



**Australian Government**  
**Productivity Commission**

# Expenditure on Children in the Northern Territory

## Productivity Commission Study Report

March 2020

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### The Productivity Commission

The Productivity Commission is the Australian Government's independent research and advisory body on a range of economic, social and environmental issues affecting the welfare of Australians. Its role, expressed most simply, is to help governments make better policies, in the long term interest of the Australian community.

The Commission's independence is underpinned by an Act of Parliament. Its processes and outputs are open to public scrutiny and are driven by concern for the wellbeing of the community as a whole.

Further information on the Productivity Commission can be obtained from the Commission's website ([www.pc.gov.au](http://www.pc.gov.au)).

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# Foreword

Most children in the Northern Territory live in loving and supportive environments, with many families and communities able draw on a rich heritage based on cultural strength. Despite this, many children face significant adversity. Children in the Northern Territory are more likely than Australian children overall to come into contact with the child protection system, and they face higher rates of socioeconomic disadvantage.

This study explores how governments can work together more effectively so that their funding develops the strengths and protective factors that help to keep children safe and well. As an independent advisory body, the Productivity Commission is well placed to undertake a study of this nature. We bring a whole of community perspective to the issues and consult widely across governments, communities and non-government organisations. This provides the Commission with a unique vantage point from which to observe issues and consider solutions. We have seen that the problems occur at the system level, in spite of the many capable and committed people on the ground and within government. The problems are structural and bigger than any individual entity.

Many of the challenges that apply to children and family services in the Northern Territory — siloed decision making, inadequate coordination between and within governments, and lack of data on services and outcomes at the community level — are also present in other jurisdictions and in other policy areas. But their impacts are felt more acutely in environments of high disadvantage.

One of our ambitions for this study was to come up with ways for governments to make better funding decisions that complement current reforms and that make use of organisational structures that are already in place. Communities in the Northern Territory have experienced considerable upheaval as a result of continual policy changes in this area and we have been careful to build on, rather than reinvent, existing reform efforts.

This study was conducted jointly by me and my fellow Commissioners Angela MacRae and Catherine de Fontenay. We were supported by a dedicated team in the Commission's Melbourne and Canberra offices, led by Ana Markulev.

The Commission is grateful to the many individuals and organisations who have taken the time to contribute to this study, including those who provided data, participated in visits and roundtables, and made submissions.

Michael Brennan  
Chair, Productivity Commission

March 2020

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# Terms of reference

I, the Hon Josh Frydenberg MP, Treasurer, pursuant to Parts 2 and 4 of the *Productivity Commission Act 1998*, hereby request that the Productivity Commission undertake a study into Commonwealth and Northern Territory Government expenditure in the Northern Territory in the area of children and family services relevant to the prevention of harm to children.

## Background

The Royal Commission into the Protection and Detention of Children in the Northern Territory (Royal Commission) found that funding arrangements in the Northern Territory appear to be characterised by a lack of coordination between the Northern Territory and Commonwealth Governments, and within each government.

The Royal Commission found that Commonwealth and Northern Territory Government investment is not rigorously tracked, monitored or evaluated to ensure that it is appropriately distributed and directed.

The Royal Commission was concerned that government funds were directed to programs without reference to the existence of other programs, their target locations or the outcomes of the services delivered. A study into expenditure in the Northern Territory will supplement information already provided as part of the Royal Commission, and will support the development of a joint funding framework as recommended by the Royal Commission (Rec 39.05 refers).

A joint funding framework is an important step in ensuring the efficient and effective allocation of resources.

## Scope

The Commonwealth and Northern Territory Governments have agreed to a joint study of children and families funding and services in the Northern Territory as a response to the Royal Commission.

The Productivity Commission will examine ways to improve funding arrangements across and within the Commonwealth and Northern Territory Governments and the services delivered via these funding arrangements. The Productivity Commission should have regard to relevant funding arrangements including for payments to or through the States (such as those made under National Partnerships), and grants (such as those made under the Indigenous Advancement Strategy and other selected programs related to the prevention of harm to children).

In undertaking the study, the Productivity Commission should consider:

- 
- the objectives, governance and implementation of current funding arrangements including assessment of:
    - the extent of duplication and lack of coordination across Commonwealth and Territory funding arrangements, individual programs and service providers
    - whether the approach to the design of programs aligns with policy objectives
    - the approach to engaging service providers and allocating funds
    - accountability, reporting and monitoring requirements for service providers and governments
    - levels of access to services
    - approaches to service delivery, including continuity of funding for services over time and levels of coordination and integration between services where a variety of service providers are used.
  - principles and approaches for governance and funding to promote better outcomes and improve:
    - the coordination of Commonwealth-Territory funding
    - the coordination, funding, design and administration of programs
    - the delivery of services and levels of access.

The Productivity Commission should have regard to:

- (a) the federal financial relations framework, set out in the Intergovernmental Agreement on Federal Financial Relations and the *Federal Financial Relations Act 2009*
- (b) the Commonwealth Grant Rules and Guidelines
- (c) existing funding agreements and contractual arrangements between relevant parties
- (d) existing accountability controls and conditions under (a), (b) and (c).

The scope of the study does not include an assessment of the Northern Territory's expenditure relative to the GST revenue received through the Commonwealth Grants Commission assessment process.

## **Process**

The Productivity Commission will commence the study on 1 April 2019.

The Productivity Commission should undertake appropriate consultation including with the Aboriginal and Torres Strait Islander community sector. The Productivity Commission should release a draft report to the public and provide the final report to Government within 12 months.

**The Hon Josh Frydenberg MP**  
**Treasurer**

[6 March 2019]



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# Abbreviations

ABS	Australian Bureau of Statistics
ACCHS	Aboriginal Community Controlled Health Services
ACCO	Aboriginal Community Controlled Organisation
AIFS	Australian Institute of Family Studies
AIHW	Australian Institute of Health and Welfare
ALC	Anindilyakwa Land Council
AMSANT	Aboriginal Medical Services Alliance Northern Territory
ANAO	Australian National Audit Office
CfC	Communities for Children
COAG	Council of Australian Governments
DEX	Department of Social Services Data Exchange
DOE	Department of Education
DSS	Department of Social Services
FaFT	Families as First Teachers
GWLW	Grow Well Live Well Palmerston
IAS	Indigenous Advancement Strategy
IFPS	Intensive Family Preservation Service
IFSS	Intensive Family Support Services
LDM	Local Decision Making
NIAA	National Indigenous Australians Agency
PM&C	Department of the Prime Minister and Cabinet
RCT	Randomised controlled trial
Royal Commission	Royal Commission and Board of Inquiry into the Protection and Detention of Children in the Northern Territory
STKIC	Southern Tanami Kurdiji Indigenous Corporation
WYDAC	Warlpiri Youth Development Aboriginal Corporation

