## **Senate Community Affairs Committee**

## ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

#### **HEALTH PORTFOLIO**

# Additional Estimates 2015 - 2016, 10 February 2016

**Ref No:** SQ16-000161

**OUTCOME:** 5 - Primary Health Care

**Topic:** Indigenous Health

Type of Question: Written Question on Notice

**Senator:** Siewert, Rachel

### **Question:**

a) The New Directions: Mothers and Babies Services expanding from 85 to 136 sites by 2018. What is the progress on that?

- b) The Australian Nurse-Family Partnership Program will be expanding from 3 to 13 sites by 2018. What is the progress on that? How are those sites determined? What regions are they likely to cover?
- c) The Closing the gap report mentions that \$21 million of the Women's safety package is specifically targeted at Aboriginal communities. How exactly will that be rolled out?
- d) Will the Government provide funding for the Yiriman suicide prevention project? Have they received advice on how to apply for funding?

#### **Answer:**

a) The expansion of the New Directions: Mothers and Babies Services commenced on 1 July 2015 and included \$54 million to increase the number of sites from 85 to 136 sites. The expansion will occur through a phased roll out:

Number of sites	2014-15 (existing sites)	<b>2015-16</b> (Phase 1)	<b>2016-17</b> (Phase 2)	<b>2017-18</b> (Phase 3)	Total sites by end 2017-18
New Directions: Mothers and Babies Services	85	25	14	12	136

An Approach to Market (ATM) process was conducted in July 2015. Applications from 22 organisations delivering services to 25 sites were identified as suitable for funding.

The Department of Health will conduct an ATM process in the first half of 2016 to identify sites for phases two and three of the expansion.

b) The expansion of the Australian Nurse-Family Partnership Program (ANFPP) commenced on 1 July 2015 and included \$40 million to expand from 3 to 13 sites. The expansion will occur through a phased roll out:

Number of sites	2014-15 (existing sites)	<b>2015-16</b> (Phase 1)	<b>2016-17</b> (Phase 2)	<b>2017-18</b> (Phase 3)	Total sites by end 2017-18
ANFPP	3	2	4	4	13

Phase one of the ANFPP expansion was undertaken in June 2015 through a targeted ATM process. Two organisations were funded as a result of this process.

The Department of Health will conduct an ATM process in the first half of 2016 to identify the remaining eight sites for phases two and three of the expansion. Sites to be targeted will be identified following feedback from Aboriginal Health Partnership Forums in each jurisdiction. Feedback will be requested based on data collected and analysed by the former Public Health Information Development Unit (PHIDU) at the University of Adelaide.

- c) The Women's Safety Package includes \$21 million for five activities specifically targeted to Indigenous families:
  - \$1.4 million for Community Engagement Police Officers in the Northern Territory to be expended over three years;
  - \$3.6 million for the Cross-Border Domestic Violence Intelligence Desk (operating across the Northern Territory, Western Australia, and South Australia) to be expended over four years;
  - \$2.5 million to support Queensland police better respond to domestic violence in remote communities. The Department of the Prime Minister and Cabinet is currently in negotiations with the Queensland Department of Premier and Cabinet about the use of these funds;
  - \$12.5 million to expand prisoner through care activities to help perpetrators of domestic violence change their behaviour. The Department is currently in negotiations with five prisoner through care providers with funds expected to be expended over three years; and
  - \$1.1 million to implement a targeted domestic violence intervention for at risk young Indigenous mothers as part of the Australian Nurse Family Partnership Programme (ANFPP). Roll out of the domestic violence intervention as part of the ANFPP is expected to occur in late 2016.
- d) Commonwealth funding for suicide prevention activity will be provided as part of the new National Suicide Prevention Strategy, as outlined in the Government's Response to the National Mental Health Commission Review of Mental Health Programmes. From 1 July 2016 funding for community-based suicide prevention activities will transition to PHNs to support better targeting of people at risk of suicide and a more integrated, regionally-based approach to suicide prevention. PHNs will undertake local needs assessments and will be responsible for commissioning regionally appropriate suicide prevention services based on identified community need.

The Department has advised the Kimberley Aboriginal Law and Culture Centre (KALACC), who deliver the Yiriman Project, of the renewed approach to suicide prevention confirming that current funding arrangements will not be extended once agreements cease 30 June 2016 and that from 1 July 2016, the funding stream for

community-based suicide prevention will be provided to PHNs as part of the flexible mental health funding pool to support suicide prevention priorities. The Department is aware that KALACC has commenced discussions with their local PHN, WA Country PHN, and has encouraged them to continue their engagement given the critical role of PHNs in future regional planning and commissioning activity.

PHNs will be required to plan and commission suicide prevention services in a flexible and culturally appropriate way to address an identified need in the community. To assist with their community needs assessment and planning process, the Department has advised PHNs of all currently funded suicide prevention projects, indicating projects that may have some service delivery in their region.

As part of their broader role in suicide prevention, PHNs will also have a specific requirement to consider the needs of Aboriginal and Torres Strait Islander people in their region. This includes identifying Aboriginal and Torres Strait Islander communities that are at heightened risk of suicide, liaison with local Aboriginal and Torres Strait Islander specific organisations, and mainstream service providers and implementation of culturally appropriate activity, guided by the goals and actions identified within the *National Aboriginal and Torres Strait Islander Suicide Prevention Strategy*.