family conference
- 8% were identified for a victim offender conference
- 12% were referred to a program in addition to a family or victim offender conference

Many of these juveniles had additional conditions imposed upon them as a result of their diversion intervention. These conditions have ranged from an apology through to stringent family imposed conditions, restitution, and restoration of damage and work for the victim.

The development of programs in rural communities provides the greatest challenge for police and the communities. More than 170 agencies, organisations and communities have been consulted on the Scheme.

To date, 134 formal programs have been registered throughout the Territory. These programs offer activities such as education, sport, recreation, life skills, counselling, job training, employment and drug/alcohol/substance abuse counselling.

To assist with the provision of Juvenile Pre-Court Diversion Scheme services in Darwin, Katherine and Alice Springs, a tender inviting organisations to provide case management and mentoring services for a period of three years was advertised. Tenders were received from seven organisations. The successful organisations which commenced services in March 2002, were:

- Darwin: YWCA;
- Katherine: YMCA; and
- Alice Springs: Relationships Australia.

The concept of Community Youth Development Units (CYDU's) has received considerable interest in remote communities. CYDU's have been funded under the scheme in Wadeye and Tennant Creek and funding submissions have recently been received from the Tiwi Islands and Groote Eylandt for the development of CYDU's in their regions. Further funding submissions for CYDU's are anticipated soon from Galiwinku, Borroloola and Papunya.

A funding grant has also been approved for the Ikuntji Horse Skills Program run by the Ikuntji (Haasts Bluff) Community Council.

ACPOs are utilised to assist the Aboriginal communities to become actively involved in the Diversionary Conferencing process as an alternative to imprisonment. It encourages the community to resolve issues at the community level. It also offers youth an alternative to imprisonment and an opportunity to be involved in a number of innovative programs designed to improve self-esteem and to offer meaningful interventions that are relevant to the community standards.

The Commonwealth has recently undertaken a review of the Scheme under the terms of the Agreement. The results of this review should be released in the very near future.

### ***Aboriginal Community Corrections Officers Program (ACCO)***

The ACCO program aims to incorporate more local input into the development and management of correctional programs in communities through the employment of local Indigenous ACCOs.

The program commenced in 1986 with 14 positions funded on a tri-partite basis (NTG, ATSIC, community council). Under the Labour Government, the scheme has been changed to integrate Indigenous staff into the NTG and to provide the

Indigenous officers with a career path and employment opportunities. Local people are trained and mentored by Officers resident in the Community or base office. There is a long term plan to replace all non-Indigenous staff in outlying communities with local Indigenous staff.

Community corrections sentences are administered flexibly in Aboriginal communities to ensure equity of success to a group who may otherwise be disadvantaged because of their residential arrangements or employment opportunities and/or background. This is particularly the case with the Home Detention program, which has the highest success rate (93.5%) of any Australian jurisdiction.

### Community involvement in decision making relating to service delivery

#### ***Self Managed Schools***

The Self Managed Schools (SMS) strategy will pilot regional/community based education partnerships in remote area communities through an intensive and thorough community development approach. This strategy stems from a number of recommendations<sup>7</sup> of the independent review of Indigenous education in the NT, *Learning Lessons* (Collins Review).

Remote schools operating SMS will be assisted and empowered to develop school governance models that facilitate increased involvement of Indigenous people in effective decision making. As such, the cornerstone of SMS will be the establishment of a Local Education Board (LEB) in each pilot community/region. LEBs will be locally constituted community/regional education committees comprising key local stakeholders. An integral part of the success of these LEBs will be capacity building through support and training of board members.

One of the main purposes of LEBs is to increase parent and community involvement in education decision-making which will encourage the greater involvement of Indigenous people in their children's education both at school and in the classroom.

The second main function of the LEBs will be to work beyond existing School Council Functions and help coordinate the efforts of Indigenous leaders, government agencies (particularly health), non-government organisations, training providers and industry to develop and test various initiatives to improve indigenous student attendance and learning outcomes.

There are four sites to pilot the SMS:

- Alyawarr/Anmatyerr Cluster [Utopia, (Arrawarra, Apungalindum, Akaya, Aniltjiy), Ampilatwatja (Irrultja and Antarringinginya) and Alcoota Schools]

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<sup>7</sup> Specifically recommendations 150 and 151.