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# OVERVIEW

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## Key points

- Children in the Northern Territory are three times more likely than Australian children overall to come into contact with the child protection system, and face higher rates of socioeconomic disadvantage. To help address this, the Commonwealth and NT Governments commit significant funds to children and family services. In 2018-19, they collectively spent about \$538 million through 9 funding agencies, making more than 700 grants to over 500 service providers. This does not include the significant expenditure directed to primary services, such as health care and education, which also influence child and family wellbeing.
- Despite these significant resources, the Commonwealth and NT Governments continue to make funding decisions in relative isolation. This has led to fragmentation, inefficiencies in service delivery, and significant overlap in expenditure effort.
  - There is inadequate coordination between and within both governments, with each often unaware of what the other is funding and of what is being delivered on the ground.
  - It is unclear how the merits of activities for one place are weighed against the merits of activities in another, with the risk of inequitable funding flows driven by the capacity of service providers to apply for funding, rather than by needs and priorities of communities.
  - The current approach to funding service providers is largely short term and output focused. This creates uncertainty and inhibits the ability of providers to build capacity, develop trust, and design and deliver culturally appropriate services over the long term.
- Positive reforms are being implemented and there are pockets of good practice, but a fundamental shift in approach is needed — one that is underpinned by a stronger commitment to transparency and collaboration between governments, service providers and communities. This would help to ensure that governments are collectively accountable for achieving their shared objective — of keeping children and young people safe and well.
- A formal process — of agreed funding and selected funds pooling — should be established between the Commonwealth and NT Governments. This would involve both governments agreeing on what children and family services each will fund (and where they will pool funds) based on the service needs and priorities identified in regional plans.
  - Regional plans should be developed that incorporate the perspectives of people from each community in the region on the strengths and needs of their children and families, which children and family services they would like to retain and those that should be changed.
- Governments should transition to longer-term contracts (a minimum of seven years) that reflect the cost of service provision and take into account the capacity of providers to deliver outcomes, particularly for Aboriginal communities. This should be supported by a relational approach to contracting, where regional government staff visit providers and engage in regular collaborative discussions on service outcomes and continuous service improvements.
- Better use of data on services and outcomes for children and families at the regional and community level is also needed. And both governments need to significantly improve their record-keeping for the services they fund, and create and maintain a public services list.
- Stronger institutions will be required. The Children and Families Tripartite Forum should be strengthened so that it can provide advice to governments on funding arrangements. And both governments should ensure that their regional networks have the skills and authority to undertake relational contracting and to work with communities to develop regional plans.
- Implementing these reforms will be challenging and will require leadership and long-term commitment from governments. The Commonwealth and NT Governments should negotiate a joint funding agreement by the end of 2021 that formalises the reforms proposed in this report. The agreement would provide impetus for greater cooperation between governments and help to facilitate greater accountability of both governments' funding decisions.

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# Overview

This is a study about government expenditure on children and families in the Northern Territory, with a focus on services relevant to preventing harm to children. In essence, the study is about how the Commonwealth and Northern Territory Governments can work more collaboratively so their expenditure decisions improve outcomes for children and families.

The terms of reference for this study originated from the Royal Commission into the Protection and Detention of Children in the Northern Territory (the Royal Commission). That Commission was established following the airing in 2016 of the ABC's *Four Corners* TV program, 'Australia's Shame,' that included footage of mistreatment of children in detention in the Northern Territory. The Royal Commission found that expenditure on children and family services is not rigorously tracked, monitored or evaluated to ensure that it is appropriately distributed and directed. It identified a need for greater coordination and transparency of government funding decisions.

Many of the conclusions of this study confirm those of the Royal Commission, although identifying a need for coordination does not resolve the question of how to achieve coordination. There is a delicate balance to strike between the need for substantial improvements in coordination, and the need to maintain continuity in an environment marked by abrupt policy changes. The proposals in this study aim to strike that balance.

Although there is a desire within many government departments to make changes, and there are signs of positive reforms, many stakeholders are sceptical of governments' ability to follow through. This is partly driven by their experience of the long history of inquiries that relate to child harm in the Northern Territory and by the fact that there has been little enduring change to the outcomes that matter most — keeping children and young people safe and well. Governments are often quick to accept recommendations and announce reforms, but there can be a tendency for true change to evaporate during the long and difficult process of implementation. This may reflect fiscal pressures, administrative inertia, pushback from influential stakeholders, or simply the political and news cycles of the day.

Governments need to focus on what outcomes they are collectively achieving from their investments, rather than seeking credit for individual funding announcements. This requires leadership and a commitment to greater collaboration between governments to achieve shared outcomes. The ethos of those running the system should be a local focus, learning by doing, and collaboration with providers and communities.

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# **1 Why coordination of funding for children and family services matters**

There are unique challenges associated with the provision of children and family services in the Northern Territory. Most children in the Northern Territory are raised in loving and positive environments, although compared with other Australian jurisdictions, children and families in the Northern Territory face higher rates of disadvantage, with about 27 per cent of children living in areas with high levels of socioeconomic disadvantage. The risk of harm to children is exacerbated by a higher prevalence of other risk factors including: living in households facing poverty; unemployment or overcrowding; mental health issues; substance misuse; and family violence. Together, these factors have contributed to poorer outcomes for children in the Northern Territory, including higher rates of harm. There is opportunity to enhance the protective factors and strengths of communities to improve children's wellbeing.

The recommendations in this report are intended to apply to all children in the Northern Territory. But they take account of the experience of Aboriginal children in particular (who comprise 42 per cent of the 62 000 children living in the Northern Territory) that is shaped by a unique set of cultural and historical factors. The Royal Commission noted that intergenerational trauma stemming from the results of colonisation is a key factor driving the overrepresentation of Aboriginal children and young people in out-of-home care and youth detention in the Northern Territory. This means that the need for flexible and culturally capable services — that deal with issues of intergenerational trauma and reflect the specific needs, strengths and aspirations of Aboriginal communities — is particularly acute. But it also presents opportunities for governments to better work with Aboriginal families and communities when designing and delivering services — building on cultural strengths.

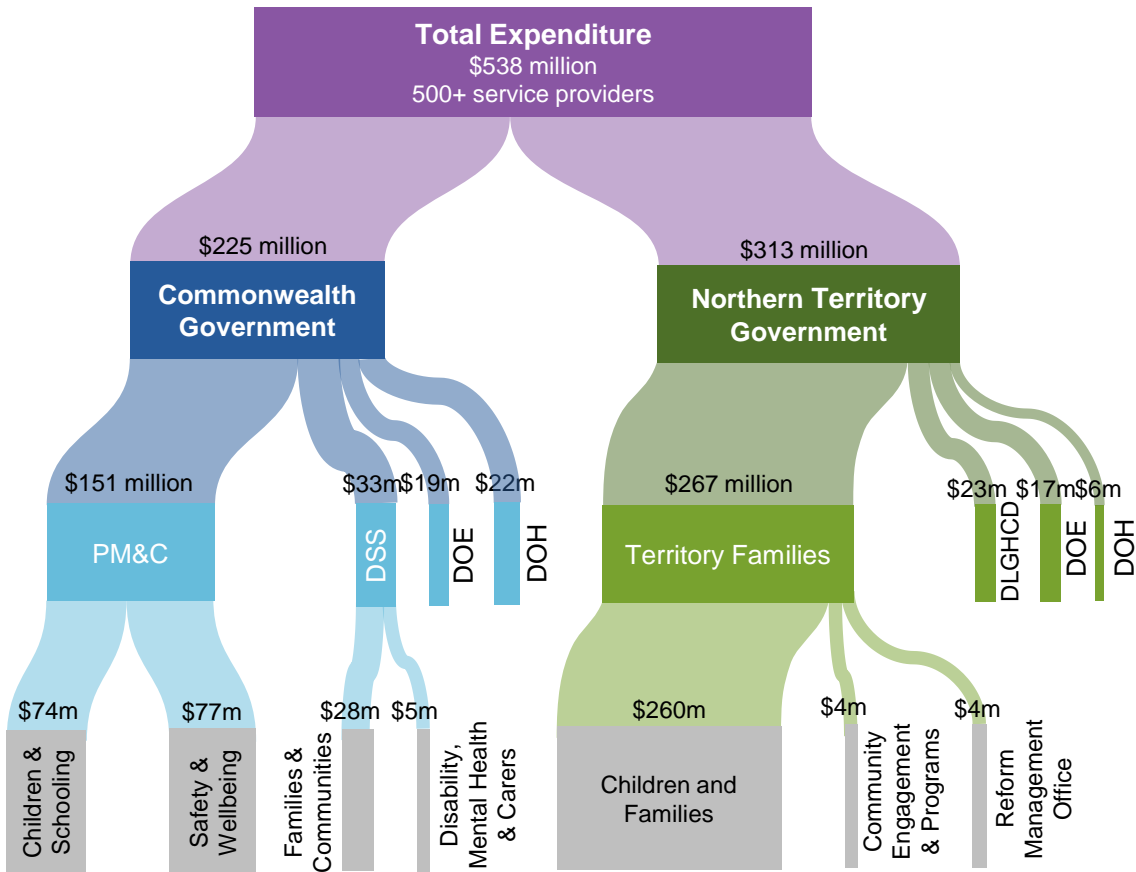
The system of services relevant to the prevention of harm to children is complex. The NT Government is responsible for the statutory child protection and youth justice systems (including child protection investigations, out-of-home care and youth detention). And both governments are responsible for a wide range of other services relevant to the prevention of harm to children, including services such as parenting programs, health, early education, and youth engagement, which are funded by multiple government departments.

