

# **NORTHERN TERRITORY EMERGENCY RESPONSE (NTER)**

## **MONITORING REPORT**

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**Measuring progress of NTER activities**

**PROGRESS BY MEASURE  
JULY 2008 – DECEMBER 2008**

**PART TWO**

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## Indicator Data by Measure

This monitoring report brings together performance information for each measure under the Northern Territory Emergency Response (NTER) for the period 1 July to 31 December 2008.

The report has two parts:

### Part 1

- **Background** – information on the NTER and the data provided for this report.
- **Executive summary** – summary of key findings of the performance information for the first eighteen months of the NTER.
- **Overview of monitoring data** – overview of the analysis of indicators by measure.

### Part 2

**Indicator analysis by sub measure** – more detailed analysis of the progress and associated issues in relation to each identified performance indicator, including necessary caveats. All Australian Government information was provided by the agencies responsible for the relevant sub measure. This report also contains data from the Northern Territory Government (NTG).

Analysis provides:

- summaries of achievements and progress
- reasons for the non-achievement of milestones or targets
- any 'lessons learned' or impacts
- any changes in policy direction
- linkages with other measures or data, i.e. dependencies such as housing to infrastructure
- data limitations and the actions in place to rectify.

# 1. Improving Child and Family Health

A healthy start in life is clearly an essential building block for achieving successful early childhood development. Child health checks identify and treat conditions to help children thrive and learn. If any issues are identified, follow-up service delivery ensures that the child is referred to a specialist for treatment.

## 1.1 Overview

This section provides summary indicator data on the Health components of NTER:

- Child Health Checks (CHCs) and follow-up service delivery
- Child Special Services
- Alcohol and other Drugs response
- Expanding Health Service Delivery Initiative (EHSDI)

The CHCs, Child Special Services and Alcohol and other Drugs response commenced in July 2007 and are continuing in 2008-09. EHSDI commenced on 1 July 2008.

### Data Development

During the period July to December 2008, the health components of the NTER transitioned from the initial rapid implementation phase to sustained delivery of new and increased levels of health services for remote Indigenous communities in the Northern Territory.

Data for the Health indicators are sourced from systems developed to monitor the initial rapid implementation phase. Data collections for monitoring the long-term commitments are in development and data are not available for reporting at this time. Data on follow up services has become available.

Quantitative data collection relating to the Child Special Services element is still in development. Quantitative data on the Drug and Alcohol response has required more extensive development because the measure has involved a number of new service arrangements which required new data collections to be developed, agreed and established. There is also a long lead time in processing hospital data.

### Context and Achievements

**CHCs** were progressively rolled out from July 2007 to 31 December 2008 and by the end of that period a total of 10,292 valid Child Health Checks had been provided across every region of the Northern Territory (NT). Follow-up service delivery has now commenced in all regions through existing service providers.

The main focus of the CHC Initiative since June 2008 has been the provision of follow-up care to children who had referrals from other checks in earlier time periods. Preliminary data suggest that follow-up in primary health care has reached over 8,500 of children who have received CHCs.

The major impediments to the roll-out of the **CHCs** and follow-up services were local

infrastructure to support an increased workforce, particularly accommodation for clinical work and staff housing, and workforce availability. These were targeted for action in 2008-09 and will continue to be a focus of attention for the next two years under the Expanding Health Service Delivery measure.

### **Child Health Check Initiative**

The main focus of the Child Health Check Initiative during the period 1 July to 31 December 2008 was the provision of follow-up care to children who had referrals from checks conducted previously. While preliminary data suggest that follow-up in primary health care has reached over 80% of children, follow-up in more specialised areas, which require the deployment of special facilities and staff, are progressing more slowly.

During this period, over two thousand audiology checks were provided to 1,825 children and over 1,800 dental services have been provided to 1,365 children. While 1,150 CHCs were provided during this period, the number was less than in the two previous reporting periods as the bulk of children and communities had had access to checks during those earlier times. In total, 10,292 valid Child Health Checks have been provided in the period from July 2007 to 31 December 2008

### **Child Special Services**

The Child Special Services implementation to respond to child abuse-related trauma proceeded following analysis of existing service delivery, and extensive consultation with the Northern Territory Government and the Community Controlled Health sector. The delivery of the new Sexual Assault Referral Centre Mobile Outreach Service (MOS) commenced in April 2008.

During the period 1 July to 31 December 2008, service delivery continued at the same time as new policy, planning and infrastructure was established to support the implementation of the service with four years of funding across all remote areas of the Northern Territory. In addition, the Central Australian Aboriginal Congress (Congress) were funded to undertake the scoping phase of a Healing Model for Adolescent Sex Offenders and to facilitate the Male Health Summit 'Taking Care of Our Children', held in Central Australia in July 2008.

### **Alcohol and other Drugs Response**

The Alcohol and other Drugs (AOD) Response commenced in September 2007 with the provision of two dedicated hospital beds for detoxification at both Katherine District and Tennant Creek Hospitals. This included the rapid deployment of specialist AOD teams to support these beds in the initial six weeks, as well as increased support for selected residential rehabilitation services in the five regional centres of the NT.

The second phase of the response, January to June 2008, included a wide range of measures to support expanded service delivery and workforce capacity including the deployment of 28 outreach workers in primary care and substance use services in the NT, the engagement of an AOD Clinical Director, workforce training and community education initiatives.

Key elements of the AOD Response introduced in 2007-08 are being continued in 2008-09 under the *Closing the Gap – NT – Follow Up Care* measure. This includes increasing the AOD workforce in the primary health care setting, increasing the capacity for substance use treatment and rehabilitation services, workforce support and development, and an independent evaluation.

### **Expanding Health Service Delivery Initiative (EHSDI)**

From 1 July 2008, implementation of the \$99.7m EHSDI commenced. These funds are available in 2008-09 and 2009-10 and aim to:

- increase primary health care service delivery in remote locations;
- deliver more regionally-based primary health care services in remote NT communities;
- and recruit and deploy health professionals through the Remote Area Health Corp (RAHC).

During the period 1 July to 31 December 2008, governance under the NT Aboriginal Health Forum was established and an investment plan was agreed for the \$38.9m in 2008-09 funds. An agreed list of core primary health care services was developed and plans for regional reform of health services established. The RAHC commenced operation following the engagement of Aspen Medical and the first seven health professionals were deployed in December 2008.

The most significant impediments to implementation of programs during this period were the lack of local infrastructure to support an increased workforce, particularly accommodation for clinical work and staff housing, and workforce availability. The EHSDI, MOS and AOD programs were involved in considerable planning, consultation and program infrastructure development during this period.

## 1.2 Child Health Check Initiative (CHCI)

### Participation in CHCI

The main focus of the Child Health Check Initiative during the period 1 July to 31 December 2008 was the provision of follow-up care to children who had referrals from checks in earlier time periods. While preliminary data suggest that follow-up in primary health care has reached over 80% of children, follow-up in more specialised areas which requires the deployment of special facilities and staff is progressing more slowly. During this period, over two thousand audiology checks were provided to 1,825 children and 1,894 dental services have been provided to 1,365 children. While 1,150 CHCs were provided during this period, the number was less than in the two previous reporting periods as the bulk of children and communities had had access to checks during those earlier times. In total, 10,292 valid Child Health Checks have been provided in the period from July 2007 to 31 December 2008

The CHC are based on existing health checks available to Aboriginal and Torres Strait Islander children aged 15 years or less through Medicare (i.e. Medical Benefits Scheme (MBS) item number 708). The data derived from these checks includes the child's medical history, relevant family medical history, and their health status at the time of their health check. Information is also recorded on whether vaccinations, treatment and referrals were provided during the CHC.

As of 31 January 2009, an estimated total of 13,178 valid CHCs have been performed through the NTER and MBS Item 708 since 1 July 2007. The number of checks provided between 1 July 2008 to 31 December 2008 was 1,150. The estimated CHC coverage as at 31 December 2008 is 60%. The coverage figure counts only one CHC per child and excludes checks more than 15 months old due to declining clinical relevance. The coverage rate has a two month lag due to data availability. The peak CHC coverage was 74% which was reached in the period ending 31 October 2008.

### Targets/Milestones

There is no target set for the proportion of children that should receive a CHC and nor is it expected that a child should receive a CHC every year. The CHC is a tool to support clinicians in the exercise of their judgement and responsibilities with respect to the health of individual children and the population of children within their service area. Participation in the NTER CHCs during 2007 and 2008 compares favourably with other voluntary screening programs.

### Health Conditions

The purpose of the CHCs is to identify and treat health problems or refer children to other primary, specialist or allied health services for treatment. It is important to note that data have been collected as a by-product of a clinical process and they are not a substitute for rigorous, scientific research on the prevalence of disease. Detailed comparisons of the findings from the NTER CHCs and other data sources on disease prevalence can be found in the *Progress Report* published on the Department of

Health and Ageing and the Australian Institute of Health and Welfare websites in May 2008<sup>1</sup>.

Since the CHC data collection commenced in July 2007, there has been little change in the proportions of children identified with various health conditions. A detailed analysis of 8,997 children (as at 17 October 2008) who had received at least one valid CHC reported the following:

- three in four (75% or 6,760) children were identified as living in a household with a smoker;
- 73% (483) of children aged less than 1 year were at risk of Sudden Infant Death Syndrome (SIDS) due to bed sharing, while 35% (229) were at risk due to soft sleeping surfaces and loose bedding; and
- 43% (3,883) of children had at least one type of oral health condition. In particular, 40% (3,618) of children were reported to have untreated caries.

### **Referrals**

Just over two-thirds (69%) of children who received a CHC were referred for further services. The most common service need was for additional primary health care (39% of all referrals) and dental services (34%).

During 1 July 2008 to 31 December 2008 a further 449 children were referred for Primary Health Care follow-up while 487 children were referred for dental care, 238 for tympanometry and audiology, 143 for specialist Paediatrician follow-up and 138 for specialist Ear Nose and Throat follow-up.

### **Follow-Up Health Service Delivery**

Follow-up of CHC referrals through existing Primary Health Care (PHC) or specialist services available in the NT often commenced soon after the checks were completed. The Australian Government provided additional follow-up funding to both Aboriginal Community Controlled Health Organisations and the Northern Territory Department of Health and Families.

Data on follow-up service delivery is currently available from three sources:

- **Chart Reviews:** As part of the follow-up care, chart reviews are being conducted for those children who had a CHC. These chart reviews capture information about follow-up care that has been received since the child had a CHC and any outstanding issues requiring follow-up. These chart reviews involve assessment of the health records of children who had had a CHC to ascertain whether the children had the follow-up care that had been recommended during the CHC. As of 20 February 2009 73% of children who had undergone a CHC have had a chart review.
- **Audiological Testing:** Audiological testing is done to assess hearing and is repeated during the course of care provided for children with ear disease

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<sup>1</sup> <http://www.health.gov.au/internet/main/publishing.nsf/Content/nterchciProgressReport>

to measure change in response to treatment. Audiology is not in itself a therapeutic intervention but part of a larger process of care. It is expected that the need for further action following audiological assessment will be a common occurrence. These services are being provided to children who had a CHC, as well as other Indigenous Australian children aged 15 years or less who live within the prescribed areas of the NT.

- **Dental Services:** The Northern Territory Department of Health and Families and Aboriginal Community Controlled Health Organisations have been funded by the Australian Government to undertake follow-up dental services as part of the CHCI. These services are being provided to children who had a CHC, as well as other Indigenous Australian children aged 15 years or less who live within the prescribed areas of the Northern Territory.

### **Follow-up Services - Progress**

The figures in the Performance Indicator table show that the CHC figures for the current reporting period are lower than in the last reporting period. This is due to the bulk of children and communities having had access to a CHC in the previous reporting periods and to the fact that the focus of attention has moved to the delivery of follow-up services.

Data on follow-up service delivery was published on the Department of Health and Ageing and Australian Institute of Health and Welfare websites in December 2008 and was based on activities up until the 17 October 2008. These data have now been updated and this report provides data available to the Australian Institute of Health and Welfare up until 8 May 2009. Preliminary analysis of this data for 7,711<sup>2</sup> children who have had a CHC followed by a Chart Review shows the following proportions of children with specific referrals for follow-up had been seen:

- 78% of the 2,409 children referred to Primary Health Care Clinic
- 44% of the 794 children referred to a Paediatrician
- 37% of the 616 children referred to an ENT specialist
- 50% of the 637 children referred for tympanometry and audiometry<sup>3</sup>
- 22% of the 2,377 children referred for dental follow-up.

It is not possible to disaggregate these Chart Review data into follow-up that occurred during the reporting period versus follow-up that occurred in early reporting periods.

While these figures and those in the Performance Indicator table demonstrate that services are reaching those who require follow-up, they also show the extent to which further follow-up services are required. Many children have yet to be seen for referrals

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<sup>2</sup> Note this data does not match the data presented in the Performance Indicator table due to differing time periods and a different subset of children being analysed.

<sup>3</sup> There have been more children who have received audiology checks than had an audiology referral. This is because children are not required to have an audiology referral to have an audiology check. The eligibility is that the children are less than 16 years old and live in an NTER prescribed area.

and for those who have been seen, there is a continuing need for follow-up care, particularly for more specialised services.

The fact that many of the children who have received some follow-up care require further action is due to the chronic nature of many of the conditions being treated. Fundamentally, many ear, skin, physical growth and oral health problems are the result of poor living conditions, poverty, overcrowding and lack of adequate nutrition. While these conditions can be ameliorated through health interventions, their prevention requires change to these broader determinants of health.