- Warlpiri Triangle[Lajamanu, Yuendumu, Willowara and Nyirripi Schools]
- Maningrida Community Education Centre
- Tiwi Islands [Xavier Community Education Centre and Murrupurityanuwu Catholic School].

The pilots aim to improve attendance and education outcomes of Indigenous students through:

- Greater community control over decision-making processes
- Greater flexibility for communities and principals to be creative in the way they deliver and resource their school programs
- Improved coordination of relevant services in communities, especially health
- Participation of SMS in various other trial initiatives, such as extra ESL support, mobile pre-schools and nutrition and hearing programs.
- Being targeted by Northern Territory Government agencies wishing to trial other initiatives that may be of benefit in improving student attendance and education outcomes.

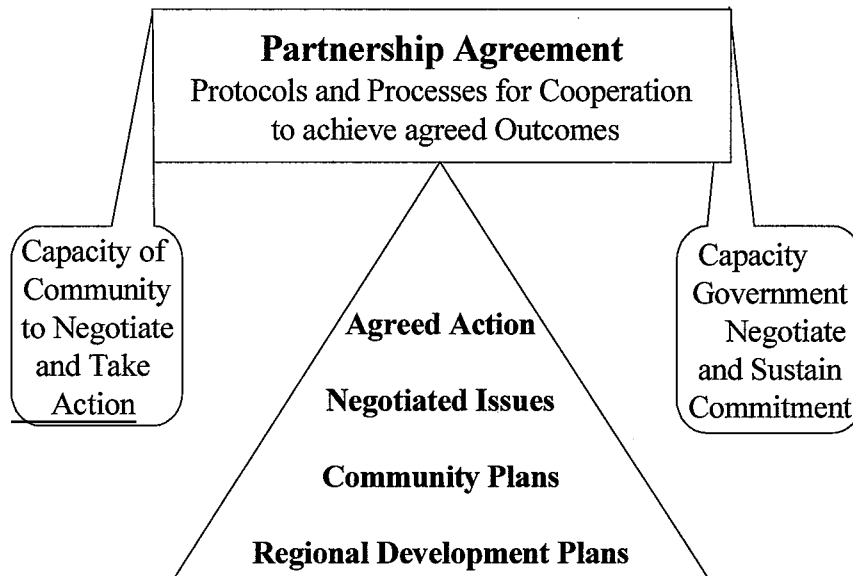
Critical planning and evaluation work is being done to prepare the implementation of the SMS. DEET is looking to the Aboriginal Health Boards as best practice examples of a community development approach to service delivery.

## **Policy initiatives of the Labor Government**

### **Partnership agreements**

The approach now being taken in the Northern Territory is to drive coordination and collaboration through joint identification of issues, negotiation of agreed objectives, joint action and joint accountability for outcomes. Building on the approach to be trialed at Wadeye with the Commonwealth and Thamurrurr, it is envisaged this will from a model to be extended to the Wangka Willurrarra (West MacDonnells) and Nyirranggulung-Mudrulk-Gadberre (Katherine East) and have at its core the establishment of effective governance arrangements and pooled funding..

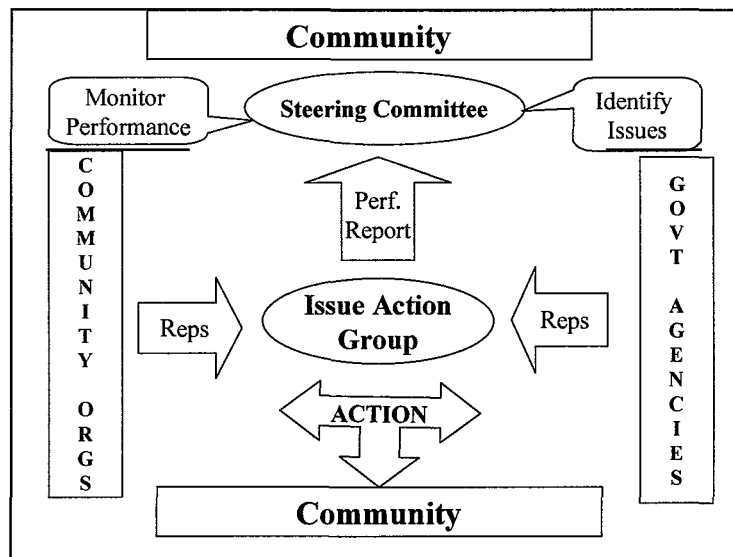
Where the method or means of delivery of program or service is relevant to an issue that is the subject of the agreement, then there would be a commitment on the part of the Government to adjust or change its program guidelines to deal with the issue in the manner negotiated.