We estimate that, in 2018-19, the Commonwealth and NT Governments spent about \$538 million on services relevant to the prevention of harm to children, across at least nine funding agencies and over 500 service providers (figure 1). This expenditure is part of a much broader landscape of expenditure on primary services, such as education and health care. These types of services also influence child and family wellbeing, but they are not directly aimed at preventing harm to children so are not the focus of this study.

The majority of funding from the Commonwealth comes through grants from the National Indigenous Australians Agency's (NIAA) (previously the Department of the Prime Minister and Cabinet) Indigenous Advancement Strategy, with a sizeable contribution also coming from the Department of Social Services' (DSS) Families and Communities Program.

Territory Families is the largest funder of children and family services overall, due to its statutory child protection responsibilities.

Figure 1 **Expenditure flows for children and family services in the Northern Territory, financial year 2018-19**



Given the number of entities involved, it is essential that the provision of services is well coordinated and that funding supports the delivery of flexible and culturally capable services. The Royal Commission recommended the adoption of a ‘new public health approach’, funding the right mix of universal, early intervention, and statutory interventions to reduce the risk of harm to children, with these services working together, rather than in isolation.

The current situation is far from this ideal. Funding decisions are made in silos, by departments that are largely unaware of what others are funding or what services are being delivered on the ground. There are significant gaps in expenditure data and the disparate data that is available is not being harnessed to build a holistic picture of how children, families and communities are faring. Governments often rely on service providers to understand local needs and to engage with communities. Overall, the current approach, regardless of the strengths of individual funding agencies and programs, has resulted in a fragmented system that is failing to best address the needs of children and families. And it is not facilitating

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accountability for whether governments are collectively succeeding or failing to achieve their shared objective — to keep children and young people safe and well.

## **2 A siloed and fragmented service system**

During this study, we heard from many highly dedicated people trying to make a difference to the lives of children and families in the Northern Territory. But they are often working with limited information, and within a fragmented and largely supply-driven system of children and family services in the Northern Territory. There is evidence of duplicated effort in funding services and cases of multiple providers delivering similar types of services in the same areas. At the same time, there was concern from stakeholders about gaps in services (unmet needs) in many areas. Investment from both the Commonwealth and NT Governments is inadequately targeted — made without a comprehensive assessment of the needs or priorities of communities and decided without full knowledge of the other services already being provided in a community.

### **There is significant overlap in expenditure effort**

There is significant overlap in the types of services being funded by different levels of government and their departments. In other words, at an aggregate level, the Commonwealth and NT Governments are often operating ‘in the same field’. As shown in table 1, most types of services are funded by both Governments, and there is particular overlap in:

- family violence services, such as crisis accommodation — notably, both levels of government fund the operation of safe houses and shelters
- crime, justice and legal services, such as youth diversion services
- community development services, such as services or events to promote leadership and community resilience
- sport and recreation services, such as youth engagement services
- early childhood services for children up to five years old, such as playgroups and early learning support programs.

These overlaps are exemplified by the Intensive Family Support Service (IFSS) (funded by DSS) and the Intensive Family Preservation Service (IFPS) (funded by Territory Families). Both IFSS and IFPS are provided to families in the Northern Territory. In some locations, such as in Katherine, both services are available, but there are some locations where neither program exists. For example, in the East Arnhem region there is no IFSS and only one IFPS program (in Nhulunbuy), which does not reach all communities in the region.

To understand the nature of this overlap better, we examined the types of services funded through different departments (figure 2). We found that there is considerable overlap between



agencies in terms of the services they fund — and some types of services, such as early childhood and family support services, were funded from as many as seven different sources.

**Table 1**      **Number of grants by service type**

<i>Service type</i>	<i>Commonwealth</i>	<i>NT</i>	<i>Total</i>
Child protection	-	142	142
Community development	13	61	74
Crime, justice and legal	51	28	79
Domestic, family and sexual violence	17	55	72
Early childhood	104	32	136
Education	54	27	81
Employment	5	4	9
Family support	42	33	75
Health and nutrition	66	3	69
Homelessness and housing	6	32	38
Mental health and substance misuse	36	50	86
Migrant services	6	3	9
Remote services	1	-	1
Sport, recreation, culture and wellbeing	67	242	309