### **1.3 Child Special Services**

The Child Special Services implementation to respond to child abuse-related trauma proceeded following analysis of existing service delivery, and extensive consultation with the Northern Territory Government and the Community Controlled Health sector. The delivery of the new Sexual Assault Referral Centre Mobile Outreach Service (MOS) commenced in April 2008. During the period 1 July to 31 December 2008, service delivery continued at the same time as new policy, planning and infrastructure was established to support the implementation of the service with four years of funding across all remote areas of the Northern Territory. In addition, the Central Australian Aboriginal Congress (Congress) were funded to undertake the scoping phase of a Healing Model for Adolescent Sex Offenders and to facilitate the Male Health Summit 'Taking Care of Our Children', held in Central Australia in July 2008.

A four year funding agreement for \$5.7 million was signed with NT DHF on 19 September 2008 for the implementation of the Sexual Assault Mobile Outreach Service (MOS) following its development phase in 2007–08 funded under the NTER. The establishment of the MOS was to extend the reach of services to respond to child sexual assault and related trauma in remote communities not previously serviced by the NT's Sexual Assault Referral Centre. MOS services commenced operation in April 2008. Teams of sexual assault counsellors and Aboriginal sexual assault workers are now operational in all NT regions, and provide casework services, community education and professional development.

In the period from 1 July to 31 December 2008 MOS made a total of 38 visits to 11 communities and town camps across the NT and provided casework to children and families, as well as professional development and community education to service providers and community members.

Most recent case-related and non case related service data available<sup>4</sup> from DHF for this period indicates that in:

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<sup>4</sup> \*Note: Q1 and Q2 data cannot necessarily be added, as double counting may occur. YTD Cumulative case-related data to 31 December 2008 is not yet available. ..

- Quarter 1 (1 July to 30 September 2008) - MOS teams made 19 visits to 8 communities during this quarter, and staff provided 53 case-related services to children and/or their family members. 13 education or training sessions were also delivered to 96 service providers and community members.
- Quarter 2 (1 October to 31 December 2008) – MOS teams made 19 visits to 7 communities and town camps during this quarter, and MOS staff provided 50 case-related services to children and/or their family members. 19 education or training sessions were also delivered to 138 service providers and community members.

The Central Australian Aboriginal Congress (Congress) has completed the scoping phase of a Healing Model for Adolescent Sex Offenders. The initial community engagement activities have occurred and have been well received by the community.

The Male Health Summit 'Taking Care of Our Children' was facilitated by the Congress in Central Australia from 30 June – 3 July 2008. The Summit was attended by over 400 Aboriginal men who gathered to discuss the health of themselves, their children, families and communities.

## 1.4 Drug and Alcohol Treatment and Rehabilitation Services

The Alcohol and other Drugs Response commenced with the provision of two dedicated hospital beds for detoxification at both Katherine District and Tennant Creek Hospitals from September 2007, the rapid deployment of specialist Alcohol and Other Drug (AOD) teams to support these beds for an initial six weeks, as well as increased support for selected residential rehabilitation services in the five regional centres of the NT.

The second phase of the response from January to June 2008 has included a wide range of measures to support expanded service delivery and workforce capacity including the deployment of 28 outreach workers in primary care and substance use services in the NT, the engagement of an AOD Clinical Director, workforce training and community education initiatives.

Key elements of the Alcohol and other Drugs Response introduced in 2007-08 are being continued in 2008-09 under the *Closing the Gap – NT – Follow Up Care* measure. This includes increasing the AOD workforce in the primary health care setting, increasing the capacity for substance use treatment and rehabilitation services, workforce support and development, and an independent evaluation of the measure.

Funding of \$2.6 million was allocated under the *Closing the Gap - Northern Territory - Follow Up Care: Drug and Alcohol Component* to continue key elements of the alcohol and other drug (AOD) response in 2008-09.

The funding priorities approved under this measure are:

- increasing the AOD workforce in primary health care;

- increasing capacity of treatment services;
- workforce development;
- and evaluation of the AOD response.

Two AOD registered nurses and 12 Indigenous Community Support Worker positions have been funded in six Aboriginal Community Controlled Health Organisations across the NT. These positions continue from those funded under the NTER in 2007-08. This workforce is complemented by an additional eight ongoing AOD positions, in four Aboriginal Medical Services and four NT Department of Health and Families health centres across the NT, funded through the 2006 Council of Australian Governments Substance Use measure.

Additional funding has been provided in 2008-09 to five AOD treatment and rehabilitation services across the NT to enhance capacity and continue services provided under the NTER in 2007-08.

Funding has been provided to the NT Government to implement a range of workforce support and training activities targeted at the AOD workforce in the primary health care setting.

A quantitative data collection relating to the Alcohol and other Drugs response commenced in April 2008 and the Northern Territory Department of Health and Families has been engaged to analyse the data. This will be available for the next NTER Monitoring report.

### **Evaluation of the Alcohol and Other Drugs (AOD) Response Measure**

On 1 August 2008, Origin Consulting and Bowchung Consulting were engaged to conduct an independent evaluation of the NTER AOD Response Measure. The consultants will report regularly on their progress and findings throughout 2008-09, with the final report due in June 2009.

The overall evaluation objective is to assess how well the Measure has been implemented and the extent to which it has achieved its goals. In order to answer the overall evaluation objective, the consultants are to:

- assess the extent to which appropriate AOD related health and substance use services were put in place in the Northern Territory to support individuals and communities affected by the new Commonwealth alcohol legislation;
- assess the extent to which innovative opportunities were created to reduce harmful drinking levels among individuals and communities affected by the new Commonwealth alcohol legislation in the Northern Territory, through the introduction of Measures under the NTER AOD Response Measure.

During the period 1 July to 31 December 2008, consultations commenced with key stakeholders involved in the implementation of the Measure. This included the Northern Territory Department of Health and Families and non-government organisations such as Aboriginal community controlled health organisations. Consultations with Aboriginal and Torres Strait Islander communities in the NT will occur in 2009.

## **1.5 Expanding Health Service Delivery Initiative (EHSDI)**

From 1 July 2008, implementation of the \$99.7m EHSDI commenced. These funds are available in 2008-09 and 2009-10 and aim to increase primary health care service delivery in remote locations; deliver more regionally-based primary health care services in remote NT communities and recruit and deploy health professionals through the Remote Area Health Corp (RAHC). During the period July to December 2008, governance under the NT Aboriginal Health Forum was established and an investment plan was agreed for the \$38.9m in 2008-09 funds. An agreed list of core primary health care services was developed and plans for regional reform of health services established. The RAHC commenced operation following the engagement of Aspen Medical and the first seven health professionals were deployed in December 2008.

The EHSDI aims to enable a sustained focus on the delivery of CHCs and primary health care follow-up services during 2008-09 through significant additional resources to expand health service delivery in remote NT Indigenous communities. Australian Government funding of \$99.7 million has been committed towards this initiative over two years from July 2008. The Department of Health and Ageing has undertaken extensive planning for the implementation of the EHSDI with the Northern Territory Department of Health and Families and the Aboriginal Medical Services Alliance of the Northern Territory under the NT Aboriginal Health Framework Agreement.

The EHSDI aims to deliver long term, sustainable improvements in the NT primary health care system and provides for:

- increased primary health care service delivery in remote locations;
- delivery of more regionally-based primary health care services in remote NT communities; and
- recruitment of health professionals with a Remote Area Health Corps (RAHC) being established for this purpose.<sup>5</sup>

Significant progress has been made in the period July to December 2008, including:

- funding for expanded primary health care services to employ more doctors, nurses, Aboriginal Health Workers and community health workers;
- an agreed list of core primary health care services across the life-span;

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<sup>5</sup> The RAHC is supplementing the recruitment efforts of the NT DHF and Aboriginal Medical Services.

- agreement on 14 Primary Health Care Health Service Delivery Areas (HSDAs) in the NT;
- commencement of regional reform consultations in five of the HSDAs (East Arnhem, West Arnhem, Central Australia, Barkly and Tiwi), conduct of workshops that have resulted in the establishment of Steering Committees to facilitate the regional reform process. Future workshops will be held in the remaining HSDAs in early 2009; and,
- ongoing partnership with the Northern Territory Department of Health and Families and the Aboriginal Community Controlled Health Organisations through the Aboriginal Medical Services Alliance of the Northern Territory.

Aspen Medical was successful through a competitive tender process to establish and operate the Remote Area Health Corp (RAHC). The RAHC's focus is on the recruitment of urban-based health professionals for short term placement in NT remote Indigenous communities. Marketing activities commenced in December 2008 with advertisements in industry appropriate journals.

On 4 December 2008 the RAHC's first deployment to the NT occurred with two registered nurses being deployed to Ampilatwatja. By 31 December 2008 the RAHC had deployed seven health professionals and all were registered nurses.

Work is continuing to establish hub based outreach services to be delivered, initially from Alice Springs and Darwin.

#### **Evaluation of the CHCI and the EHSDI**

An independent evaluation of the CHCI and EHSDI is being conducted during 2008-09 and 2009-10. The objective of the evaluation is to address the performance of these initiatives in relation to their appropriateness, effectiveness and efficiency and to contribute to the refinement of policy and practice. The evaluation of the CHCI component will build on the data collections developed to monitor the implementation of the Child Health Checks and follow-up services. The evaluation of the EHSDI will draw on and foster the continuing development of the Northern Territory Key Performance Indicators for primary health care.

## **1.6 Northern Territory Hospitalisation Data**

Unfortunately the hospitalisation data received from the Northern Territory Government was too late to be validated and included for this monitoring report. For the next report, June 2009 we will be able to provide three full financial years of hospitalisation data for consideration.

## 2. Enhancing Education

Parents of Indigenous children need to be involved in ensuring their children get a complete education. Children need to be encouraged to expand their expectations of themselves. Children of all ages will face learning difficulties if they are tired or hungry, both of which make them unable to fully concentrate on the tasks set by teachers. Regular school attendance is clearly essential for learning.

### 2.1 School Attendance

The data Table 2.1.1 include students in **both government and non government schools** in the NTER prescribed areas. The table shows that at December 2007 the combined attendance rate for Primary and Secondary School students was 63% compared to 61% for December 2008.

**Table 2.1.1 Enrolment and attendance for NTER schools**

Stage of schooling		Dec 07	Dec 08	Change between Dec 07 and Dec 08
Preschool	Enrolment	953	1,025	72
	Attendance	57%	56%	-0.9%
Primary School	Enrolment	5,460	5,336	N/A
	Attendance	66%	63%	N/A
Secondary School	Enrolment	1,335	1,929	N/A
	Attendance	53%	54%	N/A
Combined Secondary and Primary School	Enrolment	6,795	7,265	470
	Attendance	63%	61%	-2.6

**Source: Northern Territory Government – Department of Education and Training**

Table 2.1.1 also shows that:

- As at December 2007 attendance rates for Preschool children was 57%, for Primary School children 66% and for Secondary School students 53 %.
- As at December 2008 attendance rates for Preschool children were 56%, for Primary School children 63% and for Secondary school students 54%.

NT Department of Education and Training introduced Middle Years schooling in 2007 / 2008, which means from 2008 Year 7 students are counted as secondary students instead of primary students. This means care is required when comparing attendance rates for Primary and Secondary students from 2007 to 2008. However, the data indicates that Primary School attendance dropped by 3 percentage points and Secondary School attendance increased by 1 percentage point. The change in Primary School and Secondary School attendance rates is partially attributable to the introduction of Middle Years schooling.

## **2.2 School Nutrition Programs**

As at December 2008 71 schools across 73 prescribed communities are being supported by a School Nutrition Program. As at December 2008, 71 schools across 73 communities are being supported by a School Nutrition Program with the program is now in place in all prescribed communities.

At 30 June 2008, there were School Nutrition Programs established in 55 communities and 8 town camp areas.

### **3. Supporting Families**

Families and communities are the building blocks of our society. For a community to thrive, the family unit must feel safe and protected from harm. Children need to be supported in functional and resilient families that are healthy, free of violence and culturally vibrant.

Strengthening parenting skills in families and communities can help build their resilience and their support networks. Child care facilities and services support early childhood development and growth and promoting early school engagement.

Positive youth diversionary activities have the potential to contribute, either directly or indirectly, to broader social goals by reducing substance abuse, increasing school attendance and creating social cohesion. They can assist in building youth leadership, confidence and self-esteem.

#### **3.1 Safe Houses**

##### **Family Support Package**

The Family Support Package allocated \$12.3m in 2007-08 to supporting families and children in the NT via:

- establishing or expanding 22 safe houses in 16 remote communities and expanding safe houses in Darwin and Alice Springs (\$11.83m);
- establishing a Mobile Child Protection Team (\$0.15m); and
- recruiting Remote Aboriginal Family and Community Workers (RAFCWs) to be placed in remote communities (\$0.32m).

From the 2008-09 Budget, FaHCSIA has \$9.5m in administered funds to contribute to the project. Negotiations are continuing with the NTG to determine specific usage, but it is intended to support the operation of the safe houses, mobile child protection team and the RAFCWs.

Between 1 July and 31 December 2008, 17 communities, including Alice Springs and Darwin had new or refurbished safe house facilities. Angurugu women's Safe House is awaiting refurbishment, however their men's Cooling Off Place has been constructed. As at 20 May 2009, 17 out of 22 Safe Houses were operational.

Sea containers were chosen as the preferred option to deliver the safe house model as they represented the most efficient and effective way of addressing an immediate need in communities to protect women and children and help break the cycle of violence. Containers were considered to offer a higher level of building security than demountables, are cyclone coded, quick to construct and are less expensive to retrofit.

These are not the same containers originally found to have harmful fumes. Safe houses will not be occupied until comprehensive testing shows them to be safe.

## **3.2 Child Protection**

### **Mobile Child Protection Team (MCPT)**

Fifty communities have been visited by the Mobile Child Protection Team and 459 cases investigated.