This figure identifies the key elements in a partnership agreement between government (NTG, Commonwealth) and an Indigenous community. The Partnership Agreement itself is simply an agreed protocol or process for the achievement of agreed outcomes. The Agreement would be supported by agreement on action to be taken in respect of key issues. These actions could, in turn, be developed from community or regional development plans.

The arrangement is predicated on meeting a number of basic principles:

- the delivery of value to agencies and their governments in terms of the outcomes for which they are being held accountable;
- recognising the legitimate rights and responsibilities of traditional owners consistent with the Aboriginal Land Rights (NT) Act 1976;
- the achievement of outcomes in respect of issues that the community believes are the most important to deal with;
- a preparedness on the part of governments and their agencies to change funding and program guidelines to pursue strategies and actions in the course of the negotiated arrangement;
- a preparedness on the part of both partners to adjust behaviour to achieve the agreed outcomes;
- a preparedness on the part of both parties to accept accountability for success or failure resulting from the partnership.



The figure above provides a diagrammatic representation of the manner in which the type of partnership agreement may operate.

Development of regional partnerships will involve:

- A flexible delineation of “regional entities” based on community of interest according to factors such as shared cultural and linguistic relationships, histories, geography, economic interdependence, transport linkages and need.
- The identification and development of different regional service delivery mechanisms to meet needs in areas such as health, education, local governance and enterprise.
- The Identification of regional strengths and advantage in terms of social capital, physical and natural resources and infrastructure;
- The identification of key weaknesses and obstacles in terms of social capital, physical and natural resources and infrastructure that may face the region.
- The identification and development of mechanisms of resource pooling, including Commonwealth and Northern Territory, community and private sector resources.
- The development of protocols and mutually agreed understandings for shared and transparent accountability between governments and regional and/or community service delivery organisations.
- Assistance at local and regional levels to facilitate the identification and negotiation of priorities and issues of concern.

## Recognising traditional knowledge

New initiatives are the development of the Desert Knowledge Centre in Alice Springs and Indigenous Knowledge Centres in regional areas of the Northern Territory. One such centre, at Galiwin'ku off the north coast of Arnhem Land has recently been funded. The aim of these centres is to create regional partnerships between a number of research and other stakeholders to develop and expand Indigenous knowledge and to reunite and strengthen Aboriginal knowledge systems.

Traditionally, indigenous knowledge has never been held in atomised, discrete communities or clans. Indigenous knowledge has always been dispersed across regional groupings, mediated through ceremony, trade and intermarriage. The "settlements", "missions" or "communities" which are artefacts of the colonial past have encouraged parochial approaches as a means of dividing Aboriginal groups from themselves and each other. It is envisaged that the Indigenous Knowledge Centres will be one way of re-uniting and strengthening Aboriginal Knowledge Systems.

It is envisaged that the functions and activities of each Centre will vary according to local need. In general, the Indigenous Knowledge Centres will be an innovative combination of library, keeping place, training facility, community centre and Internet point to digitally create, capture and manage knowledge in new ways. Although physically located within a single community, it is intended that Indigenous Knowledge Centres be developed as a regional resource that can be accessed on line by surrounding communities of the region. Appropriate safeguards and protocols will need to be developed to ensure local clan information and gender-based knowledge or information held by virtue of seniority is protected.

There is considerable opportunity for Aboriginal scientific and cultural knowledge to contribute towards national objectives in resource and environmental management, particularly in the areas of biodiversity protection, habitat conservation, greenhouse abatement and cultural industry development.

It is also envisaged that Indigenous Knowledge Centres might be developed as regional portals through which regional development objectives might also be advanced, through access to satellite and broad band internet. Already a significant number of remote areas Aboriginal arts and crafts centres have been successfully directly marketing their work in the international marketplace. Increasingly, Aboriginal-owned tourist operations are making similar use of the Internet. Therefore, the Centres will provide a means for enhancing the potential for regional and economic development.



