

Northern Territory Remote Aboriginal Investment 2025-26 to 2030-31

Oral and Hearing Health Services

FEDERATION FUNDING AGREEMENT – AFFORDABLE HOUSING, COMMUNITY SERVICES AND OTHER

Table 1: Formalities and operation of schedule

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| Parties | Commonwealth Northern Territory |
| Duration | This Schedule is expected to expire on 30 June 2031. |
| Purpose | <p>This Schedule will support the delivery of Oral and Hearing Health Services in remote areas of the Northern Territory (NT).</p> <p>The Schedule is supported by the NTRAI Partnership Agreement between the Commonwealth, the NT Government and Aboriginal Peak Organisations Northern Territory (APO NT) (Partners) and reflects the remote investment priorities agreed by the Partners.</p> <p>The overarching objective of the NTRAI Partnership Agreement is to enable substantive and enduring opportunities for self-determination for remote Aboriginal communities to close the gap in life outcomes between those communities and other Australians. This includes contributing to measurable progress towards the socio-economic targets and Priority Reforms under the National Agreement on Closing the Gap (National Agreement).</p> <p>This Schedule embodies the principles of the National Agreement to achieve genuine and mutually respectful partnership between governments and Aboriginal and Torres Strait Islander Australians in the NT. This Schedule aims to deliver on key objectives set out in the NTRAI Partnership Agreement and is aligned to the Priority Reforms set out in the National Agreement, including:</p> <p><u>Priority Reform Two</u></p> <ul style="list-style-type: none"> • Build the capacity and capability of Aboriginal Community Controlled Organisations in remote communities to deliver high quality services. • Tangible action and local jobs in remote communities in line with the Aboriginal employment target in the Additional Terms of this Schedule. <p><u>Priority Reform Three</u></p> |

- Improving the standard of remote services, including the design, management and delivery of high-quality, culturally responsive services.
- Ensuring Aboriginal people living in remote communities have equitable access to mainstream services in a way that is relevant to their context.
- Identifying and eliminating racism in mainstream organisations and institutions delivering services to remote communities.
- Embedding and practicing meaningful cultural safety in government organisations delivering services to remote NT communities.
- Delivering mainstream services for remote communities in partnership with remote communities and their organisations.

Funding provided under this schedule builds on previous Commonwealth investment in remote Aboriginal communities through the NTRAI and is intended to supplement service delivery in the Northern Territory. It is not intended to exclude or disadvantage the Northern Territory Government from accessing other funding sources, including from the Commonwealth. Acknowledging the supplementary nature of NTRAI investment, where the Northern Territory Government negotiates with the Commonwealth for new funding for services and programs within the scope of NTRAI, the Northern Territory will notify the Commonwealth of the funding being provided under NTRAI for those services and programs with appropriate records maintained.

Oral and Hearing Health Services

This Schedule will support the delivery of integrated, coordinated and culturally safe oral and hearing health services for Aboriginal and Torres Strait Islander children by continuing to provide supplementary funding to increase access to identified services.

Hearing health

This Schedule provides supplementary funding to increase the availability of health services across the NT, prioritising services for remote Aboriginal children and youth (0–24-year-old) including:

- Improved equitable access to hearing health care through delivery of hearing health treatment and preventive services.
- Audiology and specialist services working with primary health care services to provide appropriate care.
- Clinical Nurse Specialists and/or Aboriginal Health Practitioners providing comprehensive ear health specialist client services for vulnerable at-risk clients of all ages, prioritising those in remote locations and care for children and young people.

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| | <ul style="list-style-type: none"> • Primary care to specialist service pathway: All clients seen who meet criteria are processed under Teleotology model (with a fee-for-service arrangement to ENTs) • Prevention and education activities across the lifespan on how to prevent and manage hearing loss and ear disease, using culturally appropriate communication methods. <p>Oral health</p> <p>This Schedule provides supplementary funding to increase the availability of oral health services across the NT for Aboriginal children and young people up to 18 years old including:</p> <ul style="list-style-type: none"> • Improved equitable access to oral health care through delivery of oral health treatment and preventive services • Support access to Child Dental Benefit Schedule (CDBS) for eligible children. • Increased engagement to build capacity of the community-controlled sector in oral health programs and preventive program delivery. <p>Service Delivery Agreements (SDAs)</p> <p>The Parties acknowledge that a key purpose for this Schedule is the provision of hearing and oral health services and the coordination of these programs across remote NT communities. The key mechanism for supporting this is development of SDAs.</p> <p>Service delivery will be structured through SDAs, developed in partnership with communities. SDAs will establish the parameters for delivering joined-up, equitable and culturally safe oral and hearing health services, responsive to the needs of First Nations children and young people in remote areas of the NT. SDAs will articulate responsibilities and accountabilities of all parties, support integration with other providers and establish foundations for sustainable, community-led service models.</p> <p>In addition to providing a mechanism for service delivery and continuity, the SDAs also aim to facilitate practical and sustainable steps towards enabling future transition of aspects of oral and hearing health services to community control. Where services transition this will be done in line with Clause 12 of the Partnership Agreement.</p> |
| Governance | <p>The Partnership Agreement sets out the enduring shared decision-making arrangements to guide NTRAI investment and maximise alignment to Closing the Gap Priority Reforms. To facilitate shared decision-making and Joint Steering Committee (JSC) monitoring and oversight of NTRAI investment, the NT Government will:</p> |