The NTG has established a team of Child Protection Practitioners to deliver a mobile child protection service. The team works closely with local support services, the Remote Aboriginal Family and Community Workers (RAFCWs) and police, etc, to support families and communities and investigates reports of child maltreatment and neglect.

At 31 December 2008, two child protection workers and one administration assistant had been recruited. The levels of staffing on this team have been fluctuating and there has been a high turnover of staff. The positions have been difficult to keep filled due to the high level of qualification sought, the remoteness of the work and the short-term nature of the contracts. A recruitment round occurred recently with four new workers employed and two to be contracted shortly.

## **3.3 Supporting Families**

### **Remote Aboriginal Family and Community Workers (RAFCWs)**

Remote Aboriginal Family and Community Workers (RAFCWs) provide a link and liaison between families, local services and regional services, particularly the child protection system.

Initial recruitment and development of training packages was undertaken between August 2007 and 31 January 2008.

Between September 2008 and 31 January 2009, the NTG recruited 8 RAFCWs. One team leader, one project officer and one acting manager have been recruited.

## **3.4 Parenting**

### **Children's Services and Family Support**

The NTER includes funding for five new facilitated playgroups and an expansion of Indigenous Children Program (ICP) and Invest to Grow (ItG) services in the Northern Territory.

The playgroup funding is for two mobile Intensive Support Playgroups (ISPs) based in Tennant Creek and Katherine and for three Locational Supported Playgroups (LSPs) in Numbulwar, Milingimbi and Yuendumu.

Funding for ICP allowed the Council for Aboriginal Alcohol Program Services Inc (CAAPS) to expand their existing ICP services to support more families in Northern Territory communities.

Under the ICP, CAAPS provides substance misuse-related services to families including education programs on the effects of substance misuse on family and community and family activities to improve relationships). CAAPS used NTER funding to purchase the Jubudah Program which teaches children about their feelings and how to deal with them.

NTER funding was also provided for the expansion of three 'Invest to Grow' projects:

- *Child Nutrition Program* prevention and intervention sessions to families with children at risk in the NT delivered by the NPY Women's Council
- *Core of Life* health education program providing information about pregnancy, breastfeeding and early parenting delivered by Menzies Inc.
- *Let's Start* a project aiming to develop a preschool program in communities to support parents; enhance parenting practices; strengthen family units; develop children's social skills and reduce problematic behaviour delivered by Charles Darwin University..

### **Progress**

Between February and June 2008, site selection and approval was progressed and funding agreements were signed with service providers for the Tennant Creek and Katherine playgroups.

In the six months to 31 December 2008, 264 children and 92 parents and caregivers from nine community outstations in the Tennant Creek and Katherine regions have participated in these playgroups. The children are participating in a range of activities designed to strengthen their social, emotional, cognitive, behavioural and physical development. Parents and carers are also participating in playgroup activities; helping prepare morning tea, washing hands with their children and involving themselves in their children's play-based activities.

As at 20 May 2009, three of the five new facilitated playgroups are operational and delivering playgroup services to 264 children and 92 parents and caregivers in 11 locations. Twenty three families from the two playgroups have been supported by playgroup staff to access assistance and services such as crisis accommodation, legal support, financial management advice, Centrelink payments and housing.

Funding agreements have now been signed with service providers for all three LSPs. Yuendumu LSP commenced operations in May 2009. The service provider for the Milingimbi and Numbulwar LSPs is currently engaged in preparatory consultations.

Between June and December 2008, service providers were selected for Numbulwar, Milingimbi and Yuendumu playgroups and funding agreement negotiations were finalised.

The Indigenous Children Program was formed in 2006 by a merger of previously funded Aboriginal Islander Child Care Agencies (AICCA) and Indigenous Parent and Family Wellbeing (IPFW) programs. ICP aims to strengthen Indigenous children, families and communities and build their resilience and support networks. Currently there are three ICP providers in the NT, one of which - the Council for Aboriginal Alcohol Program Services Inc (CAAPS) – receives additional funding under the NTER.

Under the ICP, CAAPS provides substance misuse-related services to families including education programs on the effects of substance misuse on family and community and family activities to improve relationships). CAAPS used NTER funding to purchase the Jubudah Program which teaches children about their feelings and how to deal with them.

Training of staff to deliver the Jubudah program was completed in February and the program has been incorporated into the CAAPS Indigenous Children's Program. Between February and 30 June 2008, 21 children 0-8 yrs and 15 parents/caregivers were assisted by the program. Between July and December 2008, 19 children 0-8 yrs, 3 children 9-12, and 11 parents/caregivers were assisted by the program.

NTER funding for the CAAPS Indigenous Children Program has enabled the service to employ a permanent children's worker which has resulted in the children settling better and developing a daily routine. The service has also been trialling a Child Psychologist visiting once a week giving support to the children's worker and resulting in identifying problems and being able to refer children onto further help. The young children are able to attend children's programs while their parents are dealing with their substance misuse issues. While the parents have a break from the children, the worker is able to support them in the Parenting program.

Progress under the three expanded Invest to Grow projects includes:

- *Child Nutrition Program*: NPY Women's Council. From June 2008 to December 2008, the Nutrition team delivered 37 prevention and intervention sessions to 307 participants for children at risk in the NT, and have assisted 65 children and their families with essential food and health requirements in emergencies. From June 2008 to December 2008, 122 parents/caregivers participated in ItG Child Nutrition Program, compared to 75 parents/caregivers participated in 18 nutrition education sessions in the period January 2008 to June 2008.
- *Core of Life*: Menzies Inc. Health education program providing information about pregnancy, breastfeeding and early parenting. In September 2008, programs in all states outside Victoria were disrupted because of contractual disputes. The parties agreed to a settlement in January 2009. In the period January 2008 to June 2008 five community forums were conducted in Wadeye, Groote Eylandt, Darwin, Alice Springs and Tiwi Islands, and facilitator training was conducted for twelve participants.
- *Let's Start*: Charles Darwin University. This project aims to develop a preschool program in communities to support parents; enhance parenting practices; strengthen family units; develop children's social skills and reduce problematic behaviour. *Let's Start* has been laying ground work and developing contacts

with nine target communities in preparation for running programs. The program will be delivered in Pirlagimpi in Term 1 of 2009, with a possibility of two more being delivered in Term 2. *Let's Start* developed a close working relationship with Danilla Dilba Aboriginal Medical Service in order to engage clients in the Darwin area. In the period January 2008 to June 2008, *Let's Start* was developing contacts with target communities in preparation for running programs.

### **Challenges**

A key barrier to the implementation of effective children and family services under the NTER is the difficulty in attracting experienced and qualified workers. Funding models for children and family services that include provision for competitive wages, high quality professional support and formal training, mentoring and professional development for local workers would go some way to addressing this issue. However, the related issues of recruiting external expertise and building a trained, local workforce cut across the breadth of NTER operations. Coordinated efforts at higher levels - including a focused effort to build the capacity of NT registered training organisations – might achieve economies of scale and the longer term sustainability of communities and services.

### **Next Steps**

In recognition of the effectiveness of the NTER playgroup and early childhood measures, additional funding of \$3.6m over 2009 – 10 to 2011 – 12 was announced as part of the 2009 – 10 SIBS Budget. This provides funding for a total of twelve services delivering to almost 2,000 Indigenous families and their children by 2010/11 as part of Supporting Families.

## **3.5 Youth Diversion**

Petrol sniffing and alcohol use are related substance use behaviours that damage the physical, mental and social health of young people. The NTER Youth Alcohol Diversion (YAD) measure is aimed at young people, primarily 12-18 years old, who engage in or are at risk of alcohol and other substance abuse.

In 2007-08 a total of \$8.5 million was allocated to:

- Establish the Northern Territory Regional Youth Development Network in the West Arnhem and Daly River regions (auspiced by Red Cross Australia);
- Provide a flexible funding pool for youth diversion projects; and
- Provide holiday programs in central Australia.

In 2008-09 a total of \$8.8 million was allocated to one youth diversion program, comprising two components:

### **Component one – \$2.1 million for the continuation of the Northern Territory Youth Development Network**

Component one aims to improve the quantity, quality and cohesion of youth activities in the West Arnhem and Daly River regions to develop young leaders and sustainable youth services.

Funding for the Northern Territory Youth Development Network was released to Red Cross Australia on 29 October 2008.

Red Cross Australia had consulted with a wide range of stakeholders and communities to develop a network of youth services that play an important role in improving conditions and outcomes for young people. The service providers were invited to apply via a tender process with letters to successful service providers sent out in mid February 2009.

Red Cross Australia employs local coordinators in 13 communities who work part time to assist service providers with the implementation of their programs. These coordinators will also liaise with the local people to assist in the evaluation of the programs.

Delays in implementation were impacted by recruitment of key Red Cross Australia project staff, the close down over Christmas and selection negotiations with providers.

### **Component two – \$6.7 million for infrastructure and youth programs in Central Australia**

Component two is used to fund diversion projects and infrastructure in Central Australia. Payments began in November 2008 after funding agreements were negotiated in the first part of the 2008-09 financial year.

Tailored to each community's needs, these projects target youth 12 to 18 years of age to build the youth services infrastructure, offer culturally appropriate social and recreational activities and provide local employment and training opportunities for Indigenous people. A key priority for this year is to work in partnership with the Northern Territory Department of Education and Training to support the involvement and ongoing attendance of youth at school.

## 4. Promoting Law and Order

**Fundamental to functional and resilient individuals and families is an environment safe from violence and abuse.**

**Personal safety in local communities and respect for law and order builds trust between individual members. It is the interrelationships between people in a local community that helps foster a commitment to change their circumstances and work with all governments to achieve outcomes for each other.**

**The consequences of substance misuse for an individual can be devastating, such as poor parenting, neglect of children, violence and sexual abuse and imprisonment.**

### 4.1 Police

The discussion and analysis in this section is based on data supplied by the Northern Territory Police and the Northern Territory Department of Justice.

The NTER was principally addressed to the safety and well-being of children. It is particularly difficult to collect and report outcomes for this objective; however, some data are available and is reported below. Of course, the short-term impact of the NTER may be to increase reported crime and it is important to 'see through' such a short-term effect. If people in the NTER areas are more able to report crimes, then in the long run this is likely to have a positive effect as perpetrators will be more likely to be apprehended.

While data on assault and violent crime largely reflects crimes committed against adults, a general normalisation of violence is not good for children or adults and creates an environment in which crimes against children are more likely to occur. There is significant evidence that violence is normalised in many remote Indigenous communities<sup>7</sup>. Much violence remains unreported in official data and this needs to be kept in mind in interpreting the data provided below.

Sixty three additional police have been deployed since the NTER was announced in June 2007; 45 Australian Federal Police (AFP) and interstate police and 18 NT police. At 6 May 2009, four permanent Police Stations have been upgraded and 18 temporary Themis Police Stations have been established in the 18 Operation THEMIS communities (some of these communities did not have a police presence prior to the NTER). The additional police presence meant that the recording of all incidents across all categories rose, particularly in the 18 communities where Operation THEMIS is in place

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<sup>6</sup> All police data provided by the Northern Territory Government. The data range is based on financial years, and THEMIS data is based on 1 July 07 – 30 June 08.

<sup>7</sup> ABSTRACT Address by the CEO of the Australian Crime Commission, Alastair Milroy, to the 2008 Bennelong Society Conference - 20 June 2008

## Police Data – NTER Communities

The tables in this section show the high number of incidents<sup>8</sup> (incidents may not be prosecuted) reported to police for the NTER communities; particularly for person-related domestic violence (total domestic violence includes alcohol-related domestic violence).

Indigenous Australians are over-represented in crime data in the NT. For example, Indigenous Australians accounted for 85.8% of assault lodgements filed in court for hearings in 2008, despite only accounting for around 32% of the NT population. Most of these matters relate to offences committed in major population centres of the NT and not the NTER communities.

The data provided below is provided by the NT Police and covers the six months to the end of December 2008 and the equivalent period in 2007. The last Monitoring Report provided a detailed comparison between 2006-07 and 2007-08

### Alcohol and Substance Abuse Incidents

There was a small increase in the number of alcohol-related incidents reported to the police across the NTER region from 1,994 in the last six months of 2007 to 2,180 in the last six months of 2008 (Table 4.1.1 below). It is worth noting that more than 100% of the increase was accounted for by the Themis communities. This means that non-Themis communities must have had some decreases in incidents during the period.

The number of substance abuse incidents in the NTER area rose from 177 in the last six months of 2007 to 224 in the last six months of 2008

Table 4.1.1. Alcohol, Drug, Domestic Violence and Substances Related Incidents – NTER Region

6 months to end	Alcohol related	Substance Abuse related
December 2007	1994	177
December 2008	2180	224

Source: NT Police Data

### Domestic Violence

The level of domestic violence reported to police across the NTER Area remains high. The number of domestic violence related incidents reported to police rose from 902 in the last six months of 2007 to 1163 in the last six months of 2008. In the 18 Themis communities, the level of reported domestic violence incidents increased significantly, from 120 in the last six months of 2007 to 266 in the last six months of 2008. The Themis communities accounted for 55% of the increase in the total number of domestic violence incidents from the last six months of 2007 to the second six months of 2008.

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<sup>8</sup> A confirmed incident is one which after police investigation is determined by the NT police to be an actual incident. Of course whether these incidents result in a prosecution will depend on whether charges are pressed and the level of evidence.

NT Department of Justice data records 33 actual convictions for breach of a restraining order across the NTER communities in the second half of 2008 compared to 43 in the second half of 2007<sup>9</sup>.

It is difficult to reach definitive conclusions on the incidence of violence in communities based on police data as the level of reporting has probably increased, particularly in the Themis communities.