## Aboriginal Family Violence Strategy

The Aboriginal Family Violence Strategy (AFVS) focuses on *coordinated action and community solutions*. The strategy seeks to :

- establish a comprehensive framework under which effective change can occur in partnership with Indigenous communities; and
- integrate a capacity building concept in relation to dealing with family violence that recognises the inter-connection of other factors which adversely affect the wellbeing of individuals, families and communities.

The AFVS is based on the premise that solutions to family violence must come from within each community, build on customary and contemporary structures and practices, and over time, further strengthen the skills and capacity of individuals/families and the communities involved to respond to these issues.

The keystone of the new AFVS is a *Strong Family, Strong Community, Strong Future* project. This is designed to:

- Address family violence and related social problems within communities by assisting (initially) a number of selected communities to mobilise their capacities.
- Create local employment and skills transfers in the areas of community dispute resolution.
- Produce a set of principles and practices that can be applied across a range of community contexts within the NT.

The project will establish processes that:

- Communities can adapt to their local social and cultural realities.
- Communities can sustain over time by drawing on the social capital created in the communities.
- Has the potential, over time, to influence the behaviour of future generations and reduce the incidence of family violence.
- Can be progressively rolled out across the Territory by applying the expertise and lessons learned from the project communities.
- Improve government interactions with and understanding of communities.

Co-ordinated by the Chief Minister's Department, the focus will initially be on a small number of communities, to test and refine the project before considering larger scale implementation. Four communities have been identified to participate in the project in the first year (Nguiu, Milikapiti, Wugularr and

Ngukurr). This will extend to six communities in the second year, and eight in the third year.

Rather than engage in episodic evaluation, the project will institute a permanent review, monitoring and evaluation process that will progress with the project and that is specific to and designed with each community.

An Australian National University team will form an Expert Reference Group and assist the project through periodic evaluation and program design workshops, and highlighting international best practice.

The elements that make this a different AFVS approach for the NT are:

- Community engagement.
- Community development and capacity building.
- Whole-of-government coordination.
- Employment creation for Aboriginal people within participating communities.
- A train-the-trainer model and professional development opportunities for communities, agencies and organisations.
- An Australian National University Expert Reference Group, with a credible track record across a number of countries and in Australia, to provide insight and ideas.

## **Conclusion**

In summary, the experience of the NTG is that the following are the essential elements of successful capacity development to meet the requirements of cooperative and/or devolved government service delivery:

- Establishment of governance institutions with genuine (culturally legitimate) decision making and a separation of powers.
- Long term commitment.
- Acceptance of the rights and responsibilities of traditional owners.
- Community development focus, including the use of specialist teams with knowledge of Aboriginal culture, cross cultural awareness and negotiation skills, participatory planning experience, organisational and management skills and the capacity to commit for an extended period.
- Continuous training and development, including task driven cultural change.
- Outcomes focus on specific issues that have been agreed by all parties to be of value.

- Establishment of processes that deliver value to all parties.
- Devolution of real decision making powers based on the achievement of agreed outcomes.
- Where possible, adopting regional approaches to the delivery of services that allow for the achievement of economies of scale, but which ensure individual communities retain autonomy.
- Where possible, pooled funding and shared accountability.

## **Attachment A**

### **Commitment of the Department of Community Development, Sport and Cultural Affairs to Capacity Building**

A considerable amount of funding and support will be applied in 2002/2003 and future years to the support of capacity building initiatives. These funds have been made available from within existing resources and reflect the high level of commitment of the Government to work in this area.

- **Partnerships and Regional Development**

A team of 7 officers have been allocated to the task of facilitation and negotiation of partnership agreements and to oversee the development of regional development plans.

In addition an amount of \$500,000 per year has been allocated for funding to the preparation or facilitation of regional development or community plans.

- **Capacity Building Project Management**

A team of 7 officers have been allocated to the task of policy development, establishment of an evaluation framework and management of individual projects in respect of community and regional level capacity building projects.

In addition, an amount of \$600,000 will be allocated each year to projects that aim to build capacity within a community or region;

- **Community Development Officers**

Nineteen Community Development Officers employed by the Department will be allocated to the support of capacity building, partnership and regional development projects in conjunction with a continuing role in support of housing and local government programs.

