

22 November 2016

Royal Commission into the Protection and Detention of Children in the Northern Territory
PO Box 4215
Kingston ACT 2604

By Email Only: ChildDetentionNT@royalcommission.gov.au

Dear Commissioners

Submission by Northern Territory PHN: Royal Commission into the Protection and Detention of Children in the Northern Territory

About Northern Territory PHN

Northern Territory PHN (NT PHN) is the Primary Health Network for the Northern Territory (NT). We work towards improving health outcomes of the NT population, through building local partnerships and directing resources towards an integrated, high quality primary health care system. NT PHN is one of 31 Primary Health Networks established across Australia to coordinate primary health care delivery, and address local health care needs and service gaps. Our organisation is a partnership between the Aboriginal Medical Services Alliance Northern Territory (AMSANT), the NT Government Department of Health and the Health Providers Alliance Northern Territory. As such, we are uniquely placed – spanning the Aboriginal community controlled, public, and private health sectors – to affect change in the NT.

NT PHN acknowledges the very significant reach and scope of the work undertaken by Aboriginal community controlled primary health services across the NT. We are an active member of the Northern Territory Aboriginal Health Forum and its working groups, and value the opportunity to work with our partners in a collaborative, co-design health planning model. Our organisation has Constitutional objectives to improve health outcomes for Aboriginal people through comprehensive primary health care services, and to support and strengthen Aboriginal community control of comprehensive primary health care.

NT PHN has already achieved much with our local partners. This includes providing over \$9M in funding in 2015-2016 across the Territory¹ in contracting local Aboriginal community controlled health services to deliver culturally appropriate health care, and to develop resources to support preventive health initiatives. We have recruited doctors to remote or very remote regions, and delivered over 60 education sessions to nearly 1,000 health professionals.

NT PHN supports a range of child and youth health activities across the NT. In 2015-2016 this included:

- Delivery of psychological services under the Access to Allied Psychological Services program to children and youths, including 1,369 sessions to children aged 12 years and younger.
- Aboriginal Health Worker/Elder mentoring roles funded through the Mental Health Services in Regional and Remote Australia program enhanced local accessibility and acceptability to

¹ Representing 44 per cent of the value of NT PHN's total contracted services

- mental health services and visiting Psychologists. Aboriginal Health Workers coordinated community youth services regarding high-risk youth suicide and attempts.
- Delivery of preventative health and health literacy initiatives, including the Wama, tjikita munu ukiri nyura ngayuku malpa wiya Project (Alcohol, cigarettes and Marijuana are not my friend project) in Mutitjulu, and a health awareness music clip for youth in Numbulwar, created as a collaboration with the Roper Gulf Shire Council and local youth. The clip focused on sugar consumption, drug use, bullying and lack of sleep.
 - Funding through the National Suicide Prevention Program for youth resilience workshops in Nauiyu, Peppimenarti and Palumpa, Top End communities with histories of youth suicide and attempted suicide.

From 1 July 2016, NT PHN became the fund holder for headspace and the Early Youth Psychosis Service in the NT. To ensure service continuity, we have committed to 30 June 2018 to the continuation of headspace Darwin and Alice Springs, and to 30 June 2019 for the Early Youth Psychosis Service in Darwin.

To ensure our continuing operation as a culturally competent organisation, NT PHN is currently developing a Reconciliation Action Plan, which will not only provide practical activities to support reconciliation (including development of an Aboriginal employment strategy), but a commitment to reconciliation and cultural competence across all facets of the organisation. This is intended to include requirements of our sub-contractors to demonstrate cultural competency and support health literacy activities, and also improved orientation processes for health professionals recruited to work in the NT.

Our Future Role

Nationally, PHNs are expected to act as integrators across the primary and secondary health care sectors. We recognise in the NT that the health service sector is broader, and we anticipate a key role in working with government agencies and NGOs. In 2016-2017, that will include working with our partners to develop a comprehensive youth health strategy for the NT. There will be consideration of any recommendations arising from this Royal Commission.

NT PHN is currently developing a needs assessment model, which will provide mechanisms for the collection of data, identification of health needs and gaps, and health service system needs and gaps. Following a thorough assessment of identified needs, NT PHN will work with our partners to respond to best meet those needs. This may include contracting services, advocacy opportunities or supporting partners – including the Department of Children and Families and the NT Correctional Services – in their work with children and youth.

In August 2016, the NT was selected as a Stage One Trial Site for the Australian Government's Health Care Home Model of Care. This innovation, recommended in the Report of the Primary Health Care Advisory Group *Better Outcomes for People with Chronic and Complex Health Conditions* (December 2015) provides an opportunity for NT PHN to work with stakeholders to better coordinate health care for Territorians affected by chronic and complex health conditions. This includes working with private sector GP clinics, Aboriginal community controlled health services, NT Government health services and NGOs to better connect up patients to support services, and engaging patients and their families in managing their care.

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NT PHN has received one-off funding (to 30 June 2018) to support the delivery of innovative activities linked to recommendations of the *Better Outcomes for People with Chronic and Complex Health Conditions* report. NT PHN proposes to use part of this funding to pilot youth health initiatives, with a focus on Foetal Alcohol Spectrum Disorder.

Summary

Many children in the child protection and youth detention systems are affected by a range of health issues, and are particularly vulnerable to experiencing poorer social and emotional wellbeing outcomes than other Australians. The national mental health reform process has identified an integrated and equitable approach to youth mental health as a priority.

As an organisation, our Constitutional objects include improving health outcomes for Aboriginal people through comprehensive primary health care services, and to support and strengthen Aboriginal community control of comprehensive primary health care. Aboriginal community controlled health services provide pivotal links with local Aboriginal people, in their communities, and provide significant opportunities for delivery of targeted health interventions, clinical services and preventive health initiatives' to support children and their families, and to minimize involvement in the child protection and youth justice systems. Additionally, community controlled health services have opportunities to collaborate with NT government services and NGOs to support delivery of parenting and family support programs, domestic and family violence activities and youth diversion activities.

We are supportive of findings by the Royal Commission which empower Aboriginal people, communities and leaders. This could include support for initiatives that take into account the social determinants of health and a focus on comprehensive primary health care services which address clinical services, preventive health initiatives, infrastructure which supports the delivery of quality health services, best practice health policy and research and initiatives which support community participation in their health; increased investment in trauma informed care approaches for young people; and a social and emotional wellbeing service model, co-designed with community controlled services.

Aboriginal people and Communities must be consulted in the development of solutions to ensure that NT policy fully reflects opportunities for Aboriginal health improvement in the NT, particularly for the most vulnerable section of society; our children.

NT PHN is supportive of findings which provide opportunities for further research and building of the evidence base to promote approaches to the safety and wellbeing of young people, including young Aboriginal people, which are designed to:

- significantly reduce children's contact with the child protection and youth justice systems in the first instance by delivering preventative, universal, accessible and quality early childhood education, care and support for Aboriginal children and their families throughout the NT; and
- when contact is necessary, that the child protection and youth justice systems:
 - apply international human rights standards (e.g. Beijing and Havana Rules)
 - apply child development principles;
 - are therapeutic and restorative;

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- are responsive to the needs of Aboriginal girls/young women; and
- account for the particular cultural requirements of Aboriginal children.

We thank you for the opportunity to provide this submission to the Royal Commission. Should you like any further information, please contact NT PHN's Chief Executive Officer, Ms Nicki Herriot on **Privacy** or by email on **Privacy**

Yours faithfully

Privacy

Dr Andrew Bell
Chair
Northern Territory PHN

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