### **Assault**

There is a high level of assault (relative to population size) across the NTER communities but there is little evidence of any increase in the number of cases lodged in court or convictions since the introduction of the NTER. For example in the 18 months to the end of December 2008 there were 776 assault cases lodged in court for hearing that related to alleged offences committed in the NTER communities. The equivalent figure in the 18 months ended December 2006 was 774. It is true that the number of assault cases lodged in court that related to alleged offences committed in the NTER communities was considerably higher in the 6 months to the end of December 2008 (290) than in the equivalent period of 2007 (246) but it is worth noting that in the equivalent period of 2006 the number was 295. In other words the higher number in the six months to the end of December 2008 may simply reflect normal variability. More time is required to reach any firm conclusions.

In the 18 months to the end of December 2008 there were 480 convictions for assaults committed in the NTER communities. The equivalent figure for the 18 months ended December 2006 was 466.

There may appear, at face value, to be an apparent contradiction between the strong increase in domestic violence incidents reported to police since the commencement of the NTER and uncertainty over whether the actual number of assault cases lodged in court has increased. However, there is no real contradiction.

A number of factors should be considered here. The Northern Territory Police Violent Crime Reduction Strategy guides a strict reporting regime so that all disturbances (including assault offences) involving domestic participants are recorded as 'Domestic Incidents'. One objective of the strategy is to increase the rate of reporting of what is widely understood to be an under-reported category of crime. Any increase in reporting then, may reflect increased confidence or capability to report to Police rather than an increase in the underlying offending.

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<sup>9</sup> Note that it takes some time for incidents reported to police to make their way to court.

Another factor that has particular impact for domestic violence relates to the Police intervention once a report of domestic violence is made. Often the circumstances involve a situation where the parties are intoxicated and sometimes there is an absence of witnesses to the event. This presents obstacles to a successful prosecution. Additionally, victims are often reluctant to disclose to Police details of what occurred and there is limited or no ongoing support capacity within the communities to encourage and equip the victim with the support necessary to either disclose to police the details of the assault or to sustain the complaint once made. Again, this impacts the ability to successfully prosecute offenders.

Intervention in circumstances where a criminal prosecution is not viable involves Police obtaining the protection of a Domestic Violence Order for the victim where sufficient grounds exist.

A similar trend exists for the number of court ordered restraining orders. In the 18 months to the end of December 2008 there were 490 restraining orders issued by courts for residents of the NTER communities. The figure for the 18 months ended December 2006 was 448.

### **Alcohol Consumption**

It is difficult to obtain data on the actual level of alcohol consumption across the NTER communities. It is obviously not possible to simply observe changes in sales data by location given takeaway sales outside the NTER communities. It is also important to note that the NTER only restricts alcohol consumption in prescribed areas. In many instances there are areas close to communities where it is legal to consume alcohol. While the data should be treated with caution sales data from licensed premises on Indigenous communities are of some relevance. The NT Department of Justice holds data on the volume of alcohol sales (pure alcohol in litres) for these licensed premises. Sales data are available for twelve outlets for both 2007 and 2008. Eight of these twelve premises saw the volume of alcohol sales drop from 2007 to 2008<sup>10</sup>

## **4.2 Reduction of child abuse**

### **Child Protection Data**

Child protection data are not available at the NTER community level. However data are available for Indigenous children across the whole Northern Territory.

In 2007-08, Indigenous children in the NT were six times as likely as other children to be the subject of a substantiation of a notification of abuse and neglect.

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<sup>10</sup>Data are not available for some outlets in 2008. In addition a number of outlets no longer serve alcohol.

In addition, the rate of substantiation of a notification for Indigenous children aged 0-16 in the NT rose from 16.8 per 1,000 children in 2006-07 to 23.7 per 1,000 children in 2007-08. Substantiations for Indigenous children in the NT were most likely to reflect neglect (36.5%), followed by emotional (27.1%) and physical abuse (21.8). Sexual abuse accounted for 14.5% of substantiations for Indigenous children in the NT in 2007-08, which is an increase of 4.6 percentage points from 2006-07.

### **Sexual Assault**

The NT Department of Justice have provided data on lodgements in court for sexual assault and convictions for sexual assault across the NTER communities on a consistent basis back to the 2005-06. This allows a comparison to be made for first 18 months of the NTER (that is until the end of December 2008) with the 18 month period to the end of December 2006.

While Indigenous Australians are over-represented in lodgements in court and convictions for sexual assault it is important to note that most convictions in the NT relate to offences committed outside the NTER communities.

The number of sexual assault cases lodged in court relating to offences committed in the NTER communities rose from 39 in the 18 months to the end of December 2006 to 45 in the 18 months to the end of December 2008. Focussing on the most recent six months for which data are available the number of sexual assault cases lodged in court relating to alleged offences in the NTER communities rose from 12 in the six months to the end of December 2007 to 23 in the 6 months ended December 2008.

The number of convictions for child sexual assaults committed in the NTER communities for the first 18 months of the NTER stands at 17. This compares to 8 convictions in the 18 months ended December 2006. There were 7 convictions for child sexual assault committed in the NTER communities in the six months to the end of December 2008 compared to 8 convictions in the six months to the end of December 2007.

It is important to note that not all convictions for child sexual abuse in the NTER communities relate to offences committed by Indigenous Australians. For example for the 17 convictions recorded in the 18 months to the end of December 2008, 3 were committed by non-Indigenous Australians. It is also important to note that these data are likely to understate the actual level of abuse and as a result, it would be misleading to view them in isolation.

### **Child Abuse**

Issues of child welfare go well beyond sexual abuse, indeed, sexual abuse is a subset of behaviours that can have a lasting negative effect on children's' future. It has been argued that neglect is a particularly damaging type of child maltreatment. There is evidence that child neglect is a more common issue<sup>11</sup> than sexual assault in the NTER communities. This is confirmed by NT police data.

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11 Nettie Flaherty and Chris Goddard, Child neglect and the Little Children are Sacred Report, Children Australia, Volume 33, Number 1, 2008

The data below should be treated with some caution as they are based on the reports to police that may not be confirmed<sup>12</sup>. Having said that, the increase in the incidence of reported child abuse may be a function of additional police under the NTER.

There has been a significant increase in the number of reports collectively referred to as 'child abuse' made to police from across the NTER communities since the NTER commenced. This was reported in the last Monitoring Report. More recent data confirm this trend. There has been a significant increase in the reported number of incidents of abuse relating to child welfare in from the last six months of 2007 to the last six months of 2008. The category child welfare relates to issues that would generally be considered to be child neglect.

The child abuse incidents are detailed in Table 4.2.2 below. The total number of incidents of child abuse<sup>13</sup> in the NTER communities rose, from 74 in the last six months of 2007 to 124 in the last six months of 2008. The 18 Themis communities accounted for around 36% of the increase in the number of child abuse reports made to police from 2006-07 to 2007-08.

The vast bulk of these confirmed reports across the NTER communities were accounted for by the category 'child welfare' (73% in 2008). There has been a significant increase in reported incidents of abuse relating to child welfare across the NTER communities, from 58 incidents in the second half of 2007 to 91 in the second half of 2008.

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12 In the previous monitoring report, we reported on confirmed (by the police) incidents of child abuse. This does not have a significant impact on results, however, as the vast majority of reported incidents are confirmed (by police). Some caution is required, however, as the child protection authorities may reach a different conclusion.

13 This includes, child abuse material, child welfare, child welfare – pregnancy, child welfare STI prohibited material, and unclassified adult material

**Table 4.2.2 Incidents – NTER Area**

<b>Outcome of investigation</b>	<b>1 July to 31 Dec 07</b>	<b>1 July to 31 Dec 08</b>
Child Abuse Material		1
Child Welfare	58	91
Child Welfare - Pregnancy	4	17
Child Welfare - STI	11	11
Prohibited Material (Prescribed Area)		3
Unclassified Adult Material	1	1
<b>Total</b>	<b>74</b>	<b>124</b>

Source: NT Police Data

## 4.3 Night Patrols

### Achievements

- There were 63 active night patrols in the 73 NTER identified communities as at 31 December 2008. The number has increased to 70 as at 20 May 2009 with three communities still in the consultation phase<sup>14</sup>.
- For the period July to December 2008 the total number of people (men and women) transported by a night patrol service was 36,220.

### Progress

The Attorney General's Department (AGD) received continued support in 2008-09 for night patrol services in the Northern Territory. The value of community and night patrol services in increasing community safety and reducing contact with the criminal justice system is well known.

Night patrols are being established in the 73 prescribed communities identified by the NTER. Night patrol services are provided by the new shire council arrangements implemented by the NT Government (NTG) and a service provider in the Top End region. The funded organisations are responsible for community consultation, night patrol staff recruitment and training and establishment and operation of each night patrol.

As at 31 December 2008, there were 63 active night patrols in the 73 NTER identified communities. Of the remaining 10 communities, 4 night patrols were non-active due to vehicle and community issues and 6 communities were in the consultation phase. The consultation phase ranges from service providers initiating primary contact with community members, to the establishment of a night patrol base and recruitment of patrollers.

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<sup>14</sup> Data collection is still being refined. Approximate figure only

## **Challenges**

Recruitment and retention of 200 staff (ie 4 in each of the 50 new communities) in remote and rural Australia is challenging. AGD has been working with the service providers delivering night patrol services to mitigate this risk and maximise night patrol staff recruitment.

## **Next Steps**

AGD recently conducted a review of the implementation of the night patrol services in the Northern Territory. The recommendations related to strengthening program administration through workshops, visits and further relationship building, and program enhancement through the revision of funding for salaries and reconsideration of performance indicators. AGD is working towards implementing the recommendations of the review.

Service providers have submitted operational plans for establishing night patrol services in the 73 NTER identified communities. These plans outline the strategies in place to effectively establish night patrols, risks and risk mitigation strategies, and proposed timelines to deliver the services.

For the period July to December 2008 the total number of people (men and women) transported by a night patrol service was 36,220. This figure is based on reports provided by night patrol providers and it is noted that data collection is still being refined.

## **4.4 Legal Services**

### **Achievements**

- Between 1 July 2008 and 31 December 2008 legal service providers handled 398 NTER related matters, including 81 advices, 83 duty lawyer services and 234 cases.
- Legal service providers undertook 196 outreach visits to communities.

### **Progress**

The Attorney-General's Department received additional funding of \$2 million for Aboriginal and Torres Strait Islander Legal Services (ATSILS) and Community Legal Centres (CLCs) in the NT and the Northern Territory Legal Aid Commission (NTLAC) to provide legal assistance to Indigenous Australians for matters arising under the NTER.

Services report that the work arising from the intervention is increasing, court sitting days are increasing and many of the matters arising are labour intensive, placing additional demand on the services. The anticipated increase in prosecution of child sex offences has not occurred, but services are reporting increases in prosecutions of teenagers for under-age consensual sex, and for traffic offence matters, many of which are leading to terms of imprisonment due to unpaid fines.

Demand for legal assistance in the area of welfare rights issues as a result of the new income management arrangements is increasing. Alcohol management issues have also been a significant area of demand for additional services. Some services report that many of their clients are feeling overwhelmed by the child welfare system and the nature of the bureaucracy.

Services are providing a significant amount of community legal education and information sessions in Aboriginal communities and town camps. A primary focus of these information sessions is to build the knowledge base of community members by informing them about legal services and related support services which can assist them with legal problems that they have. Services are also working with other stakeholders in a coordinated approach to address the issues arising.

### **Challenges**

Recruitment of new staff has been a consistent issue. The uncertainty of the continuation of funding from one year to the next has meant that services have only been able to offer one year contracts, which decreases the attractiveness of the position to potential applicants. A significant period of time was required at the beginning of the NTER to find staff for these legal service positions, and to build up new networks and relationships of trust in the communities.

## **4.6 Alcohol Restrictions**

### **Achievements**

Radio advertisements in English and Indigenous languages were broadcast on radio stations across the NT (including Indigenous stations) outlining the alcohol and pornography provisions under the Act.

Signage highlighting alcohol and pornography restriction were erected throughout the prescribed areas, including town camps in the NT.

### **Background**

From the enactment of the *NTER Act 2007*, a clear aim has been to stem the flow of alcohol into those areas prescribed under the legislation, to assist in providing a safer environment for children.

## **Progress**

The installation of signage across the Territory detailing the restrictions associated with prescribed areas (alcohol and pornography) and the penalties that applied is currently being finalised by FaHCSIA Northern Territory State Office (NTSO). This has required obtaining expert mapping services, engaging and liaising with the contractor and sub-contractors, providing expert Global Positioning System (GPS) and training to ensure the installation requirements were met. Consultation with community and town camp members has led to amendments in the wording and size of signs and in particular a decision was taken to use larger signs for highways and smaller ones for entrances to specific communities on prescribed areas. Signage was largely erected throughout the prescribed areas, including town camps in the NT by 31 December 2008.

Ongoing policy advice and information was provided to Australian and NT government agencies and tourism representative bodies to assist with monitoring and enforcing the alcohol provisions of the NTNER Act and aligning them with the NT Liquor Act. An MoU was signed with the NT Government for the ongoing employment of the new Licensing Inspectors and for the maintenance of prescribed area signage.

Additional information was disseminated to NTER communities and to tourism and liquor licensees in the form of flyers and brochures, outlining the general alcohol restrictions, penalties and offences, and the restrictions in relation to takeaway sales.

Radio advertisements in English and Indigenous languages were broadcast on radio stations across the NT (including Indigenous stations) outlining the alcohol and pornography provisions under the Act.