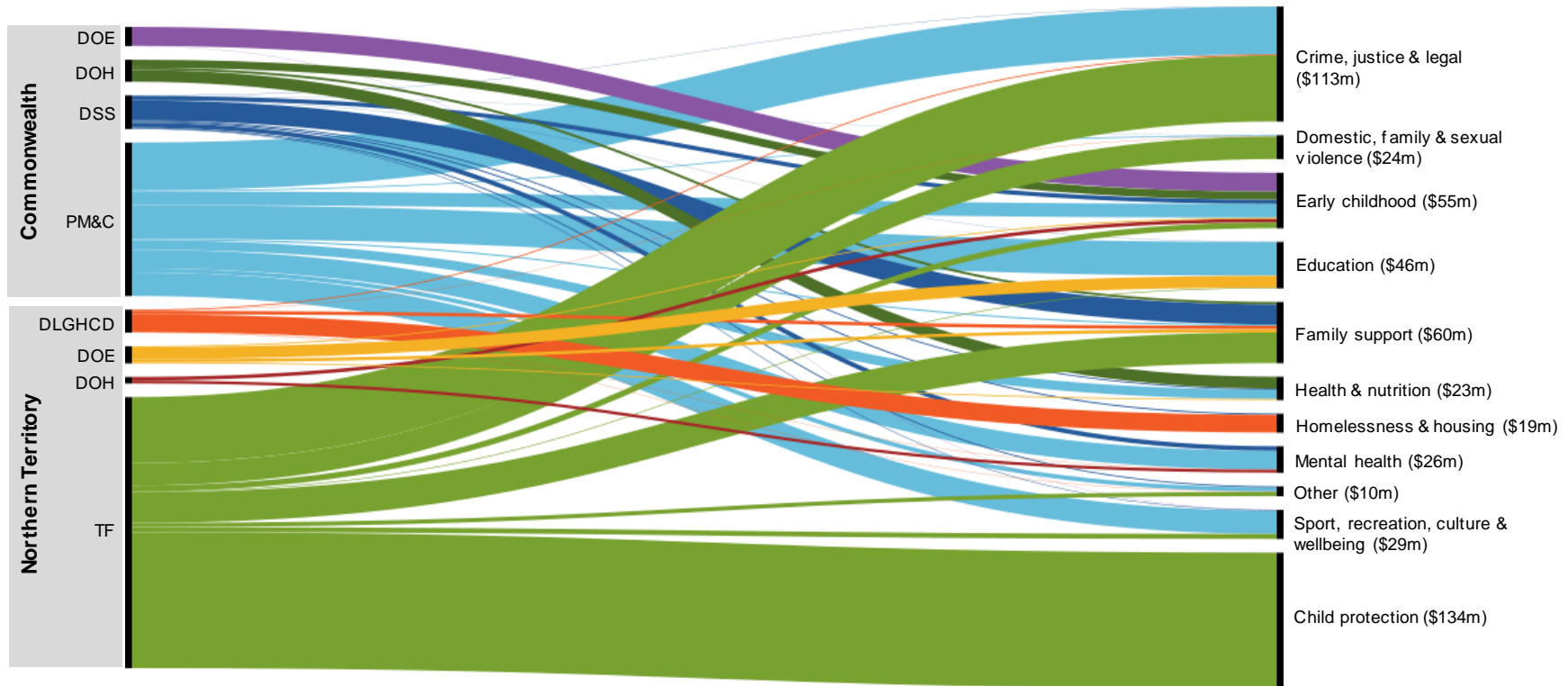
This reflects the observations of Child Friendly Alice, which noted that sometimes:

... one agency doesn't know another is involved, or if they do know another agency is involved the parties have not reached agreement on who does what and by what time ... An example of this is Connected Beginnings funded by [the Commonwealth Department of Education] in key sites in the NT, including Alice Springs, DSS fund a range of similar services (such as Stronger places Stronger people, Communities for Children, HIPPY, Intensive Family Support, similarly PMC fund services. [The NT Government] also fund related services ([Families as First Teachers], Child and Family Services).

There are instances where similar services are being funded by different agencies in the same areas. For example, in Umbakumba (on Groote Eylandt) there are several services targeting children aged 0 to 5 years, including: Families as First Teachers (NT Department of Education); Save the Children's early childhood program (Anindilyakwa Land Council); and the Crèche Centre (East Arnhem Regional Council). Funding of services from non-government sources (such as royalties and philanthropic donations) adds to the complexity of the service system. The Commonwealth Department of Education funded the Connected Beginnings program in Groote Eylandt to help integrate the range of early childhood, maternal health and family support services in the area.

Participants to this study also drew attention to areas where there were service gaps in some locations, including: mental health supports for young people; parenting programs; access to safe houses; and youth justice services, including the provision of legal assistance, supported bail accommodation, rehabilitation and therapeutic programs.

Figure 2 What types of services do departments fund?



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## Shared responsibilities are challenging but inevitable

The unclear and overlapping responsibilities and objectives of each level of government is one cause of the overlap and fragmentation in services. The Commonwealth plays a significantly more hands-on role in directly funding children and family services in the Northern Territory than it does in other jurisdictions (partly due to its role in Indigenous policy). It provides about 40 per cent of the expenditure on children and family services in the Northern Territory, all of which flows through grant programs.

Both governments share the same objective — that Australia’s children and young people are safe and well — articulated in the *National Framework for Protecting Australia’s Children*, but it is not always clear how this is translated into funding decisions. Each government funds a plethora of activities — with the NT Government alone having more than a dozen strategic plans relevant to children and family outcomes — but often the relationships between them are not explicit, and they do not identify clear boundaries for who is responsible for what when it comes to related funding decisions. Responsibility for specific service areas is spread across the two governments, with much overlap.

That said, a realignment of responsibilities based on the principle of subsidiarity (where service delivery is, as far as practicable, delivered by the level of government closest to the people receiving those services) is likely to be contested and protracted. Such efforts also bring risks of creating new funding silos and undermining cooperation if each government were less committed to shared outcomes as a result (or less committed to providing funding).

Significant improvements to service delivery can be made without trying to codify or substantially realign responsibilities. Although clearer roles and responsibilities would be desirable in the long term, efforts to achieve this now could prove counterproductive. In any case, a new process to coordinate funding decisions between governments (proposed later) is likely to result in clearer responsibilities evolving organically.

## Inadequate coordination and integration arrangements

Shared roles and responsibilities for children and family services necessitate effective coordination and collaboration. But there is currently inadequate coordination between and within the Commonwealth and NT Governments.

Coordination appears to be improving, with the establishment of a number of coordination forums in the NT Government, including the Children’s Sub-Committee of Cabinet, and regional strategic coordination committees, which involve Commonwealth and NT Government representatives and service providers in each of the NT Government’s regions. We have little direct evidence of how successful these have been and most are in the early stages of development.

Coordination may further improve following the establishment of the Children and Families Tripartite Forum (the Tripartite Forum) in 2018 to coordinate policy and funding decisions

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in the Northern Territory (discussed below). The Tripartite Forum has formal representation from the Commonwealth and NT Governments and the community sector.

In terms of coordinating service delivery, the NIAA, DSS and the NT Government have each established programs aimed at integrating services in specific communities. These often involve an entity coordinating particular services (such as early childhood services). Other initiatives have been more bottom-up and relied on the initiative of service providers and regional network staff. But these ad hoc place-based initiatives are mostly small scale and often overlap, with little ability to induce cooperation by other parts of government. And although the NIAA has a well-established regional network, it is underutilised, with limited authority to make decisions. The expertise of regional network staff could be more effectively used by the NIAA central office, as well as by other Commonwealth agencies, such as DSS.

In some places, there are multiple efforts to integrate services on the ground. For example, in Alice Springs, several coordinating bodies for children and family services have been funded by governments, including Connected Beginnings (Commonwealth Department of Education), Larapinta Child and Family Centre (NT Department of Education), and Communities for Children (Department of Social Services). In an effort to bring about a more cohesive and coordinated system, the Child Friendly Alice initiative was created, which includes representatives from each of the above organisations.

Overall, in most cases, service providers are left with the difficult task of trying to provide integrated services that meet community needs. The coordination that does occur is typically informal and ad hoc (for example, providers co-locating or sharing referrals), and is strongly reliant on the personalities of staff. Reliance on such an approach in the absence of more formal mechanisms runs the risk that collaboration dissipates when key staff move on.

## **Services are not rigorously targeted to needs or priorities**

Understanding the level of need for children and family services in different communities provides an evidence base for directing limited funding and resources in the most effective way. There are pockets of good-practice needs assessment, such as where funders draw on data and local consultation to identify vulnerable and at-risk children and families. However, the current approach to assessing needs is siloed, conducted separately by different funders on a program-by-program or application-by-application basis. This is compounded by the lack of up-to-date data on the services each government is already funding in each location.

Overall, it is unclear how the merits of activities for one place are weighed against the merits of activities in another. There is a risk of inequitable funding flows driven by the capacity of service providers to apply for funding, rather than being driven by an assessment of the needs or priorities of communities or likely effectiveness of different services.