- Prepare biennial plans to outline the strategic direction of outputs funded through this Schedule and submit these for consideration by the JSC.
- Biennial plans provide a mechanism for shared decision-making and oversight of investment and reform effort, not operational arrangements for service delivery. Plans do not establish additional requirements for the purpose of assessing performance against milestones for the provision of payments to the NT Government.
- Prepare progress reports at 12-month intervals as per the due dates in Table 2 which will be submitted to the JSC for consideration.

The NTRAI JSC will provide advice to the Commonwealth delegate on the alignment of plans and progress reports with the Partnership Agreement and Closing the Gap Priority Reforms. This advice must be provided within 10 business days of the plan being tabled.

The delegate will consider the JSC's advice in determining relevant milestone payments.

If the JSC does not provide advice regarding alignment with the Partnership Agreement and the Closing the Gap Priority Reforms within [10] business days, the Commonwealth delegate will proceed with their approval of the relevant milestone payments.

The parties acknowledge payment decisions are a matter for the Commonwealth delegate in line with the Intergovernmental Agreement on Federal Financial Relations. The Commonwealth will make payments subject to performance reports demonstrating relevant milestones have been met by the NT Government.

The NTRAI JSC may also recommend to responsible Ministers adjustments to NTRAI investment priorities, including program funding, design and delivery arrangements based on emerging evidence and changing community needs.

In accordance with Clause 14 of the NTRAI Partnership Agreement, the parties will work collaboratively through the JSC to embed Priority Reform 4 into the monitoring and evaluation of progress and outcomes relating to outputs delivered under this Schedule.

| Estimated financial contributions | <p>The Commonwealth will provide an estimated total financial contribution to the NT of \$50.5m in respect of this Schedule.</p> <table><tr><th>Table 1</th><th>2025-26</th><th>2026-27</th><th>2027-28</th><th>2028-29</th><th>2029-30</th><th>2030-31</th><th>Total</th></tr><tr><th>(\$)</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></tr><tr><td>Estimated total budget</td><td>7,807,400</td><td>8,041,622</td><td>8,282,870</td><td>8,531,356</td><td>8,787,297</td><td>9,050,916</td><td>50,501,460</td></tr><tr><td>Less estimated National Partnership Payments</td><td>7,807,400</td><td>8,041,622</td><td>8,282,870</td><td>8,531,356</td><td>8,787,297</td><td>9,050,916</td><td>50,501,460</td></tr><tr><td>Balance of non-Commonwealth contributions</td><td>0.0</td><td>0.0</td><td>0.0</td><td>0.0</td><td>0.0</td><td>0.0</td><td>0.0</td></tr></table> | Table 1 | 2025-26 | 2026-27 | 2027-28 | 2028-29 | 2029-30 | 2030-31 | Total | (\$) | | | | | | | | Estimated total budget | 7,807,400 | 8,041,622 | 8,282,870 | 8,531,356 | 8,787,297 | 9,050,916 | 50,501,460 | Less estimated National Partnership Payments | 7,807,400 | 8,041,622 | 8,282,870 | 8,531,356 | 8,787,297 | 9,050,916 | 50,501,460 | Balance of non-Commonwealth contributions | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
|--|---|-----------|-----------|-----------|-----------|-----------|------------|---------|-------|------|--|--|--|--|--|--|--|------------------------|-----------|-----------|-----------|-----------|-----------|-----------|------------|--|-----------|-----------|-----------|-----------|-----------|-----------|------------|---|-----|-----|-----|-----|-----|-----|-----|
| Table 1 | 2025-26 | 2026-27 | 2027-28 | 2028-29 | 2029-30 | 2030-31 | Total | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Estimated total budget | 7,807,400 | 8,041,622 | 8,282,870 | 8,531,356 | 8,787,297 | 9,050,916 | 50,501,460 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Less estimated National Partnership Payments | 7,807,400 | 8,041,622 | 8,282,870 | 8,531,356 | 8,787,297 | 9,050,916 | 50,501,460 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Balance of non-Commonwealth contributions | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Additional terms | <p>Roles and responsibilities</p> <ul style="list-style-type: none">• The NT Government is responsible and accountable for maintaining a continuum of services to facilitate the provision of oral and hearing health programs and inform regional planning for service delivery, including:<ul style="list-style-type: none">○ maximising opportunities for local businesses and employees to be involved in the delivery of the projects.○ ensuring that First Nations Australians realise employment and business opportunities by incorporating appropriate First Nations employment and, where relevant, First Nations supplier requirements.• The Commonwealth:<ul style="list-style-type: none">○ is responsible for making payments under this Schedule to support the NT Government to plan, facilitate and deliver oral and hearing health services in remote areas of the NT.○ commits to sharing relevant data aligned with outcomes identified in the MEAL framework to support its implementation.• The Commonwealth and Northern Territory are responsible for:<ul style="list-style-type: none">○ Upholding Federal Financial Relations (FFA) Principles including demonstrating evidence of cost-effectiveness.○ Liaising with the NTRAI JSC prior to the release of any media statements relating to the Schedule.○ Informing regional planning for a continuum of hearing and oral health services across the Northern Territory.○ Actively participating in the implementation of the overarching MEAL framework as described under the monitoring and evaluation section of this schedule. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