Over this period there have been several applications resolved for declarations to the Minister asking that she exempt specific areas from the operation of the restrictions or to vary licence conditions for community clubs in prescribed areas. The Minister has maintained the policy of only granting declarations in very limited circumstances where it is evident that they will not result in the supply of alcohol increasing on prescribed areas or result in harm to indigenous communities.

Liaison occurred with liquor permit committees and other stakeholders in prescribed areas, following completion of the Review of Liquor Permits Licensed Premises in Prescribed Areas that was undertaken by the NTG.

Three key demonstration projects were funded and managed by FaHCSIA to assist with the implementation of the alcohol measures. One project, for research relating to alcohol issues, potential solutions and solution leaders was completed in three Barkly communities. This research will provide evidence to inform future policy development in relation to alcohol management. The other projects focused on strengthening working relations between the NT Police and Licensing Inspectors on monitoring and enforcing liquor licenses operating in and around the NTER communities.

## 4.7 Alcohol Management Plan

### Achievements

- Alcohol Management Plans are being implemented in Alice Springs, Tennant Creek, Palmerston and Katherine.
- Alcohol Management Plans are being developed for Jabiru, West Arnhem, Darwin, Borroloola, Timber Creek, Maningrida and Elliot.

### Progress

Alcohol Management Plans that are based on supply reduction measures in the form of an alcohol permit system are in place in Groote Eylandt (implemented in July 2005) and Nhulunbuy (implemented in April 2008).

Alcohol Management Plans that are based on 'harm minimisation' strategies are being implemented in: Alice Springs (implemented in October 2006), Tennant Creek (implemented in August 2008), Palmerston (implemented in February 2008) and Katherine (implemented in April 2007). The principle 'harm minimisation' includes demand reduction, supply reduction and harm reduction strategies.

Alcohol Management Plans that are currently in the process of being implemented that include demand reduction, supply reduction and harm reduction strategies. These strategies are part of the principle Harm Minimisation.

Alcohol Management Plans that are currently being developed and are also based on the principle of harm minimisation include:

- Jabiru / West Arnhem
- Darwin
- Borroloola
- Timber Creek
- Maningrida
- Elliot

FaHCSIA is also working with the Australian Government Attorney-General's Department and other relevant Government and non-Government organisations in Galiwinku in relation to the development of a local Law and Order Strategy. Measures to address alcohol related harm are included in the Strategy.

## 4.8 Audit of Publicly Funded Computers

### Background

The first audit of publicly funded computers in the Northern Territory took place on 2 June 2008. 264 organisations were contacted in relation to the 2 June 2008 audit.

These organisations were required to complete the audit, or provide a declaration that the computers referred to are not ordinarily situated within a NTER area. The responses were due within 14 days, however due to the remote location of many organisations there were delays in many cases.

## **Progress**

The second audit of publicly funded computers in the Northern Territory took place on 1 December 2008. 155 organisations (including 65 Shire Service Centres) were contacted in relation to the 1 December 2008 audit.

As at 31 December 2008, 62 responses to the 1 December 2008 audit have been received equating to a response rate of 40% of which 92% of organisations were fully compliant and met all legislative requirements. The final response rate from the initial audit on 1 June 2008 was 62% with 41% of organisations fully compliant.

## **Next Steps**

Indications to date are return rates and compliance with the legislative requirements for this second audit will increase significantly; the evidence suggests that this is as a result of the increased awareness across organisations due to the audit conducted on 2 June 2008. Anecdotal evidence also indicates that the new software (Pinpoint Auditor) utilised for this second audit has value added to the process and increased the detection of inappropriate material.

To further assist organisations meet the legislative requirements a model computer use policy and suggestions in relation to the establishment and maintenance of user logs were provided to organisations in the lead up to and throughout the audit period. All information including facts sheets were posted on the NTNER website. A technical support helpdesk was also established for a two week period to support organisations undertaking the audit.

FaHCSIA staff are continuing to work with organisations that have not yet returned their audit reports and those organisations that are only semi compliant with the requirements of the Act.

## **4.9 Northern Territory Aboriginal Interpreter Service**

### **Achievements**

- In the period 1 July 2008 to 31 December 2008, 2,518 people sought access to an interpreter, an increase (39.7%) from the same period in 2007.
- The number of hours of interpreting provided for the NTER for the period totalled 2,387 hours.

### **Background**

The Attorney-General's Department (AGD) received additional funding in 2008-09 for the Northern Territory Aboriginal Interpreter Service (NTAIS) to meet the increase in demand for interpreters as a result of the NTER. AGD agreed to the proposed expenditure and varied the agreement accordingly.

### **Progress**

NTAIS has recruited a Project Manager to coordinate all NTER activities and services as well as Community Liaison Officers in Katherine, Alice Springs and Darwin to assist with better understanding of policies, programs and initiatives.

## **Challenges**

A number of challenges have been identified by NTAIS. There are difficulties with recruitment and retention of interpreters, addressing the lack of literacy and numeracy skills of potential interpreters and the need for accredited interpreters for legal proceedings.

NTAIS is working with Government agencies and communities to arrange recruitment drives and training of interpreters. NTAIS has also reported that they are considering options to assist with accreditation.

## 5. Housing and Land Reform

Safe and healthy living conditions are dependant on adequate housing as an essential building block for improved living standards for Indigenous children. This includes better and more flexible housing options, potable water, and the safe removal of sewerage waste products.

The Australian Government is committed to pursuing land reform for townships on Indigenous land in a manner that respects cultural links to land and traditional land holding systems, but delivers a system of improved housing, infrastructure and service delivery. Land reform is also essential to ensure a solid basis is established for future economic development, private investment and home ownership.

### 5.1 Five Year Leases

The Australian Government currently holds five-year leases over 64 Northern Territory communities by operation of the *Northern Territory National Emergency Response Act 2007*. These leases were acquired to facilitate the administration of the Northern Territory Emergency Response, providing security of tenure and prompt access for the delivery of services, repair of buildings and upgrade of infrastructure in communities. Twenty-six of the leases commenced 18 August 2007 while the balance of 38 leases commenced 17 February 2008.

The boundaries of the leases were initially set by the legislation using mechanisms including aerial photography and larger areas than necessary were acquired.

Cadastral (boundary) surveys of five-year leased communities have been conducted to reduce the lease boundaries so that they more closely match the actual area of the township. The reduced boundaries will come into effect on 1 April 2009.

### 5.2 Housing and Land

#### **New Houses and Major Upgrades**

The Northern Territory Emergency Response (NTER) did not include measures for new housing. SIHIP falls outside the scope of the NTER but has been included in this report.

#### **Strategic Indigenous Housing and Infrastructure Program (SIHIP)**

The Australian Government, in partnership with the Northern Territory Government, is delivering a substantial investment in capital works in the 73 prescribed communities and urban living areas throughout the Northern Territory.

This program will provide:

- around 750 new houses including new subdivisions

- over 230 new houses to replace houses to be demolished
- over 2,500 housing upgrades
- essential infrastructure to support new houses
- improvements to living conditions in town camps

As part of SIHIP, appropriate land tenure arrangements must be in place before construction can commence. Leases are already in place at Nguiu, the Tennant Creek Town Camps, and the three Groote Eylandt region communities of Angurugu, Umbakumba and Milyakburra. Housing precinct leases have also recently been agreed for Maningrida, Galiwinku, Gunbalanya and Wadeye.

Following the agreement of leases, design and community consultation activities are now proceeding in 48 communities across the Northern Territory. These communities will comprise up to 60% of the funds allocated to SIHIP.

### **Voluntary Leasing Arrangements**

It is joint Australian and Northern Territory Government policy that major government investment in housing and infrastructure in Indigenous communities be secured by appropriate land tenure arrangements.

In the Australian Government's response to the NTER Review, it committed to a staged transition from compulsory five-year leases over communities to voluntary lease arrangements. Current long-term lease negotiations focus on the 16 communities identified for major SIHIP capital investment. However, voluntary leases will also be progressively offered to other communities.

Three Groote Eylandt communities have tenure secured under whole-of-township lease arrangements (Angurugu, Umbakumba and Milyakburra). This is in addition to the whole-of-township lease agreement finalised in Nguiu in 2007. Additional funding for Nguiu (\$8.5 million) and Groote (\$10 million) was announced on 16 December 2008.

In February 2009, the NLC endorsed the decision of traditional owners to grant 40 year leases at Maningrida, Galiwinku, Gunbalanya and Wadeye to support major housing investment in these communities. Negotiations at Ngukurr and Numbulwar are in early stages and it is anticipated the NLC will commence consultations with the three remaining priority communities (Gapuwiyak, Milingimbi, Yirrkala) in mid 2009. The Central Land Council is continuing to work with traditional owners and community members of the three central communities, Hermannsburg, Lajamanu and Yuendumu, where major SIHIP works have been allocated, Yuendumu, Lajamanu and Hermannsburg

Town camps are also a priority. A sublease with Tennant Creek Town Camps was signed by Julalikari Council Aboriginal Corporation on 20 October 2008 and additional housing funding of \$6.5 million announced on 28 October 2008.

Work is continuing toward reaching lease agreement for Alice Springs Town Camps.

## **Land use approvals, permit changes and government facilities within communities and the benefits to the community of these facilities**

The leases were acquired to facilitate security of tenure and access for the repair of buildings and infrastructure. This provides a platform to support implementation of other measures and initiatives.

### **Government facilities within communities**

The five-year leases have been used to underpin NTER measures including:

- the installation of safe houses;
- the improvement of conditions through the Community Clean-Up Program; and
- the installation of government accommodation complexes.

The five-year leases will also underpin housing refurbishments in 52 communities under the Strategic Indigenous Housing and Infrastructure Program and reformed property and tenancy management arrangements.

As part of the NTER, FaHCSIA established temporary government accommodation complexes in remote Indigenous communities to address immediate government staff accommodation requirements. By 31 December 2008 complexes were established in 53 communities. These complexes are used predominantly by Government Business Managers and Community Employment Brokers however they also have the facility to accommodate other government staff on a temporary basis.

The accommodation complexes provide an indirect benefit to the communities in allowing government staff to reside within the communities that they support. By living within the communities the government staff gain a better understanding of community issues and develop stronger relationships with these supported communities. This has a positive affect on the NTER outcomes.

### **Land use approvals**

As leaseholder the Australian Government (through FaHCSIA) has a range of responsibilities including the management of five-year leased land. Prior to the five-year leases:

- Land Councils were not involved in the day-to-day regulation of land in townships;
- the NT Government's Department of Planning and Infrastructure (DPI) performed town planning functions, allocating administrative lots notwithstanding the absence of any underlying legal right to occupy the land; and
- a large proportion of those occupying land did so with no legal basis.

From 1 July 2008 FaHCSIA implemented a new process requiring all parties to seek Australian Government approval (through FaHCSIA) for proposed new and altered uses of five-year leased land. As a result, for the first time a consistent and transparent process is in place to allocate land and provide certainty to users. Parties using land immediately before the commencement of five-year leases have not been required to seek approval to continue using those areas, as all existing arrangements were retained.

From the commencement of the NTER to 31 December 2008 FaHCSIA received requests for approval to use approximately 100 areas of land, of which approximately 45 were approved. Longer term leases over five-year leased areas can still be negotiated with land owners but will not take effect until approved by the Minister for FaHCSIA.

The process FaHCSIA follows to consider approving proposed uses of five-year leased land is varied depending on the specific proposal but usually involves FaHCSIA:

- assessing whether the proposed land use is consistent with the objective of the NTNER Act;
- working with the Northern Territory Government's Department of Planning and Infrastructure to allocate appropriate lots (if required);
- ensuring competing claims to the land are considered;
- seeking information regarding community views through Government Business Managers; and
- issuing Commonwealth approval to use land if appropriate (for up to a period equivalent to the remainder of the Commonwealth's five-year lease).

The form of approvals varies depending on the level of risk associated with proposed land uses. All approvals are made subject to conditions including obligations for developers to:

- comply with the provisions of all relevant legislation including the *Northern Territory Aboriginal Sacred Sites Act*;
- maintain the land and/or buildings; and
- insure buildings appropriately.

### **Permits**

The permit system manages the control of access to Aboriginal land held under the *Aboriginal Land Rights (Northern Territory) Act 1976*. Prior to the NTER, it was generally an offence to enter or remain on any Aboriginal land, including townships without a permit. The *Aboriginal Land Act (NT)* allows the Northern Territory Land Councils, traditional owners, and in some cases, the NTG to issue and revoke permits. The police have the power to remove people where they are in violation of permit requirements.

The 2007 NTER legislation package made various changes to the permit system removing the necessity to obtain permits for certain people in certain circumstances. These changes were permanent and do not lapse at the conclusion of the five year emergency response period.

Government employees and contractors no longer require a permit to enter Aboriginal land in the NT to perform relevant duties. This change took effect with the commencement of the NTER legislation in August 2007. In addition, all those involved with the NTER, including medical teams and volunteers, do not require a permit for the period of the NTER.

Further changes introducing limited public rights of access were delayed by six months and took effect from 17 February 2008. As a result, common areas in 52 major communities are now accessible by members of the public without the need to obtain a permit if arriving by air, sea, public roads or roads listed by Ministerial determination.

However, it was a Government election commitment to repeal the changes to the permit system allowing limited public rights of access that were made by the previous Government. Consequently, no Ministerial determination listing roads has been made. This limits the accessibility of communities by the public.

Further, the Government introduced the *Families, Housing, Community Services and Indigenous Affairs and Other Legislation Amendment (Emergency Response Consolidation) Bill 2008* (the Bill) into the Parliament in February 2008 to restore the permit system for common areas in major communities.

The Bill passed the House of Representatives on 2 September 2008. The Opposition and Independent Senators opposed the Bill in the Senate. While the Bill failed to pass the Parliament last year, it remains Government policy to reinstate the permit system.