Stakeholders also raised concerns that genuine community input is limited, often relegated to how services will be delivered after funders have decided what service to fund — an

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undeniably ‘top-down’ approach. There are exceptions, such as some place-based programs that rely on local organisations to identify services based on consultation with communities (known as facilitating partner models, with different versions funded by the NIAA and DSS). But these programs often face small budgets that need to be stretched over wide areas. For example, in the Katherine region, the facilitating partner received \$1.3 million in 2018-19 to provide children and family services to a population of 17 822, living in 21 communities in an area of 326 327 km<sup>2</sup> (larger than Victoria and Tasmania combined). And consultation may be limited in practice.

The result can be that necessary services do not exist in some places, or that the services that are funded are not tailored to the social, cultural or demographic contexts of the community. One example raised by participants was that parenting programs can be based on Western child-rearing practices and not facilitated by Aboriginal people for Aboriginal people.

Although some programs offer scope for providers to tailor programs to the local context, others are more rigid. For example, the Communities for Children program requires half of its funding to be directed to evidence-based activities, which involves selecting from a predetermined list of programs or submitting activities to the Australian Institute of Family Studies. This can be challenging given the sparse evidence for ‘what works’ for children and family services in the Northern Territory (and especially in remote Aboriginal communities).

The combination of these factors means that, overall, government funding decisions do not align with a place-based approach (targeting funding to the needs and priorities of each community) or a public health approach (investing in the most effective measures to prevent harm to children in the long term). Both governments recognise the importance of consultation and engagement with communities to identify needs and design and deliver services that are culturally and place appropriate. All three of the major funders (NIAA, DSS and the NT Government) are implementing place-based or local decision-making approaches in some communities. These are positive steps.

## **Short-term, inflexible approach to funding services**

Compounding these issues is the short-term nature of contracting for children and family services. Grant contracts are generally short term (between two and four years), and focus on outputs rather than longer-term outcomes. This creates uncertainty for service providers and inhibits their ability to plan and invest. Of particular concern for providers are:

- short-term staff contracts leading to high staff turnover, which can impede continuity of care for children and families with complex needs. Staffing issues are particularly pertinent in servicing remote parts of the Northern Territory, where local labour markets are thin and it is difficult to attract skilled workers
- an inability for long-term planning (including investments in organisational and workforce development) and collaboration with other local providers. This works against the achievement of an integrated public health approach to children and families

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- the administrative costs of providers having to spend time cobbling together funding from different sources, which shifts resources away from service delivery and is particularly difficult to justify when funding is continually renewed. As an example, the North Australian Aboriginal Justice Agency received \$6.5 million of funding in 2018-19 from 11 different grants from the same department, all for the provision of legal services
  - funding arrangements that do not take into account the full costs of service delivery, including capital costs (such as staff housing, vehicle, and building expenses) which can be critical for services to be delivered, particularly in remote communities. For example, youth services could not be consistently provided in the remote community of Utopia until staff housing was built for someone to run these programs. Other costs that are often overlooked are capacity building, and funding for monitoring and evaluation that funders expect of providers.

Funding uncertainty is compounded by funders providing insufficient information at each stage of the contracting process, especially short application timeframes and limited advance warning of renewal or discontinuation of funding. This inhibits effective design of services and providers' ability to plan beyond the existing contract.

Concerns were also raised about competitive funding processes that place a disproportionate weight on the financial costs of services, over other less tangible benefits, such as cultural capability. This can mean that contracts are awarded to providers who can deliver outputs at least cost, even though another (higher cost) provider may be more capable of delivering better longer-term outcomes. While governments have recently focused on how they can better engage local service providers to promote local and culturally appropriate service delivery, these efforts are still in their early stages.

### **3 A better approach to funding children and family services**

A new approach is needed for funding children and family services in the Northern Territory. Governments need to move away from the top-down, siloed and fragmented approach to funding and delivering services and towards a system that targets funding to the needs and priorities of children, families and communities. To effectively address the complexities faced by children and families in the Northern Territory, communities must be part of the design, delivery and evaluation of the programs and services that affect them.

We are recommending changes to the way decisions are made about what services are funded; how service providers are funded and managed; and how the outcomes of government investment are tracked, evaluated and reported (table 2). A theme that underpins our suite of recommendations is that keeping children safe and well is a shared responsibility — of families, communities, and governments — and that in order to improve outcomes, a more collaborative approach is needed.

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The reforms cover four priority areas.

1. *A cooperative approach to funding (formalised in an intergovernmental agreement), underpinned by regional plans* — the Commonwealth and NT Governments need to agree on a new way of working together. The new approach should include governments genuinely engaging with communities, to come to a shared understanding of the issues their children and families face, and to jointly commit to solutions, with collective ownership of outcomes. To put this new way of working into practice, a formal process to agree on funding for children and family services should be established, with the framework for doing so being set out in a new intergovernmental agreement. This process should be underpinned by better regional- and community-level data and knowledge and regional plans that identify service needs and priorities.
2. *A longer-term, collaborative approach to contracting service providers* — all relevant funders of children and family services in the Northern Territory should transition to longer-term funding contracts with service providers (a default of seven years), and adopt a relational approach to managing contracts. This means working collaboratively with providers (in consultation with communities), focusing on outcomes, and building the capacity of Aboriginal organisations to deliver services.
3. *Better data at the regional and community level* — there is a need for the Commonwealth and NT Governments to improve their data collection, to measure progress against wellbeing outcomes for children and families and to share this data with communities. This should be supported by monitoring and evaluation that uses community-level data and that facilitates learning-by-doing and continuous improvement in services.
4. *Stronger supporting institutions* — stronger institutions will be needed to support the above reform areas. This includes strengthening the role and resourcing of the Tripartite Forum (to provide advice to governments on coordinated funding decisions), and a stronger role for regional staff to lead the development of regional plans and to undertake relational contracting.

Following the release of the draft report for this study, the Commission received broad support for most of the proposed reforms. Reservations that were expressed largely related to the practical challenges associated with implementing the recommendations. Key issues included: the resourcing, expertise and authority of regional government staff involved in planning and relational contracting; how to embed genuine community engagement and voice in the planning process (especially in light of previous community planning initiatives and the expectations they raised); and ensuring that both the Commonwealth and NT Governments remain committed to changing their practices and coordinating funding over the long term. For this final report, the Commission has sought to provide as much guidance as possible on how to overcome some of these implementation challenges.