APO NT are responsible for delivering ACCO sector strengthening grants, including to build organisational and financial management capacity within ACCOs. The Commonwealth will manage any funding agreement with APO NT for ACCO sector strengthening grants consistent with the terms set out in the relevant funding agreement.

Reform Ambition

Payments provided through this Schedule support essential service delivery to Aboriginal Territorians who live, or are from, remote NT communities. The parties agree a principle underpinning this Schedule is ensuring the continuity of these services is maintained through certainty of funding flows and appropriate service delivery risk management.

To support this continuity in service delivery, and in accordance with Clause 23 of the *Federation Funding Agreement – Affordable Housing, Community Services and Other*, the NT Government will report the minimum required to demonstrate milestones have been met, as set out at Table 2 and Table 3.

Acknowledging the shared reform ambition set out in the NTRAI Partnership Agreement the parties also commit to working towards the below aspirational targets over the six-year term of NTRAI investment for the Health Schedule.

These targets reflect the shared aspirations of the parties to the NTRAI Partnership Agreement and are not intended to represent benchmarks for the purpose of assessing performance against milestones for the provision of payments to the NT Government under this Schedule.

Aboriginal Employment

This Schedule sets an aspirational target of more than 16 per cent Aboriginal workforce, to be engaged across various roles associated with the Schedule.

Community Coverage

The Schedule sets an aspirational target of all communities receiving an outreach service within each 2-year period.

Relationship to the National Health Reform Agreement and Health Insurance Act 1973

The NHRA provides that the Commonwealth will not fund a service where the same service, or any part of the same service, is otherwise funded by the Commonwealth.

The Health Insurance Act 1973 prohibits the payment of Medicare benefits where other government funding is provided for that service.

Monitoring and Evaluation

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| | <p>Monitoring and evaluation will occur through the NTRAI Monitoring, Evaluation, Accountability and Learning (MEAL) Framework as outlined in the NTRAI Partnership Agreement, and the FFA Schedule – NTRAI Evaluation.</p> <p>The JSC will oversee the development of the overarching MEAL framework which will be underpinned by schedule specific 2-year plans, a contemporary program logic and a data matrix, to outline the intended links between the activities, outputs and outcomes supported by this Schedule and the broader outcomes and objective of the Partnership Agreement. The data matrix will outline the proposed measures, baseline data and indicators for monitoring and evaluating progress and outcomes achieved by the outputs funded through this Schedule.</p> <p>Clause 14.3 of the Partnership Agreement commits the Commonwealth and NT Governments to maximise transparency in relation to broader funding commitments and allocations for remote service delivery in the NT. This requirement will be met by the parties through the MEAL Framework.</p> |
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Table 2: Performance requirements, reporting and payment summary