The Government's policy in this regard was subject to a further election commitment to ensure access to communities without a permit for journalists working in their professional capacity. A Ministerial authorisation was prepared to this effect and would be made upon passage of the Bill.

The day to day operation of the permit system remains the same as before the NTER took effect. The issuing and revocation of permits remains a matter for the Land Councils, traditional owners and the police as required. The process for responding to a person who is in violation of the permit requirements (by contacting the relevant Land Council and/or the police if necessary) is also unchanged, and the police still have the power to remove people where they are in violation of permit requirements. The Government has encouraged people wishing to access Aboriginal land to continue to contact the relevant Land Council regarding visits to communities even in relation to areas where a permit is not strictly required.

In summary, the current status in relation to permits is as follows:

- Government employees and contractors do not require a permit to perform relevant duties.

- All those involved with the NTER including the above and also including medical teams and volunteers do not require a permit for the period of the NTER.
- The public can access the common areas of 52 major communities.
- The public can reach major communities by air, sea and public road.
- The public require permits for non-public roads outside the 52 major communities.
- The public still require a permit to visit the vast majority of Aboriginal Land.

The NTER Review Board report recommended that 'the permit system be reinstated to control general public access to the townships on Aboriginal land and that the provisions be effectively policed.'

### 5.3 Community Clean Up (CCU)

The CCU Program has been implemented in 69 remote communities. The Program has involved four key activities:

- condition assessments of houses and community buildings;
- urgent 'make safe' repairs of buildings (generally done at the time of assessment);
- minor repair works of up to \$5000 in labour and \$5000 in materials per building;
- identify major repair works to buildings (which will be undertaken as part of the Strategic Indigenous Housing and Infrastructure Program - see listing below).

A total of 3,274 buildings were surveyed. Make safe repairs were carried out on 2,801 buildings and minor repairs were carried out on 2,814 buildings. All repair work has now been completed.

Description	Total Buildings Surveyed	Make Safe	Make Safe Percentage	Minor Vital	Minor Vital Percentage
Communities Surveyed up until December 2008	3,185	2,718	85%	2,732	86%
Communities Surveyed after December 2008 (Angurugu, Milkyburra, Umbakumba & Amoonguna)	89	83	93%	82	92%
<b>Total CCU program figures</b>	<b>3,274</b>	<b>2,801</b>	<b>86%</b>	<b>2,814</b>	<b>86%</b>

## 6. Welfare Reform and Employment

The Australian Government is working in partnership with state and territory governments, non-government organisations and service providers in delivering five key initiatives under a national welfare reform agenda. The aim of these initiatives is to protect children, reduce reliance on welfare and build stronger communities.

The welfare reform measures are designed to improve socially responsible behaviour for the long term benefit of individuals, families and the wider community.

### 6.1 Income Management

Income management is a central measure in the Northern Territory Emergency Response. It ensures that Commonwealth Income Support and Family Assistance payments are used for the benefit of children and to increase the financial security of people raising children.

IM funds cannot be used to purchase alcohol, tobacco, pornography or gambling products. In parallel with income management, better food supply is being supported through the licensing of community stores to improve communities' access to fresh and affordable food.

Income management affects people (Indigenous and non-Indigenous) who live in the 73 prescribed communities, their associated outstations and the 10 town camp regions of the Northern Territory, who receive income support payments. Every community member who receives a relevant Centrelink payment is paid 50% of the total amount in the usual way, while the other 50% is reserved to pay for priority needs, such as food, clothing, housing, transport and utilities.

The number of communities participating in income management has increased from 52 communities and seven town camp regions, to 73 Communities and ten town camp regions at the end of 2008. Income management had been extended for another 12 months in 25 of these communities and two town camps 1 January 2009.

Since July 2007, almost \$124.5 million has been income managed as part of the NTER.

- Between 27 June 2008 and 2 January 2009 (inclusive), there had been 18,987 incidences of customer income management in the Northern Territory.
- As at 2 January 2009 the number of Income Management customers was 15,488 – a net increase of 16% since 27 June 2008.
- 86% of on Income Management customers at 2 January 2009 had a BasicsCard.

- Between 27 June 2008 and 2 January 2009 (inclusive), the most common payments for income management customers were on were Newstart Allowance (35%) and Parenting Payment (23%)<sup>15</sup>.
- The proportion of 'auto income-managed'<sup>16</sup> customers was only 0.5% compared to 13% six months earlier.
- Almost a third (31%) of Income Management customers between 26 June 2008 and 2 January 2009 were also Family Tax Benefit (FTB) customers.
- Over \$91 million was income managed between July 2008 and December 2008. 97% of this money has been spent or allocated to priority needs, primarily food items, with only \$3.6 million yet to be allocated.

## 6.2 Expenditure through Income Management

**Table 6.2.1 Expenditure through income management**

	<b>Feb 08 - June 08</b>	<b>July 08 - Dec 08</b>
Income Managed (million \$) <sup>17</sup>	23.4	91.1
Unallocated (million \$)	0.6	2.1
<b>Expenditure (%)</b>		
Food	74	59
Store Card <sup>18</sup>	-	11
Housing	13	9
Clothing and footwear	3	6
School nutrition program	3	
Other	7	15

Table 6.2.1 shows that the majority of expenditure under income management has been on food items. The decline in allocated funds directed to food (15%) from one period to another can be attributed to changes in Centrelink reporting.

The large difference between the amounts income managed in the two reporting periods can be attributed to three major factors.

1. Economic Security Strategy (ESS) payments were made to income management customers in December 2008. These payments were income managed at a rate of 100%.

<sup>15</sup> The number of people on Income Support does not exclude Income Management exemption customers so these percentages are slightly overstated.

<sup>16</sup> 'Auto income managed' customers are customers who have not entered into a formal agreement with Centrelink – 100% of their Centrelink payments are withheld until a formal agreement is in place.

<sup>17</sup> The large increase in funds managed is due to: Increase in income managed Centrelink customers, one off economic Security Strategy payment in December 2008 and differences in the length of reporting periods.

<sup>18</sup> Store Cards: Prior to the introduction of the BasicsCard, Centrelink issued IM customers with Woolworths and Coles Stored Value Cards (SVCs) for the purpose of purchasing everyday priority goods such as food, clothing and basic household goods in urban areas.

2. The earlier previous reporting period was a month shorter due to changes in reporting timeframes.
3. More customers had been income managed, so more money was involved during the second reporting period.

Allocations to store cards had been categorised by which the store card would most likely be spent. Most store cards were branded from Coles and Woolworths, so were recorded as food allocations. During June 2008, Centrelink added a separate category for store cards. The amount allocated to store cards is almost the same as the reduction in food, so it is unlikely that this drop actually represents a true change on food allocations.

At 2 January 2009, a total of \$124.5 million had been income managed.<sup>19</sup> Of this, \$119.9 million was allocated to priority goods and services. Most money was allocated to food (62%), rent (10%), store cards (9%) and clothing and footwear (5%).

At the start of July 2008, 12% of income managed funds had been unallocated<sup>20</sup> and remained in the Income Management Special Account. By the end of July, this had increased to 16%. Much of this rise can probably be attributed to seasonal impacts, with Family Tax Benefit (FTB) reconciliation payments usually paid by Centrelink following the end of the financial year. These payments are generally significantly larger than normal fortnightly payments and are income managed at a rate of 100%. By 15 August 2008, only 11% of income managed funds remained in the Special Account.

From August 2008 to the start of December 2008, unallocated funds as a proportion of all IM funds dropped significantly. At 5 December 2008, unallocated funds only accounted for 4% of all Income Management funds. However, on 12 December 2008, the proportion of unallocated funds had increased to 10%. This increase coincided with ESS payments that were paid to most income management customers between 8 and 19 December 2008 and were income managed at 100%. To facilitate the quick spending of ESS payments, the daily transaction limit of the BasicsCard was raised from \$800 to \$1500. At 2 January 2009, unallocated funds had dropped to 6% of all income managed funds, providing strong evidence of customers allocating and spending these payments.

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<sup>19</sup> The reason for the difference is that at January 2 2009 covers from the start of Income Management. Adding the numbers mentioned above only covers 2008, whereas the figure quoted in this instance covers from Sept 07 to Jan 09 (whole period of IM to that time).

<sup>20</sup> It would be expected that some funds will remain unallocated over the fortnightly payment cycle, and because income managed customers are able to save funds for larger and less regular expenses, and for major purchases.

## 6.3 BasicsCard

As at 2 January 2009:

86% (13,268 out of 15,488) of income management customers had a BasicsCard.

of the 18,248 BasicsCards issued, 4,980 were replacement cards for lost cards (86%), damaged cards (6%), and stolen cards (5%).

437 customers had more than two cards lost, damaged or stolen.

- Of the almost 413,000 attempted transactions to January 2009 83% resulted in a successful purchase. Of those that did not result in a successful purchase the majority (97%) were due to insufficient funds on the card.
- Customers have spent over \$22 million through these cards – primarily on food (64%) and footwear (27%).

Since the introduction of the BasicsCard, there have been occasional outages to the EFTPOS system or for other reasons. This has highlighted the need to ensure that comprehensive contingency arrangements are in place when customers are not able to use the BasicsCard.

## 6.4 Enhanced Food Security

The operation of community stores and the quality of food they provide is critical to the Australian Government's efforts to improve the lives of Indigenous people in remote communities of the Northern Territory.

There are long-standing concerns about the management of stores and the quality of food available in some remote stores. The community stores licensing process addresses these concerns by setting standards for food, grocery quality and store governance. Community stores are those that are primarily concerned with the provision of grocery items and drinks. Stores that are solely takeaway food shops or fast food shops are not licensed in this process.

At 31 December 2008, there was food security in all communities where income management was in place. Specifically, there were 75 licensed stores and an additional three communities having access to Bush Food Order packages.

Licences are issued to community store operators who:

- have a reasonable quality, quantity and range of groceries and consumer items, including healthy food and drinks, available and promoted at the store;
- can demonstrate the capacity to participate in the requirements of the income management regime; and
- have sound financial structures, retail and governance practices.

Stores that do not meet acceptable standards are either not licensed until changes are made, or are issued with limited licences that require them to make improvements within a specified time period.

Where food security was identified in a community as an urgent priority alternative food security options have been developed, particularly where it was assessed that there was limited capacity to operate an effectively functioning community store.

## 6.5 Increased Participation Opportunities

Increasing levels of employment, self-employment and business development helps Indigenous Australians gain and manage assets and participate in the broader economy. Having a job or running a small business can empower an individual and build their local community.

DEEWR's main aims during the first year of the NTER included moving individuals from CDEP into jobs, increasing participation in the labour force and development of work-ready skills (including literacy and numeracy).

Individuals applying for income support, including those being transitioned from CDEP, were assessed by Centrelink and placed on an appropriate income support payment. These individuals were referred to appropriate employment services where they were assessed as being able to participate in the labour force. Where appropriate this assessment was undertaken by a Job Capacity Assessor.

Table 6.5.1: Levels of DEEWR Income Support recipients participating in DEEWR services

	Oct-07	Jan-08	Jun-08	Dec-08
NTER communities, DEEWR Income Support recipients	13,066	14,200	13,805	12,642
Proportion engaged with DEEWR Services <sup>21</sup>	56%	74%	77%	76%

The increase in the proportion engaged with DEEWR employment services from 56% to 74% between October 2007 and January 2008 is as a result of removal of Remote Area Exemptions (RAEs). All NTER communities had RAEs removed by 12 November 2007. Currently, almost all job seekers on DEEWR payments, but not engaged with DEEWR services, either receive Parenting Payments that do not have participation requirements or have a temporary special circumstance exemption from participation requirements, for example, Indigenous sorry business.

<sup>21</sup> The total numbers of job seekers engaged in DEEWR services includes job seekers that are not on a DEEWR payment

## 6.6 Income Support

Individuals are assessed for income support against a standard set of criteria. Age, family and financial circumstance are the main considerations when assessing a person for income support.

People aged 16 to 65 will be assessed against the working age benefits such as Newstart Allowance (NSA), Parenting Payment (PPS or PPP) and Youth Allowance (YA). These payments are the responsibility of DEEWR.

People over 65 are assessed for the Age pension (AGE) or similar benefits. The Age Pension is the responsibility of FaHCSIA.

People who are of working age but for caring or health reasons are unable to participate in the labour force will be considered for a benefit such as a Carer's Payment (CAR) or Disability Support Pension (DSP). These payments are the responsibility of FaHCSIA.

**Table 6.6.1. Income support recipients in the NTER Prescribed areas**

	Dec-07	Dec-08	Change (no.)	Percentage Change
NSA	7,960	6,859	-1,101	-14
PPP	2,415	2,367	-48	-2
PPS	2,510	2,307	-203	-8
YAL (o)	1,121	1,032	-89	-8
AGE	2,496	2,509	13	1
DSP	3,144	3,847	703	22
CAR	265	385	120	45
Other	657	679	22	3
<b>Total</b>	<b>20,568</b>	<b>19,985</b>	<b>-583</b>	<b>-3</b>

Source: 1. DEEWR Centrelink data extraction

The number of income support recipients in NTER prescribed communities decreased by over 580 (3% between December 2007 and December 2008). The number of Newstart allowees dropped by 14% and Parenting Payment Single by 8%. Increases were seen in the number of Disability Support and Carer Pensioners.

## 6.7 DEEWR Income Support

There were over 1,400 fewer people on DEEWR income support, a decrease of 8%, in prescribed communities at end of December 2008 compared to end of December 2007.