- Partnership Agreements

In 2002/2003 partnership agreements, regional and community development plans will be pursued in a number of regions and communities, including:

- Wangka Willurrarra (West MacDonnells) – capacity building, partnership agreement and regional governance structure;
- Thamurrurr (Port Keats) – capacity building, governance structure and partnership agreement;
- Nyirranggulung-Mudrulk-Gadberre (Katherine East) – capacity building, regional governance structure and partnership agreement;
- Anmatjere Region – regional development planning, regional governance structure working towards a partnership agreement;
- Barkly Region – regional planning, regional governance structure working towards a partnership agreement;
- Gulf Region (Borroloola plus) – regional planning towards a possible regional governance structure and a partnership agreement
- Tiwi Islands – maintenance and further development of a regional governance structure, capacity building working towards a partnership agreement.

## **Attachment B**

### **Primary Health Care Access Program (PHCAP)**

#### Introduction

- The Primary Health Care Access Program (PHCAP) is a new way to provide more and better health services to Aboriginal people.
- The Commonwealth Government and the Northern Territory Government together with the Aboriginal Medical Services Alliance of the Northern Territory (AMSANT) representing the indigenous community sector are working together with Aboriginal communities to develop better health services and provide more choice for communities on how those services can be arranged.
- The initial focus of activity is in Central Australia however, it is intended that the PHCAP initiative will eventually roll-out in all areas of the Northern Territory.

#### Who are the PHCAP partners?

- The four agencies who are signatories to the Northern Territory Agreement on Aboriginal and Torres Strait Islander Health (the "Framework Agreement") work as partners with local communities to ensure access to the resources and information needed to make choices about how health service to be organised and managed in the future.
- The following agencies work together through Top End and Central Australian Regional Indigenous Health Planning Committees which have been established by Northern Territory Aboriginal Health Forum.

#### **AMSANT**

- The Aboriginal Medical Services Alliance of the Northern Territory (AMSANT) represents Aboriginal community-controlled health services in the Territory. Such services exist in all major Territory towns (Darwin, Katherine, Tennant Creek, Alice Springs and Nhulunbuy) and have also been established in some larger indigenous communities such as Kintore
- AMSANT contributes to national and Territory policy development and planning, and played a strong role at the national level in advocating for policies that will address indigenous disadvantage in health. They also provide information and advice to member organisations and Aboriginal communities on community control and health service development.

## ATSIC

- Through its network of regional councils, the Aboriginal and Torres Strait Islander Commission (ATSIC) has an important role in representing Aboriginal communities in the PHCAP process. They are able to provide information and assistance for communities managing additional health resources
- ATSIC retains responsibility for certain environmental health services on indigenous communities such as clean water, drainage and housing.

## OATSIH

- The Office for Aboriginal and Torres Strait Islander Health (OATSIH) is a division of the Commonwealth Department of Health and Ageing. OATSIH is responsible for developing national policy, funding Aboriginal community controlled health services and other Aboriginal health services throughout Australia, and helping ensure that mainstream Commonwealth health programs are responsive to the needs of Aboriginal people.
- Commonwealth PHCAP funding is being managed by OATSIH, which together with the Department of Health and Community Services, is one of the two funders supporting the 'health zones' processes in Central Australia.

## Department of Health and Community Services (DHACS)

- DHACS is part of the Northern Territory Government and is responsible for health policy for the Territory and is the major provider of health services, including local or primary health care services and hospital services.

## History

- The first Aboriginal community controlled health services in the Northern Territory commenced in the early-mid 1970s and were primarily in Central Australia. Funded initially through the (then) federal Department of Aboriginal Affairs, early examples included the Central Australian Aboriginal Congress (Alice Springs); Urapuntja Health Service (Utopia/Sandover region) and the Lyappa Congress (Papunya). Since the 1970's, the model of Aboriginal community controlled health services has continued to develop, both in the Territory and nationally. In the 1980s, the indigenous health movement developed a national focus through a body that has evolved into the National Aboriginal Community Controlled Health Organisation (NACCHO).
- Between 1987 and 1989 Aboriginal and Torres Strait Islander people all over Australia were asked by the Commonwealth government and NACCHO to help develop a National Aboriginal Health Strategy, or NAHS.