**Table 2 Recommendations**

<i>Problems</i>	<i>Causes</i>	<i>Recommendations</i>
<b>Reform area 1: Coordinated funding underpinned by regional plans</b>		
Services are fragmented across places and providers, and collectively fail to meet the needs and priorities of children, families and communities. Communities have little say over what gets funded	<ul style="list-style-type: none"> <li>• Lack of comprehensive assessment and identification of needs and priorities to inform funding decisions — governments not taking a place-based approach</li> <li>• Services imposed in a 'top-down' or supplier driven way, often with little community engagement in the design and delivery of services</li> <li>• Inadequate coordination of funding decisions across government</li> </ul>	<ul style="list-style-type: none"> <li>• Commonwealth and NT Governments work with communities to develop regional plans that identify and prioritise needs (rec. 6.1)</li> <li>• Governments fund services consistent with regional plans (rec. 6.1)</li> <li>• As above, and community engagement during service delivery to build the evidence base and enable continuous improvement (rec. 9.1)</li> <li>• A new process for better coordinating funding between governments (rec. 6.1)</li> </ul>
Lack of coordination on funding priorities between Commonwealth and NT Governments	<ul style="list-style-type: none"> <li>• Overlapping and unclear roles of governments</li> <li>• Unclear links between policy objectives, outcomes and actions</li> <li>• Lack of data sharing and needs assessments</li> </ul>	<ul style="list-style-type: none"> <li>• Governments to work together (with advice from the Tripartite Forum) to share information and coordinate funding, and to pool funds in selected areas (rec. 6.1)</li> <li>• Coordination on funding supported by a joint funding framework (intergovernmental agreement) to be agreed between the Commonwealth and NT Governments by the end of 2021 (rec. 10.1)</li> </ul>
<b>Reform area 2: Longer-term, more collaborative contracting of service providers</b>		
Funding uncertainty for service providers inhibits planning, staff retention, and development of relationships with users	<ul style="list-style-type: none"> <li>• Short grant funding periods (on average, 2–4 years)</li> <li>• Insufficient notice of when grants will be renewed or ceased</li> </ul>	<ul style="list-style-type: none"> <li>• Transition to longer-term funding (7+ years) using a more flexible, relational approach to contracting, which focuses on continuous improvement rather than short-term service outputs (rec. 8.1, 8.3)</li> <li>• Rolling schedule of funding opportunities, with sufficient time for providers to apply and design appropriate services (rec. 8.1)</li> </ul>
Funding does not cover full costs of services, resulting in providers having to cobble funding together and manage multiple grants	<ul style="list-style-type: none"> <li>• Individual grants do not provide sufficient funding for service provision due to: <ul style="list-style-type: none"> <li>- restrictions on the use of funds (for instance, funding does not take full account of capital costs)</li> <li>- failure to account for higher costs in remote areas</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Funding contracts should take account of the full costs of service provision, and there needs to be coordination of expenditure on capital assets (such as staff housing) where these are needed to effectively deliver services (rec. 8.1)</li> </ul>
Competitive funding processes can disadvantage smaller local, Aboriginal organisations and discourage collaboration	<ul style="list-style-type: none"> <li>• Disproportionate focus on short-term costs over long-term benefits</li> <li>• Community-based service providers have limited resources to compete against larger, non-Aboriginal organisations</li> </ul>	<ul style="list-style-type: none"> <li>• Greater focus on provider characteristics in funding decisions, and grant agreements to support partnerships with local Aboriginal organisations, including by specifying transition timeframes and roles in the funding agreement, and resourcing for capacity building (rec. 8.2)</li> </ul>

(continued next page)



Table 2 (continued)

<i>Problems</i>	<i>Causes</i>	<i>Recommendations</i>
<b>Reform area 3: Better data at the regional and community level</b>		
The funding landscape for children and family services is opaque, making it difficult to assess current services	<ul style="list-style-type: none"> <li>• Challenges with data availability, including:               <ul style="list-style-type: none"> <li>- inconsistent location data, which is not linked to specific towns or communities</li> <li>- inconsistent categorising of activities across departments</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Develop a common method for:               <ul style="list-style-type: none"> <li>- reporting location data (rec. 7.2)</li> <li>- describing and categorising children and family services (rec. 7.2)</li> </ul> </li> <li>• Create and maintain a single public services list (rec. 7.3)</li> </ul>
Lack of oversight of how outcomes for children and families are changing over time, or how service delivery is contributing to these outcomes	<ul style="list-style-type: none"> <li>• Limited data is available on children and family outcomes by location on a consistent basis</li> <li>• The contribution of services to outcomes is not rigorously tracked</li> </ul>	<ul style="list-style-type: none"> <li>• Collate outcome measures for children and families and develop community snapshots for each community (rec. 7.1)</li> </ul>
Performance reporting imposes burdens on service providers for limited visible benefit	<ul style="list-style-type: none"> <li>• Multiple funders means multiple reporting requirements</li> <li>• Data is requested frequently and does not seem to be effectively used by agencies or fed back into agency-level performance reporting on outcomes</li> </ul>	<ul style="list-style-type: none"> <li>• Adopt relational contracting (rec. 8.3) and a continuous improvement approach to monitoring and evaluation of services (see below).</li> </ul>
Limited evidence of 'what works' for children and family services/activities in a Northern Territory and remote/Indigenous context	<ul style="list-style-type: none"> <li>• Scope for continuous improvement constrained by prescriptive contracts and inadequate data collection</li> <li>• Limited use of evaluations</li> <li>• Cost of evaluation often borne by service providers with limited resources or capacity to undertake or commission evaluations</li> </ul>	<ul style="list-style-type: none"> <li>• Adopt a continuous-improvement approach to monitoring and evaluation (rec. 9.1):               <ul style="list-style-type: none"> <li>- embed monitoring and evaluation in funding contracts (including funding for surveys)</li> <li>- government funders to prioritise more formal evaluations based on levels of risk and expenditure</li> </ul> </li> </ul>
<b>Reform area 4: Stronger supporting institutions</b>		
Poor coordination of government funding decisions	<ul style="list-style-type: none"> <li>• Existing institutional structures are nascent, underutilised or patchy</li> </ul>	<ul style="list-style-type: none"> <li>• Expanded role for regional networks to lead development of regional plans and undertake relational contracting (rec. 6.2)</li> <li>• Role of Tripartite Forum to be expanded to provide advice to governments on funding allocation and funds pooling (rec. 6.3)</li> </ul>

## Reform area 1. Coordinated funding underpinned by regional plans

A formal process is needed to coordinate the funding of children and family services by the Commonwealth and NT Governments. Although a formal coordination process could take many forms, best results will be achieved when both governments share detailed data, agree on what types of services they will each fund and in which locations, and agree to pool funds in specific policy areas and/or locations where there is already a high degree of overlap in

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funding activity — with scope to increase the extent of pooling over time. The Commission is proposing a process that the Commonwealth and NT Governments should use to reach agreement on funding children and family services. The new arrangement should be outlined in an intergovernmental agreement (described later) between the Commonwealth and NT Governments. It involves four key steps (figure 3).