Other contributions to the reduced numbers on Income Support were –

- Over 1,000 Job Placements were successfully undertaken during February to December 2008.
- Over 1,200 jobs were created under the Jobs Package during February to December 2008.
- Movement from remote communities into Darwin, Alice Springs, Katherine and other regional centres as well as between prescribed areas and other States<sup>22</sup>

There were also around 700 people considered unable to participate in the labour force, who are now receiving the Disability Support Pension (DSP).

Seasonal factors (eg the wet) and the re-introduction of CDEP in communities are considered to have had only a minor influence on the numbers on Income Support.

## 6.8 Jobs Package

The Northern Territory Jobs Package provided funding for around 1,670 jobs in Australian Government-funded service delivery and around 400 jobs in local government service delivery across the Northern Territory. These figures were based on initial agency estimates about the number of sustainable jobs that could be created out of CDEP.

- A total of 1,907 jobs have been created up to December 2008.
- Almost 79% (1,498) of the jobs have been in Australian Government service delivery.
- The remainder (409) have been in local government service delivery.
- Over 600 of the jobs were created between June and December 2008.
- All of these positions have been filled by former CDEP participants.

Now that job audits have been completed, it is clear that there were over-estimates in some sectors (municipal services<sup>23</sup>) and under-estimates in other (education, community care).

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<sup>22</sup> <http://ext.cdu.edu.au/newsroom/a/2008/Pages/171208-Intervention-urban-drift.aspx>

<sup>23</sup> CDEP conversion rate has been variable and the number of municipal service jobs continues to grow

## 6.9 Job Placements

Job Placements data is a measure of successful job referrals made by Job Network members for jobseekers (Indigenous and non-Indigenous) who resided in a prescribed community at the time of the job referral. It is not a complete measure of all job placements that have occurred in these communities - only those where a Job Network member played a role in the job brokerage process.

DEEWR's administrative dataset does not record whether a job placement is part of the NT Jobs Package. However, by looking at other recorded information such as employer name and job description, an assessment has been made whether a job placement made by Job Network is also likely to be part of the Jobs Package.

Placements per month have trended up slightly throughout the duration of the NTER.

- From August 2007 and December 2008 there have been 1,565 Job Placements.
- Over a third of these (583) occurred between June and December 2008 – an increase of 33% since the last reporting period (February to June 2008).

## 6.10 Work for the Dole (WfD)

Work for the Dole is about helping job seekers improve their employment prospects by providing opportunities for work experience. NTER 'Work for the Dole' (WfD) participants are required to attend continually during their period of unemployment rather than six months out of 12 months for non-NTER job seekers.

Participants on WfD tend to enter and exit the program throughout the duration of an activity, for example due to medical exemptions, cultural and sorry business, short-term employment or education and training.

Since 1 August 2007<sup>24</sup> –

- A total of 134 WfD activities have been undertaken across the NTER prescribed communities.
- 70% of all activities have occurred across 53 communities; 27% in town camps and the remainder in outstations.
- Between June and December 2008, 11 activities were completed and 56 are still in operation.
- There have been 2,066 people commencing in the WfD program with 34% of commencements occurring between July and December 2008.

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<sup>24</sup> Previous reports considered only prescribed communities.

Lack of participation has been an ongoing issue. Attendance rates are around 30% - of those who commence in an activity approximately only a third attend at least once per fortnight. This compares to a national attendance rate of 60%. Attendance is encouraged by making activities more attractive to participants and relevant to their communities. Community consultation on the nature of the activity is important in creating community ownership and can be seen in those communities where attendance has been comparatively high. There is anecdotal evidence to indicate that compliance action continues to have little impact as an incentive to ongoing participation in employment programs.

### **6.11 Structured Training and Employment Projects (STEP), STEP Employment Related Services (STEP ERS) and Indigenous Small Business Fund (ISBF)**

The Structured Training and Employment Projects (STEP) Program provides flexible funding for packages of tailored assistance, including structured and accredited training, to help employers give long term jobs to Indigenous Australians. Assistance is tailored to business needs and can include approaches such as funding for apprenticeships and mentoring that can lead to lasting employment.

STEP can provide funding for apprenticeships, training and mentoring and other approaches leading to lasting employment. STEP funding can be paid directly to employers or to organisations authorised to deliver STEP Employment and Related Services.

In total since, 1 August 2007 to 31 December 2008:

- There have been 525 STEP commencements and 1,119 STEP ERS commencements.
- Of the 525 STEP commencements, there were 270 employment commencements and of the 1,119 STEP ERS commencements there were 61 employment commencements
- Between July and December 2008 the number of STEP commencements doubled and there was a 21% increase in the number of STEP ERS commencements.

The Indigenous Small Business Fund (ISBF) offers funding to Indigenous community based organisations to assist Indigenous people to learn about business, develop good business skills and expand their businesses.

Since 1 August 2007 thirty three ISBF projects have been funded with 9 of these being funded between July and December 2008.

## 6.12 Non-Payment Periods (NPP)

When a person does not meet one of the conditions of payment under their participation or activity test requirements, and they do not have a reasonable excuse, they may have what is known as a 'participation failure' recorded against them.

Under the current compliance arrangements, an eight week non-payment period (NPP) is applied by Centrelink in instances where a job seeker has committed three participation failures within a 12 month period or has committed a serious failure, without a reasonable excuse.

Table 6.12.1 below shows that the proportion of applied Participation Reports (PRs) resulting in NPPs has decreased since the start of the reporting period. The proportion of NPPs as a percentage of all applied PRs is also lower for NTER communities than nationally. For example during the period 1 January 2008 to 31 December 2008, at the national level, 8.4% of PRs applied resulted in a NPP, whereas for NTER it was only 2.2%.

**Table 6.12.1 – Applied PRs resulting in NPPs<sup>25</sup>**

Period	Total Applied PRs	NPPs	NPPs as% of applied PRs
01/08/07 to 31/10/07	442	36	8%
01/11/07 to 31/01/08	778	30	4%
01/02/08 to 30/06/08	1,301	33	2.5%
01/07/08 to 31/12/08	909	19	2%
<b>August 07 to Dec 08</b>	<b>3,430</b>	<b>118</b>	<b>3.4%</b>

Source: DEEWR

The number of PRs raised by employment service providers for job seekers living in NTER communities increased steadily until April 2008. Since then the number of PRs raised has declined significantly – over 1000 PRs were raised in April 2008 compared with about 560 in December 2008. The number of applied PRs and non-payment periods has also declined over this period and the percentage of PRs rejected has increased markedly.

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<sup>25</sup> Data Note: These data only consist of PRs raised by employment service providers – it does not include Centrelink-initiated failures. Work is progressing to develop a standardised data source which will include both provider and Centrelink-initiated failures.

## 6.13 Off-Benefit Outcomes

An exit from income support occurs when a recipient; advises they no longer require income support, they transfer to another benefit or they have their benefit cancelled due to a failure to meet allowance eligibility requirements.

By the end of 2008 there had been almost 6,100 exits from the activity tested payments – NSA and YAL. Almost half of these (47%) occurred during July to December 2008.

‘Longitudinal analysis’ of specific time periods has been used to look at any trends in the data. The time periods used are 1 August 2007 to 31 January 2008 and 1 August 2008 to 31 January 2009.

The analysis shows that –

- The proportion of recipients with at least one exit increased from 21% to 28%.
- The proportion of exits from CDEP transitioned communities increased slightly from 28% to 30%.
- The proportion of exits from CDEP non-transitioned communities increased from 18% to 28%.
- The proportion of exits for customers transferring to other income support benefits has reduced from 9% to 3%. The decrease in the proportion of transfers to other benefit types suggest that allowees on inappropriate payments type were identified early in the intervention and moved on to more appropriate forms of income support at that time. Given the number of people of receiving DSP has increased significantly, these initial transfers appear to have been between DEEWR payments (eg NSA to PPP) rather than from DEEWR payment to non-DEEWR payment types (eg NSA to DSP).
- The number of exits where the reason for exit is unknown has increased from 74% to 83%.

According to Centrelink data only 2-3% of exits from NSA/YAL were to employment in both periods. The exits to employment are likely to be understated, as many job seekers fail to notify Centrelink when they no longer require income support (this generally accounts for over half of all exits reported). Previous research has shown that for job seekers, in general, up to 75% of such exits result from commencing employment.

### Data Notes

For the purpose of this analysis a maximum of one exit is counted for a job seeker in an analysis period – as job seekers may have multiple exits during a particular period the total above cannot be derived by adding component sub-totals. As job seekers who have an exit may subsequently return to income support, the analysis is based on the first exit reason in the period. Job seekers can be on NSA or YAL and participating in CDEP.

As this analysis is based on the job seeker's community at either the start of the period or at the start of receipt of the payment - whichever is later, the exit from income support may have occurred at another community.

Some figures have changed from the previous report. As this is a longitudinal analysis it draws on the latest recorded data in respect of each period. Income support data may be backdated when a change of circumstance is not notified (eg. failure to lodge a SU19 can take up to 13 weeks to be recorded as an exit), income support eligibility has been reassessed or an exit has been incorrectly recorded.

Examination of the raw data also shows that a number of job seekers changed their communities and that these changes were often applied to earlier analysis periods.

Data has been provided from 1 August 2008 to 31 January 2009 to ensure a 6 months comparison could be performed from 1 August 2007. Data before 1 August 2007 is not available.

## **6.14 Increase Literacy and Numeracy**

Language, Literacy and Numeracy Programs (LLNP) is designed to help improve the speaking, reading, writing or basic maths skills of job seekers. The aim is to help job seekers improve their chances of getting and keeping a job, as well as making their everyday lives easier. Centrelink refers eligible job seekers to a contracted service provider for an initial assessment to determine their needs and suitability for assistance under the LLNP.

Funding for an additional 600 places was provided for the 2007-08 financial year. Over 800 job seekers were referred to these services however as at June 2008 only a small percentage of job seekers were actually participating in LLNP. For 2008 – 2009 funding has been provided for 486 LLNP places. To date there have been approximately 1400 referrals to the LLNP with 159 job seekers commencing in a training program.

Over time there has been some improvement in the take up rate, however there are significant challenges of providing LLNP services in remote communities, including –

- The logistics of providing cost-effective LLN assessment and training services in remote Indigenous communities.
- The multiple disadvantage experienced by the client group and, often, the lack of understanding of the potential benefits associated with undertaking this type of training which has led to poor attendance.
- The lack of a competitive training market especially in the specialised LLN market.
- A general skill shortage of appropriately qualified LLN trainers and assessors throughout Australia but particularly in remote areas.

The Program has had success in Gunbalanya and Nhulunbuy (East Arnhem communities), Bagot town camp in Darwin, with a joint LLNP and Work for the Dole project in Certificate II in Horticultural.

The NT DEEWR Office is looking to replicate this success in other communities with recent activities including activities through; the Tiwi Islands Training and Employment Board, a new LLNP STEPS – a new LLNP provider in the Central Desert region and Mission Australia in Ngukurr.

## **6.15 Community Development Employment Program (CDEP)**

Before the intervention commenced in July 2007 there were approximately 8,000 CDEP participants in the Northern Territory. On 10 December 2007, the Government announced a moratorium on the transitioning of CDEP providers and their participants to income support<sup>26</sup>.

- By 10 December 2007 16 CDEP providers and over 2,000 participants had been transitioned.
- By end of June 2008 around 2800 CDEP participants had moved from CDEP.<sup>27</sup>
- The CDEP program was reinstated in prescribed communities from 1 July 2008 and as at 31 December 2008 there were almost 5,500 CDEP participants in the Northern Territory.
- Between July and December 2008 CDEP services were being delivered by 28 providers in the ICC regions of Alice Springs, Darwin, Katherine, Nhulunbuy and Tennant Creek.
- A reformed CDEP covering only remote communities will commence from 1 July 2009. Under the reforms there are two streams that CDEP providers will use to assist job seekers.
- 'Work Readiness Services' will help job seekers develop their skills to improve their capacity to obtain employment and make a positive move away from the CDEP program.
- 'Community Development' will focus on supporting and developing Indigenous communities and organisations.

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<sup>26</sup> The last scheduled transition day before the moratorium surrounding further CDEP transitions of 10 December 2007, was 16 November 2007. Since that date there have been no more providers transitioned

<sup>27</sup> Not all moves from CDEP had been to income support, some had found employment or moved onto other DEEWR programs. Some CDEP customers moved off the CDEP program more than once since July 2007.

## 6.16 Business Development

Indigenous Business Australia (IBA) was tasked to assist NT Indigenous organisations that managed CDEP projects, to examine the scope to transition CDEP projects into viable businesses.

- IBA visited 49 NT CDEP Providers to identify activities that had the potential to become stand alone viable businesses.
- Fifty three existing activities and 21 opportunities (activities which were not already underway but which could be created in those communities) were identified as having high potential as viable, standalone businesses, potentially resulting in full time employment of 221 individuals.

During the 2007-08 financial year, 27 communities were provided with assistance to start one or more businesses during this measure with one business commencing.

Between July and December 2008, another eight former CDEP projects had made progress towards commercially viable businesses.

## 6.17 Childcare

Through the Jobs Package a total of 204 Indigenous people have been placed employment in childcare in existing childcare services. The majority (121) were placed between February and June 2008, with a further 28 placed between the July to December 2008 period.

Part of the NTER package includes the building and development of 9 new crèches for young children. The first was opened on 11 August 2008 at Lajamanu.

- There are currently three crèches funded under Year One of the NTER that have commenced providing services in Lajamanu, Peppimenarti and Robinson River.
- Six indigenous people had been employed in these crèches.
- Three upgrades to existing crèches have been completed with a further six upgrades under development.

To support the new crèches, a workforce training measure will be implemented during 2008-09 through the Batchelor Institute of Indigenous Education (in conjunction with Charles Darwin University). It is envisaged that up to 30 staff may be employed when the new crèches open during the 2008-2009 year.