| Output | Performance milestones | Reporting Period | Report due | Payment (\$M) |
|---|--|----------------------------|-----------------|----------------|
| Oral Health — Prevention, planning and service continuity | Provision of a 2-year Plan for the coordinated delivery of whole of territory oral health services and prevention programs in accordance with the requirements set out in Table 3 and tabled for consideration by NTRAI JSC and consistent with the arrangements set out in the Governance section of Table 1. | 1 July 2025 – 30 June 2027 | 1 November 2025 | \$390,370.00 |
| | | 1 July 2027 – 30 June 2029 | 1 March 2027 | \$402,081.10 |
| | | 1 July 2029 – 30 June 2031 | 1 March 2029 | \$426,567.85 |
| | Provision of 6-monthly progress report on the 2-year project plan tabled for consideration by NTRAI JSC and consistent with the arrangements set out in the Governance section of Table 1. <ul style="list-style-type: none"> At least 75% of remote communities have received outreach services within community by 30 June each year. | 1 July 2025 - 31 Dec 2025 | 1 April 2026 | \$2,342,220.00 |
| | | 1 Jan- 30 June 2026 | 1 October 2026 | \$1,206,243.30 |
| | | 1 July - 31 Dec 2026 | 1 April 2027 | \$1,206,243.30 |
| | | 1 Jan – 30 June 2027 | 1 October 2027 | \$1,242,430.65 |
| | | 1 July – 31 Dec 2027 | 1 April 2028 | \$1,242,430.65 |
| | | 1 Jan – 30 June 2028 | 1 October 2028 | \$1,279,703.55 |
| | | 1 July - 31 Dec 2028 | 1 April 2029 | \$1,279,703.55 |
| | | 1 Jan - 30 June 2029 | 1 October 2029 | \$1,318,094.55 |
| | | 1 July-31 Dec 2029 | 1 April 2030 | \$1,318,094.55 |
| | | 1 Jan - 30 June 2030 | 1 October 2030 | \$1,357,637.40 |
| | | 1 July - 31 Dec 2030 | 1 April 2031 | \$1,357,637.40 |

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| Oral Health — Services | Provision of annual performance reporting of measures outlined in Table 3 through the data collection services managed by the AIHW. | 1 January 2025 to 30 December 2025 | 1 April 2026 | \$780,740.00 |
| | | 1 January 2026 to 30 December 2026 | 1 April 2027 | \$804,162.00 |
| | | 1 January 2027 to 30 December 2027 | 1 April 2028 | \$1,242,430.00 |
| | | 1 January 2028 to 30 December 2028 | 1 April 2029 | \$853,135.00 |
| | | 1 January 2029 to 30 December 2029 | 1 April 2030 | \$1,318,094.55 |
| | | 1 January 2030 to 30 December 2030 | 1 April 2031 | \$1,357,637.40 |
| Hearing Health — Prevention, planning and service continuity | Provision of a 2-year Plan for the coordinated delivery of whole of territory hearing health services and prevention programs in accordance with the requirements set out in Table 3 and tabled for consideration by NTRAI JSC and consistent with the arrangements set out in the Governance section of Table 1. | 1 July 2025 – 30 June 2027 | 1 November 2025 | \$390,370.00 |
| | | 1 July 2027 – 30 June 2029 | 1 March 2027 | \$402,081.10 |
| | | 1 July 2029 – 30 June 2031 | 1 March 2029 | \$426,567.85 |
| | Provision of 6-monthly progress report on the 2-year project plan tabled for consideration by NTRAI JSC and consistent with the arrangements set out in the Governance section of Table 1. <ul style="list-style-type: none"> At least 70% of remote communities have received outreach services within community by 30 June each year. | 1 July 2025 - 31 Dec 2025 | 1 April 2026 | \$3,122,960.00 |
| | | 1 Jan- 30 June 2026 | 1 October 2026 | \$1,608,324.40 |
| | | 1 July - 31 Dec 2026 | 1 April 2027 | \$1,608,324.40 |
| | | 1 Jan – 30 June 2027 | 1 October 2027 | \$1,656,574.20 |
| | | 1 July – 31 Dec 2027 | 1 April 2028 | \$1,656,574.20 |
| | | 1 Jan – 30 June 2028 | 1 October 2028 | \$1,706,271.40 |
| | | 1 July - 31 Dec 2028 | 1 April 2029 | \$1,706,271.40 |
| | | 1 Jan - 30 June 2029 | 1 October 2029 | \$1,757,459.40 |