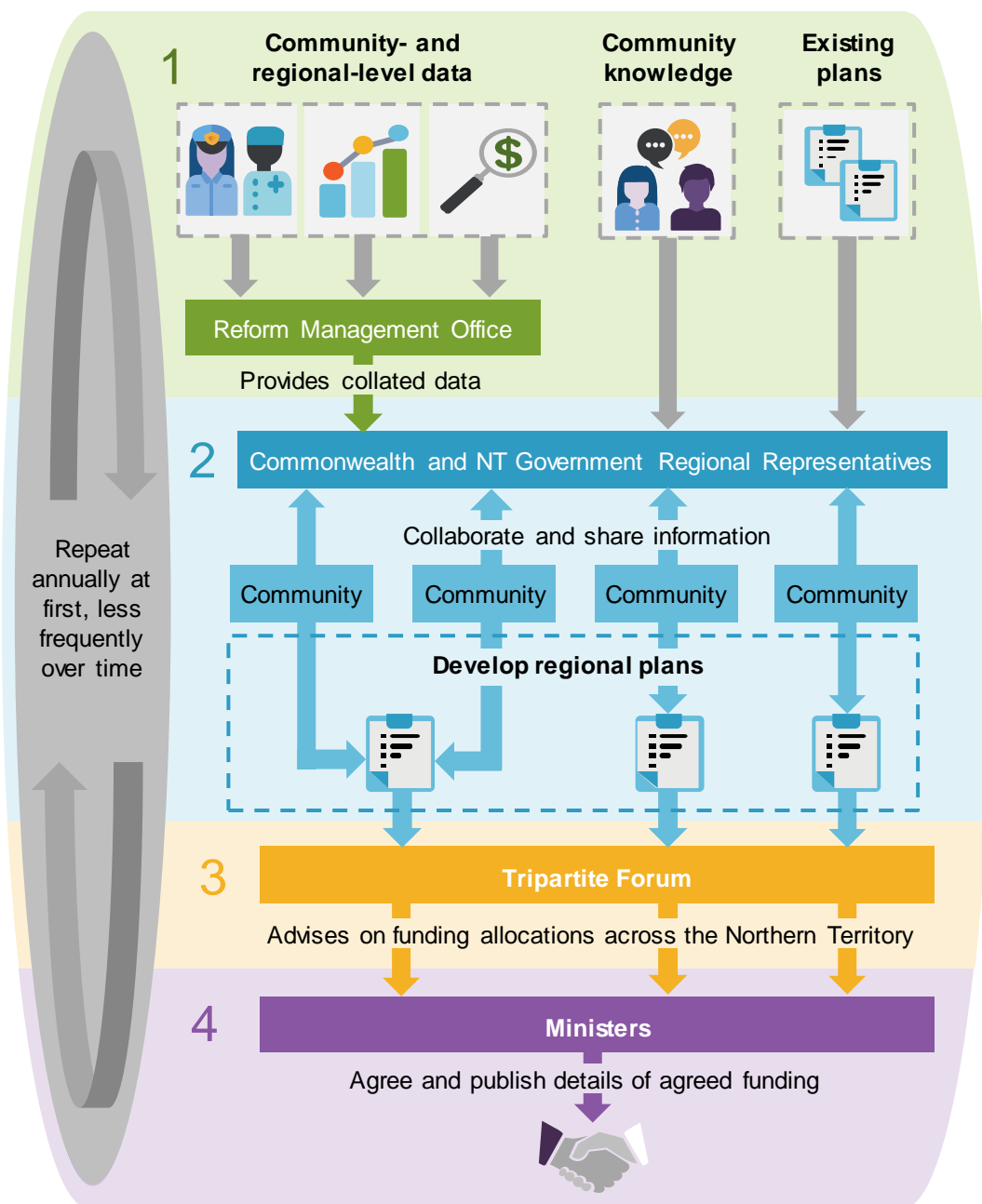
1. The NT Reform Management Office collating available community- and regional-level data on outcomes (risk and protective factors), current expenditure and the availability of children and family services in each region, to complement community knowledge and understanding.
2. Regional managers (from the Commonwealth and NT Governments) sharing and discussing the data with members of each community in the region. They should also work with communities to develop a regional plan that outlines the strengths and needs of children and families in each community and gives the community a voice about which children and family services they would like to retain, change or replace.
3. The Tripartite Forum drawing on the regional plans (submitted by the regional managers) to provide advice about funding arrangements for children and family services across the Northern Territory, including advice about funds pooling for particular locations or services.
4. The relevant Commonwealth and NT Government Ministers considering the regional plans and advice of the Tripartite Forum, agreeing on which children and family services each is going to fund and in which locations (including pooled funding arrangements), and publishing details of the agreed funding.

This process, or parts of the process, should be repeated as frequently as necessary to guide coordinated funding decisions. There may be a need to repeat steps 3 and 4 of the process annually (at first) as existing short-term contracts end and new data gradually becomes available, and to reflect annual budgeting and reporting cycles. Ensuring that steps 1 and 2 are refreshed on an annual basis need not be onerous — if new data has not been published or local priorities have not changed, ensuring that regional plans are up to date and providing advice based on those plans may be quite straightforward. In the longer term, less frequent updates may be appropriate.

### Sharing data with the community and developing the regional plans

As the regional plans are intended to guide funding decisions, governments will need to facilitate the process of developing them by disseminating the necessary data. Access to data is vital in empowering communities, service providers and governments to make good decisions. Relevant data should be compiled into ‘community snapshots’ and provided to regional network staff and to the community so that the data can be validated by local representatives.

Figure 3 **A process for the Commonwealth and NT Governments to agree on funding for children and family services**



Regional network staff from the NIAA and NT Government would be jointly responsible for developing the regional plans and for doing so in collaboration with communities. There needs to be genuine engagement with community members at all stages of this process so that the plans are accepted and supported as widely as possible. There may be variation in the capacity and willingness of local people to get involved in the process, and it should be open to different approaches.

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It is incumbent on regional government staff to get the process started and they should begin negotiations with whichever community members want to be involved. In order to be valuable in guiding governments' funding decisions, engagement with communities needs to accurately reflect their situation and priorities, taking into account the social, cultural and economic ties that exist across populations (box 1).

### **Box 1      What constitutes a region?**

Regional plans should be developed to cover all children and families within the Northern Territory. And although it would be tempting to say that each community, town or settlement should have its own plan, this is likely to be unworkable and inefficient, particularly if sufficiently granular data is not available, if existing social and cultural networks (and population movements) span a broader geographic area, or if services can be more effectively provided across a wider area.

There are a number of options for defining regions for the purposes of decision making for children and family services. One option is to start with the six regions used by the NT Government (Top End, East Arnhem, Big Rivers, Barkly and Central Australia, with Darwin recognised as a metropolitan centre). But most of these regions span such wide geographical areas and diverse populations that they are too large to provide a true community voice on the needs and priorities of children and families. If they were used for regional planning, local communities are unlikely to recognise their needs and aspirations in such aggregated plans.

The Commission's suggested approach is to align regional plans with the locations for which local decision-making agreements are being developed, where those agreements are relevant to children and families. At present, there is an agreement for the Groote Archipelago, and potentially relevant agreements are being developed for: Tiwi Islands; West Daly; the Yolŋu region of East Arnhem; Alice Springs Town Camps; and the Mutitjulu Community (a community located at the base of Uluru). Regional plans would also need to be developed for other locations that are not yet covered by local decision-making arrangements. The Barkly region could have a single regional plan, to align with the Barkly Regional Deal. In other areas, governments will need to work with communities to define regional boundaries, but it would be expected that cities and large towns — such as Darwin, Palmerston, Alice Springs and Katherine — would each have their own regional plan. Taking all of this into account, about 12–20 regional plans would be developed, with multiple plans within each of the NT Government's six regions.

The overriding imperative of the regional plans is not to develop comprehensive community profiles or to achieve unanimity about which services should be provided, but rather to start moving through the steps and developing the plans using whatever data and information are currently available. In the first instance, the data will be incomplete, with a range of known gaps and deficiencies. But initiating conversations about communities' needs and values and reflecting those conversations in brief regional plans that can be used to guide governments' funding decisions should not wait for perfect information.

The regional plans should reflect the desired outcomes and prioritised needs of communities across the region, as articulated by community members and local governance bodies. These can build on existing strengths in the community — for example, a community with strong cultural ties might prioritise initiatives that help children to engage with their culture over behavioural interventions in schools. The aim would be to identify priority service areas that

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could then inform funding decisions. But this does not necessarily require the identification of specific services. It may be that communities identify priority areas (such as support for youth mental health) with the nature of the service or activity to be determined later.

An immediate start to the process would help to address concerns about coordination and planning being used as substitutes for action, particularly where planning has already been done. Existing plans and governance structures should be made use of and built on. For example, groups in Katherine and Palmerston have developed Youth Action Plans, and community reference groups (and associated plans) have been established in 14 sites across the Northern Territory as part of the Communities for Children and Stronger Communities for Children programs. Making use of existing planning structures is essential for reducing the burden of consultation, which can be considerable in remote communities.