- NAHS was completed in 1989. It recommended that every Aboriginal and Torres Strait Islander community in Australia should have access to a community-controlled health service. This policy provided a foundation for the growing emphasis on the growth of community controlled primary health care services and underpinned the need for an increased focus on environmental issues that affect indigenous health status such as poor housing and the need for improved water supplies.
- The early 1990s were characterised by questions among indigenous communities, governments, and bodies such as AMSANT about the way indigenous health services were delivered.
- In 1995 responsibility for Aboriginal health at the federal level was transferred to the Commonwealth Department of Health and Aged Care, and the Office for Aboriginal and Torres Strait Islander Health was created.
- In July 1997, the final report of the Central Australian Health Planning Study was tabled which proposed the development of 'health zones' to assist in the development of community controlled health services in Central Australia. That same year saw agreement between the Commonwealth Government, the Territory Government and Aboriginal community sector to established indigenous coordinated care trials in Katherine West area and in the Tiwi Islands.
- Coordinated care trials were originally established to determine if the combination of population based care planning and funds pooling could improve health outcomes among specific populations. The extension of the trial concept to indigenous "whole-of-population" settings enabled testing of those criteria in the context of indigenous control of health decision making and health resourcing (using the funds-pool approach). The trials demonstrated that these approaches could provide improvements in indigenous health status.
- In April 1998, the Northern Territory together with AMSANT, ATSIC, OATSIH signed an agreement to work closely together on the planning and provision of indigenous primary health care. This "framework agreement" has underpinned much of the development and growth in indigenous health since then including the development of the PHCAP model and the transition of the former indigenous coordinated care trials to ongoing operations.
- Also in 1998, the "Deeble Report" showed that although the burden of ill-health fell disproportionately on indigenous Australians, the indigenous share of health expenditure was only about a quarter of the amount accessed by other Australians receive through the Medical Benefits Schedule. The lack of doctors and nurses in Aboriginal communities was seen as a major factor in the disproportionately greater use of use of hospital/acute services by indigenous Australians.



- In September 1998, processes commenced to develop a Top End Regional Indigenous Health Plan with the intention that, together with the Central Australian Plan completed in the previous year, the NT would have the foundations for jurisdiction-wide indigenous health planning.
- In 1999, Commonwealth announced the Primary Health Care Access Program initiative would be rolled out nationally as a way to redress the low levels of indigenous access to Medicare highlighted by Deeble. Priority was to be given to those areas where detailed regional indigenous health plans had been established. Central Australia was in the "box-seat".
- The Top End Regional Indigenous Health Study was completed in July 2001. It too proposed a system of local health-zones to assist in the development of improved levels of indigenous control over primary health care.
- The combination of Top End and Central Australian Regional Indigenous Health Plans now meant that the Northern Territory was divided into 21 zones (11 in Central Australia and 10 in the Top End).
- The PHCAP partners agreed that PHCAP will be rolled out initially in five Central Australian zones (Anmatjerre, Eastern Arrernte-Alyawarra, Luritja-Pintupi, Northern Barkly, and Warlpiri) and that in the Top End, priority will be accorded to the Darwin and South-East Top End zone.

#### The PHCAP Contact Team

- The PHCAP partners assist local communities in the PHCAP planning processes by providing resources and information needed to develop a zone health plan through the formation of a joint "contact team". This team will comprise representatives from the Commonwealth, the Northern Territory, from ATSIC and from the Aboriginal Medical Services Alliance of the Northern Territory.
- The initial focus of this team will be the main communities in the first five Central Australian PHCAP zones (Anmatjerre, Eastern Arrernte-Alyawarra, Luritja-Pintupi, Northern Barkly, and Warlpiri).
- Representatives of the PHCAP partners will meet with zone communities to assist communities to think about zonal arrangements and issues about representation. Communities in local zones will be encouraged to determine how PHCAP will work so it is important that there is agreement among local communities about future directions of PHCAP.

## Zone Level Planning and Resourcing

- Zonal services will be planned in a series of steps. The first step will be to develop a health zone plan, which will identify health priorities, define health services delivery arrangements and fund pooling arrangements.
- Resources are available to:
  - employ consultants to help develop zone health plan;
  - train for Aboriginal people to run their own health services;
  - develop information and management systems;
  - acquire infrastructure (new clinics, staff housing, clinic equipment vehicles etc);
  - development of special programs to address issues such as nutrition, substance misuse, gender based issues;
  - link local services to the hospital and specialist doctors;
  - ensure that health services are culturally appropriate
  - address environmental issues (eg: housing and fresh water)
- PHCAP will not provide services such as:
  - hospital services (including dialysis machines);
  - residential care for elderly people;
  - provision of non-health infrastructure like airstrips.
- PHCAP is being implemented using a strategic planning approach and all 'health zones' need to prepare plans addressing overall directions (aims), operational goals and implementation plans. Each plan will also need to include a review process. Plans will also need to define the health needs and priorities of your communities, how new resources will be utilised, how resources will allocated within the zone, fund-holding arrangements and zone management structures. The community control elements of the plan will address issues such as governance, staffing, training and development, and population health measures including preventative care arrangements.