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| | | 1 July-31 Dec 2029 | 1 April 2030 | \$1,757,459.40 |
| | | 1 Jan - 30 June 2030 | 1 October 2030 | \$1,810,183.20 |
| | | 1 July - 31 Dec 2030 | 1 April 2031 | \$1,810,183.20 |
| Hearing Health — Services | Provision of annual performance reporting of measures outlined in Table 3 through the data collection services managed by the AIHW. | 1 January 2025 to 30 December 2025 | 1 April 2026 | \$780,740.00 |
| | | 1 January 2026 to 30 December 2026 | 1 April 2027 | \$804,162.00 |
| | | 1 January 2027 to 30 December 2027 | 1 April 2028 | \$1,242,430.00 |
| | | 1 January 2028 to 30 December 2028 | 1 April 2029 | \$853,135.00 |
| | | 1 January 2029 to 30 December 2029 | 1 April 2030 | \$1,318,094.55 |
| | | 1 January 2030 to 30 December 2030 | 1 April 2031 | \$1,357,637.40 |

Performance indicators and benchmarks

| Table 3: Milestone requirements | |
|---|---|
| Report | Key deliverables |
| 2-year Plans | <p>Plans should outline the strategic direction of outputs funded through this Schedule over a 2-year period, including how the delivery of outputs is intended to:</p> <ul style="list-style-type: none"> • align with the NTRAI Partnership Agreement and the Priority Reforms outlined in the Purpose section of this Schedule. • meet relevant performance milestones; and • strive to achieve the reform ambition as set out in the Additional Terms section of this Schedule. <p>For the oral health related outputs, the plan must include the following elements:</p> <ul style="list-style-type: none"> • Regional/local planning for service continuity and equity including how children and young people under 18 years old will be prioritised • Overview of planned preventive activities for the period • Services agreed to be provided by community-controlled organisations <p>For the hearing health related outputs, the plan must include the following elements:</p> <ul style="list-style-type: none"> • Regional/local planning for service continuity and equity including how children and young people will be prioritised • Overview of planned preventive activities for the period • Services agreed to be provided by community-controlled organisations, |
| Annual Progress Reports to the JSC on the 2-year plan | <p>Annual progress reports will provide an update on the elements within the 2-year plan and demonstrate achievement of performance milestones.</p> <p>For the oral health related outputs, the report will also include:</p> <ul style="list-style-type: none"> • Number of SDAs in place, including geographical catchment area. • Proportion of NT Health staff employment by the program who identify as Aboriginal and/or Torres Strait Islander • Proportion of children enrolled by region • The proportion of children with completed caries control treatment <p>For the hearing health related outputs will also include:</p> <ul style="list-style-type: none"> • Number of SDAs in place, including geographical catchment area • Proportion of NT Health staff employment by the program who identify as Aboriginal and/or Torres Strait Islander • Coverage by regions (number of outreach trips), including an overview of the integrated program scheduling principles that support equitable service delivery. • Demand for audiology service by region, including qualitative detail on the methodologies for: |

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| | <ul style="list-style-type: none"> ○ targeting Child Hearing Coordination (case management) and audiology services to highest need; and ○ determining demand for audiology service by region |
| Annual performance reporting through the data collection services managed by the AIHW | <p>Annual performance reporting under this Schedule will be facilitated by the continuation of data collection services managed by the AIHW and will include:</p> <p>For the oral health related outputs:</p> <ul style="list-style-type: none"> • Number of enrolled children by region. • Number of fluoride varnishes provided for 1–4-year-old remote Aboriginal children by primary health teams, up to four times per year for each child and number of treatments provided within the recall period for each child.¹ • Number of children with completed caries control treatment, measured as a proportion of the decayed, missing, filled tooth metric (dmft/DMFT). <p>For the hearing related outputs:</p> <ul style="list-style-type: none"> • Number of audiology checks in the reporting period, prioritising children and young people, including by community and identifying the spread across urban, remote and very remote communities across the Northern Territory. • Number of CNS consultation services coordinated in the reporting period • Number of clinical ear and hearing health education and health promotion services delivered in the reporting period, by region.² |

NOTE: In instances where data submissions are incomplete due to third party organisational capacity constraints, the Northern Territory may provide supplementary information outlining contributing factors and remediation efforts, with the expectation that such circumstances will be taken into account and will not negatively affect payment arrangements.

¹ Number of fluoride varnishes provided for 1–4-year-old remote Aboriginal children by primary health teams, up to four times per year for each child.

² All promotion and education services to be delivered by staff who have been trained in ear and hearing health.

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The Parties have confirmed their commitment to this schedule as follows:

Signed for and on behalf of the
Commonwealth of Australia by



The Honourable Mark Butler MP
Minister for Health, Disability and Ageing

Date:

18/12/25

Signed for and on behalf of the
Northern Territory by



The Honourable Hon Steven Edgington MLA

Minister for Health

Date:

23/1/26