Barriers delaying the development and opening of the crèches include: access to communities, wet season, community business, lack of construction and building expertise of departmental child care program management staff, and lack of opportunity for consultation with communities.

## **7. Coordination**

The NTER is a whole-of-government initiative involving six Australian Government portfolios, working cooperatively with the Northern Territory Government.

The Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) is the lead coordination agency. An inter-agency Project Management Board, chaired by FaHCSIA, oversees implementation at the national level.

The primary objective of the Coordination measure is to provide administrative, logistical and other procedural support for implementation of the NTER measures.

### **7.1 Government Business Managers (GBMs)**

The Government Business Managers (GBMs) work with the Operations Centre and FaHCSIA State Office to ensure that services are coordinated and tailored in Indigenous communities in the Northern Territory. Staff in Indigenous Coordination Centres (ICCs) in the NT assist in the delivery of services and the GBMs are managed and supported by Regional Directors in Alice Springs and Darwin.

To provide support for the Emergency Response, staff from across government agencies in areas such as health, employment, education, social services and defence work in partnership with the GBMs.

As at 31 December 2008, there were 53 GBMs in place servicing 73 communities and town camps in the Darwin, Alice Springs, Katherine and Tennant Creek regions. As of May 2009, there were 60 GBMs in place servicing 73 prescribed communities, Borroloola and town camps in Darwin, Tennant Creek, Katherine and Alice Springs.

The GBM's role is to develop a detailed understanding of the community in which they work, the service delivery and funding arrangements, and ensure that Australian Government objectives are achieved. The scope of GBM work varies depending on the level of response and range of services applied in individual communities. They live in and work with communities, coordinate government programs and services and ensure that local issues and concerns inform government action.

## 7.2 Community Engagement

### Background

The 2008-09 – NTER Community Engagement Budget measure provided funding for the employment of up to 20 Indigenous Engagement Officer (IEO) positions throughout the NT. IEOs are now providing feedback about NTER measures to communities and government; promoting their community's role in defining needs, setting goals, and formulating policies and plans; and working with community groups to bring about greater community input into Government decision-making.

IEOs are based in, and work within, one given community, although there may be instances where they contribute services in surrounding communities if they have the appropriate knowledge and support of those areas. As at 31 December 2008 there were 19 IEOs in 19 communities.

### Timeframe

During the period 1 July 2008 to 31 December 2008 the following occurred as part of the implementation of the measure:

- The recruitment of local IEOs in 20 communities across the NT.

Community identification was a two-stage process. Prospective communities were first identified based on consultation around a set of criteria, including the availability of a GBM to assist in the measure, existing infrastructure to support an IEO, and community interest in hosting an IEO position. Out of this pool of possible locations, the list of successful communities was then determined by the availability of a suitable IEO applicant, with successful applicants being identified using a merit-based process. The criteria by which IEO applicants were assessed were:

- Must be a member of the community, or acceptable to the community;
- Must be aware of current Indigenous issues; familiar with community dynamics and protocols;
- Must have relationships with people across the community;
- Must be proficient in English and have reasonably good communication skills;
- Must be willing to undertake a development training program.
- Must undertake a background police check.

None of the IEOs were current or previous FaHCSIA staff, though a number did have previous experience in other government departments. IEOs were recruited for the skills outlined above.

During the reporting period, three IEO Project Managers were recruited to oversee and coordinate the work of the IEOs and liaise with other stakeholders such as GBMs, ICCs, Territory and National office management and staff. A three day joint APS Induction and FaHCSIA Indigenous leadership development training programs was run for the IEOs as a group in October 2008. The few IEOs recruited after October 2008 have received individual induction training, though not leadership training. A range of local inductions also occurred with a Regional Director in the NT State Office (Darwin), and with an ICC Manager in the Alice Springs ICC. Topics covered included 'Working in FaHCSIA', basic computer use and report writing.

Charles Darwin University was contracted to design and deliver a targeted Indigenous community engagement training program for the IEOs. The first workshop was scheduled for 3-5 March 2009, with two more workshops scheduled to follow in April.

NT Government and relevant Commonwealth agencies were consulted on the use of funds to improve access to interpreters.

### **Achievements, Lessons Learned and Challenges**

The measure has successfully created local employment opportunities and is helping to forge better community-government relationships. The IEOs are providing weekly reports and other valuable information about their communities to Government, while the communities have in return gained a better understanding of Government initiatives. The following feedback has been compiled from a basic survey tool that was provided to National Office Staff, NT Office Staff, GBMs and IEOs.

### **Program Design**

The measure has increased the capacity of the community to engage with Commonwealth Government representatives. According to GBMs, IEOs have been "fabulous [at] *spreading the word* to communities regarding meetings and policies".

Some other positive quotes from GBMs and IEOs are:

#### **IEOs**

- "This is an opportunity to improve the quality of life for our Aboriginal family and community"
- "[My work is] helping my people into real jobs and training opportunities"
- "It's great to see what's happening and going on in other communities and how the NTER and Local Government Reforms are being rolled out"
- "IEOs need to be introduced Territory-wide"
- "The job that I'm in is the most challenging thing, and it's not about [me], it's about helping my community and the people that live in the community"

## **GBMs**

- “This is proving to be a key program; both in terms of the NTER and under Closing the Gap”.
- “The program has been useful to engage with a broader range of people at the community level.”
- “The key element was in recruiting a key local from the community, and this appears to have been successful in the cases I know about...”
- “Reporting by the IEO has prompted them to articulate how they see issues affecting them and their communities.”

The measure was initially set to terminate on 30 June 2009, but was continued and expanded for at least another three years under the 2009-10 Closing the Gap in the Northern Territory – Community Engagement Budget measure and the COAG Remote Service Delivery National Partnership. While initial recruitment processes took longer than expected, the lessons learned and structures established during the 2008-09 period will help minimise recruitment delays in the future.

## **Recruitment**

As at 31 December 2008, 19 of the 20 IEOs initially employed are still in their positions, indicating a good rate of retention and job satisfaction in the position.

The time allowed for recruitment was sufficient. If anything, too much time was allowed and this process may be streamlined in future<sup>28</sup>.

Some feedback has suggested more time would have allowed greater community awareness of the IEO role. This will be addressed by communities engaging with the IEOs throughout the duration of the measure.

## **Training & Development**

A number of IEOs have received individual training in computer use and first aid. There are plans to extend this training to additional IEOs, along with 4WD training. Options for conducting a ‘skills audit’ to identify individual training and developmental requirements for each IEO are being considered.

Opportunities for IEOs to visit Canberra and ICCs for training may also be beneficial. Such trips would extend the IEOs’ understanding of Government processes, locate the IEOs’ position within the greater structure of Government engagement, and develop relationships across and within Government agencies.

## **Challenges**

Due to their unique role of working within their communities, to represent their communities, as a Government employee, IEOs are subjected to a range of pressures not usually experienced by mainstream public servants. A number of IEOs have reported some confusion within the community about the IEO role, and a degree of mistrust about the IEOs' motives. Ongoing training of IEOs in community engagement tools, technique and theory will aim to address this problem, while IEO Project Managers help IEOs to address other personal issues that impact on their work.

## **7.3 Northern Territory Indigenous Interpreters**

### **Background**

The project is part of the NTER Community Engagement Budget measure.

This sub-measure provides funding of \$917,000 to improve communication between Indigenous people in remote communities in the NT through access to appropriately trained Indigenous interpreters; promotion of the importance of using Indigenous interpreters by government and non-government agencies and Indigenous people; development of training modules for Indigenous interpreters about a number of government initiatives; creation of a number of new Indigenous interpreting positions and provision of professional support for interpreters.

### **Achievements**

In September 2008, FaHCSIA prepared a discussion paper describing the current situation of interpreting services in the Northern Territory and identifying issues to be addressed.

- In October- November 2008, FaHCSIA undertook consultations with the NT Government and relevant Australian Government agencies in the NT on the scope, content and appropriate activities that will address issues of supply of and demand for Indigenous interpreters and also interpreting as a profession (including training, accreditation and support for interpreters).
- Following the consultation process, a project proposal was developed and agreed by both the NT Department of Housing and Local Government and FaHCSIA. The NT Department of Housing and Local Government provide funding for the NT Aboriginal Interpreter Service.
- A Memorandum of Understanding between FaHCSIA and the NT Department of Housing and Local Government was prepared to provide funds to the NT Government to improve interpreting services in the NT.

### **Next steps**

The consultations and preparatory work will enable the following activities to be completed by 30 June 2009:

- Develop specialist training (addressing government initiatives such as welfare, employment and housing reforms and other relevant initiatives) to increase the skill level of Indigenous interpreters;
- Develop promotion campaigns about interpreting for interpreters, the broader Aboriginal community and interpreting service users; and
- Recruit and employ a coordinator/mentor and locally-based interpreter positions in the West Arnhem and Warlpiri regions.

### **Challenges**

Consultation with the NT Government and other Australian Government agencies took longer than anticipated.

### **Linkages with other measures or data**

The NT Indigenous Interpreters project is linked with the broader engagement strategy. It will provide trained interpreters who will assist with communication and consultation with Indigenous communities on new and amended government measures, including welfare reform, housing reform, employment reform and other relevant initiatives. This is also linked with additional funding for Indigenous interpreters administered through the Attorney-General's Department.

## **7.4 NTER Regional Workshops**

### **Background**

The NTER Regional Workshops brought together leaders and potential leaders from communities to provide them with information about the NTER and build capacity within communities to articulate their needs and response to the NTER. These Workshops were not continued beyond the 2007/08 financial year due to funding constraints. Informal contact in the NT and reported anecdotal evidence indicates that there is strong demand for more of the workshops to be undertaken.

While the *2008-09 – NTER Community Engagement* Budget measure is not a continuation of the Workshops and does not serve the same purpose, the concept and basic outline for the initiative were born out of that process.

## **7.5 Commonwealth Ombudsman Support for the NTER**

The Ombudsman's Office was provided funding in 2007<sup>29</sup> to investigate complaints arising from the NTER and to provide an oversight role in relation to the implementation and administration of the NTER measures.

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<sup>29</sup> Initial funding was for 07-08 only. An additional 0.2million was provided in 08-09, however we had sought further funding for that financial year. A further 0.8 million was secured for 08-09 in March 09.

From June 2007 to 26 March 2009, the Ombudsman's Office has received approximately 700 complaints relating to the NTER or other Indigenous programs. Of these, 103 complaints were received during the period 1 July 2008 to 31 December 2008. As a result of budget uncertainty surrounding the Ombudsman's ongoing role in the NTER, outreach activities and complaint taking sessions were significantly reduced during 1 July – 31 December 2008. This led to a reduction in the number of complaints received by the office. With renewed outreach<sup>30</sup> the Ombudsman will see a significant increase in the number of complaints received.

The complaints received by the Ombudsman's office highlight a range of themes or issues which the Ombudsman's office conveys to agencies. These issues include:

### **BasicsCards**

- confusion about what people can and cannot purchase using their BasicsCard
- confusion about where people can use their cards
- the difficulties people face with accessing account balances on their cards and transferring money onto their BasicsCards.

### **Income Management**

- confusion surrounding what people can use their IM funds for
- ongoing concerns that everyone who lives in a prescribed community is subject to IM despite their personal or individual circumstances
- general communication issues surrounding IM and people's individual accounts, allocations and circumstances.

### **Access to Centrelink and service delivery**

- concerns that people have difficulty in accessing Centrelink and managing their affairs including IM allocations, balances, personal information etc.
- concerns about interpreters not being available when either using the telephone service or when people visit the Centrelink offices
- concerns that information is not in the appropriate languages
- wait times on the hotline, cost of these calls when using mobiles, the difficulty some people have in understanding how to use the phones.

### **Housing**

- concerns about overcrowding
- discrepancies, inconsistencies and unreasonable rent amounts
- delay with repairs and maintenance issues

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<sup>30</sup> Additional funding for 08-09 was only secured in March 09.

- people not knowing about leasing arrangements and how they will personally be affected by the new measures.

### **School Nutrition Program**

- concerns that community residents are not consulted on the running of the program
- lack of employment opportunities for local indigenous people
- dissatisfaction with the type and quality of food
- confusion surrounding amounts being charged for SNP participation.

### **Key Themes**

A common theme in the complaints received by the Ombudsman's Office is the issue of communication, consultation and general provision of information. This is a matter that the office will consider further to explore avenues for improvement with the agencies.

During this reporting period, the Ombudsman's Office has visited 19 communities and 24 town camps. The office has also reviewed its outreach model in order to take a more strategic and effective approach to outreach activities. The outreach model includes:

- having a regular presence at certain communities and town camps to develop appropriate networks, explain the role of the office, take complaints and obtain general feedback about NTER programs or associated issues
- visiting those prescribed communities that the office is yet to visit to provide information and material about the role of the office, take complaints and obtain general feedback about NTER programs or associated issues
- conducting joint outreach with key non-government community agencies, particularly where there is an identified need for our presence or particular issues which the community wishes to raise
- attending visits with Centrelink to observe its activities (including IM continuation).

Outreach activities conducted by the Ombudsman's Office are critical to ensuring that community residents understand the Ombudsman's role and can more easily access Ombudsman staff to make complaints. Community visits are also an important avenue for people to provide general feedback and information about issues. The Ombudsman's Office will then convey this information to agencies and provide timely feedback on potential problem areas.

Agencies have been very responsive to the Ombudsman's approaches and have worked hard to deal with the issues that the Ombudsman's Office has raised. Many of those issues reflect concerns that the agencies are already aware of and are already addressing. The Ombudsman's input allows for improved communication and better targeting of responses, as well as raising issues in a collaborative and constructive environment, focussing on solutions.