## The PHCAP Process

- The PHCAP Contact Team will visit all the zones to hold information sessions with organisations and community members.
- A zone steering committee will be formed comprising 2 representatives from each major community in a zone to nominate community in each zone. The contact teams will work with the zone steering committee to address the zone planning process.
- The zone steering committee will engage a planning consultant to develop a zone health plan funded by OATSIH. The planning consultant will work for the steering committee in order to develop a zone level health plan and a zone community control plan.
- Once the zone plans are completed and endorsed by the zone steering committee and zonal communities, they are sent to the Commonwealth and Territory governments for approval and funding. At this point, the job of the steering committee is finished. The zone community control plan will describe what community control arrangements will in future.
- The government funders work with the zone fund-holder to develop a funding contract for the new service. Once signed, the plan can begin to be implemented.

## Attachment C

### Issues with the cashing out of MBS/PBS funds

There are unresolved concerns arising from a consideration of the current model for cashing out MBS/PBS funds on a capped per-capita basis, based on an average usage by all Australians with average health status. Two issues in particular require further attention.

Firstly, the MBS/PBS equivalent is effectively capped in this instance by reference to a per-capita usage figure, when MBS/PBS usage by the rest of the population is not capped.

Secondly when the chronic health status of Aboriginal people in the Katherine West region is taken into account, it becomes self evident that applying Australian averages to the current per-capita adjustment without incorporating morbidity and remoteness multipliers is both inequitable and potentially discriminatory. Estimates of the burden of disease might provide a more appropriate measure, such as under the PHCAP model.

In principle, PHCAP uses a capped MBS payment with multipliers for remoteness (up to 2x) and morbidity (again up to 2x), thus allowing for a level of funding up to four times the capped MBS payment. These multipliers have been questioned as inadequate from the outset<sup>8</sup>. Pharmaceutical costs via PBS are not included in this formula, as drug supplies to PHCAP services will be supplied free under S.100 arrangements.

However, there have been recent suggestions from the Commonwealth that the MBS capped payment would be based on average *Aboriginal* MBS utilisation, rather than *national* MBS utilisation. This would be plainly and blatantly discriminatory, as it has already been clearly demonstrated that Aboriginal MBS utilisation is only at about one quarter of the national rate. The apparent four times national average MBS rate, designed to overcome the problems of remoteness and morbidity, would be wiped out at the stroke of a pen.

Also, a funding determination that does not take into account relative need is contrary to the basis on which the NTG itself receives Financial Assistance Grants from the Commonwealth which are largely determined by relativity adjustments that recognise the increased costs associated with delivering health and other services to Indigenous Territorians. This critical issue was also identified in the recent Collins' Review of Aboriginal education in the NT,

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<sup>8</sup> Deeble, J., Mathers, C., Smith, L., Goss, J., Webb, R., and Smith, V. 1998. *Expenditures on Health Services for Aboriginal and Torres Strait Islander People*, cat. No. HWE 6, Australian Institute of Health and Welfare, Canberra.

*Learning Lessons*, which highlighted the problems that arise when common funding formulas applied for service delivery in remote areas fail to take into account differing levels of need and service provision costs in Aboriginal communities<sup>9</sup>.

When considered against a backdrop of projections that anticipate a 20 per cent rise in general hospital admissions for NT Indigenous people by 2006<sup>10</sup> and while the incidence of end-stage renal disease is doubling every four years in the Top End<sup>11</sup>, the case for focussing on improving community-based care services is compelling on fiscal grounds alone.

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<sup>9</sup> Northern Territory Department of Education 1999. *Learning Lessons: An Independent Review of Indigenous Education in the Northern Territory*, Government Printing Office of the Northern Territory, Darwin.

<sup>10</sup> Katherine West Health Board Aboriginal Corporation (KWHB) 1999. *Year 2000 and Beyond: A Submission in relation to Short-Term and Medium-Term Development Strategies*, unpublished manuscript, KWHB, Katherine.

<sup>11</sup> *ibid*