The regional plans should cover all children and family services, but could eventually be broadened to cover other community needs (such as housing or health services, as these are inextricably linked to the protection and wellbeing of children and families). Including broader needs in the plans over time could provide an opportunity to inform these other areas of funding decisions and encourage governments to think more holistically about how they provide services, especially in remote areas.

### Government agreement on what to fund from the regional plans

To coordinate funding of the priorities identified in regional plans, the Commonwealth and NT Governments should establish a formal process of ‘agreed funding with selected funds pooling’. In this model, the governments would first need to agree on what types of services they will each fund, and in which locations, drawing on the available data and the regional plans (as they become available). Governments would need to agree on this before funding decisions are made (supplemented by much greater data sharing on what each government is already funding). Existing funding programs (such as the NIAA’s Indigenous Advancement Strategy or DSS’ Families and Communities Program) could largely be kept in place initially.

The governments should then seek to move towards pooled funding for selected service areas and/or locations, such as services where responsibilities and funding are currently very fragmented or unclear (for example, family support services). Pooling has the advantage of allowing service providers to obtain one grant for a particular service rather than cobbling together multiple grants, with all of the compliance and administrative burdens that it creates.

Funding decisions would be supported by the advice of the Tripartite Forum — the advice of the Forum would focus on the distribution of expenditure and needs across the Northern Territory (and opportunities for pooling) based on the suite of regional plans. Relevant Commonwealth and NT Government Ministers are ultimately responsible for funding decisions based on the advice of the Forum and the regional plans, and under our proposal, should publish details of their agreed funding decisions for each community. This process should be formalised in a joint funding framework (an intergovernmental agreement) which

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was recommended by the Royal Commission, and which our study is intended to inform (as noted in our terms of reference).

The process could start with a staged approach with small-scale funds pooling in a few areas to better understand the practicalities, risks and challenges that pooling would give rise to. Subject to this being successful, governments could then move over time to greater use of pooling — something more akin to full funds pooling, with significantly greater local control of funding, delivery (if desired) and monitoring of services.

Local control of some services is an end in its own right and the NT Government has embarked on a process of developing local decision-making agreements with communities (box 1). This involves giving communities the authority to decide which services they will receive, and how these services will be delivered (although this does not necessarily mean delivery of services by a local entity). It can range from a community organisation guiding governments on how to provide a single service, right up to the community having its own pool of funding to spend in line with its priorities.

Not all communities are in the position to move to local decision making immediately, but in the long term local decision making can be facilitated by both the Commonwealth and NT Governments pooling funds for specific communities. Governments will need to invest in building the capacity of local organisations and governance structures, including by providing funding and training. They will also need to grapple with complex questions of who represents a community. These issues do not have easy answers, and governments should assist communities in finding their own solutions.

## **Reform area 2. Longer-term, more collaborative contracting**

A fundamental shift is required in how governments contract and fund providers of children and family services. There needs to be a transition away from short-term, transactional and output-based funding, to longer-term relational and outcomes-focused funding, where governments and service providers work collaboratively to improve service delivery outcomes. We are recommending several reforms along these lines.

- *Default contract terms of a minimum seven years*, with exceptions made for instances where shorter-term contracts would be more appropriate, such as for one-off events. There are some risks that will need to be managed as longer-term contracts could entrench ineffective providers in a community and act as a barrier to the entrance of new providers. Contracts should contain safeguards to allow governments to remove providers in cases where they fail to deliver an adequate standard of service despite ongoing support from government to rectify issues.
- *Funding that reflects the full costs of service delivery*, where funding takes into account the higher costs of service delivery in remote areas and other functions that support service outcomes (such as reporting and evaluation). Where service delivery requires access to infrastructure that is not available (such as staff housing) agencies need to look

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beyond the immediate grant funding decision, and consider how best to coordinate their expenditures on capital assets with their grant programs for services

- *Funding and contracting to support capacity building and partnerships* with Aboriginal organisations, where they are better placed to provide services and improve outcomes for Aboriginal communities. Partnership approaches between Aboriginal organisations and non-Aboriginal service providers should be supported by funding arrangements that include a clear succession plan (where transition is desired) and appropriate resourcing and incentives for skills transfer and capacity building over the life of the contract.

The adoption of longer-term funding arrangements will require more flexibility. Not all actions taken by a service provider can be prescribed in binding contracts, especially when dealing with complex social and cultural issues. The outcomes that matter — child safety and wellbeing — are also influenced by a range of factors outside the direct control of an individual service provider.

Governments therefore need to take a more ‘relational’ approach to contracting (figure 4). This involves collaboration between purchasers (governments), providers, and clients (families and communities), where they jointly assess progress and service outcomes to identify opportunities to improve performance and align effort with emerging priorities of children and families. Governments will need to relinquish some control over how services are delivered — resisting the urge to micromanage from Canberra or Darwin — and trust and authorise local staff and service providers to make decisions (in collaboration with regional managers) on the most appropriate ways to meet the needs of children and families in each community. To support this, service contracts will need to be sufficiently flexible, so that funders and providers can make meaningful adjustments to service delivery as required.

For example, a staff member from the NT Government’s East Arnhem regional network office could visit the provider of a Territory Families-funded youth diversion service in Yirrkala on a regular basis (say monthly, with the option for more regular visits as required such as in the start-up phase) to discuss performance against service outcomes and identify key issues with delivery — informed by consultation with users of their service. Collectively, they can identify and resolve issues, in collaboration with regional managers or national offices if material funding changes are required.

**Figure 4 A classical versus relational approach to contracting**

Characteristics	<ul style="list-style-type: none"> <li>• The nature of the transaction can be specified in advance</li> <li>• Contract has rigid terms</li> <li>• Discrete and short transactions (short-term contracts)</li> <li>• Output is easy to monitor</li> <li>• Contracts are more formal/legally enforceable</li> <li>• Risk can be defined ex ante</li> <li>• Less risk sharing between contracting parties</li> <li>• Auditing the service provider is for control</li> <li>• High contract establishment costs from negotiation</li> </ul>	<ul style="list-style-type: none"> <li>• Difficult to detail transaction in advance</li> <li>• Contract has flexible terms</li> <li>• Continuing transactions (long-term contracts)</li> <li>• Output is difficult to monitor</li> <li>• Contracts are less formal/likely to rely on self-enforcing mechanisms</li> <li>• Risks cannot be defined ex ante</li> <li>• More risk sharing between contracting parties</li> <li>• Auditing the service provider is for strategic planning</li> <li>• Low contract establishment costs from negotiation</li> </ul>
	<b>Classical</b>	<b>Relational</b>
Environment	<ul style="list-style-type: none"> <li>• Urban setting</li> <li>• Purchaser requires the delivery of a discrete service</li> <li>• Competitive market among providers</li> <li>• Relationship between contracting parties is not essential for effective service delivery</li> </ul>	<ul style="list-style-type: none"> <li>• Remote setting</li> <li>• Purchaser requires the delivery of a wide range of services</li> <li>• Competitive market does not exist among providers</li> <li>• Relationship between contracting parties is essential for effective delivery</li> </ul>

Relational contracting provides the contract manager with more timely and relevant information about program performance. As a result, funding agencies will be in a better position to make decisions about whether programs should be renewed — or, in extreme cases, whether the service contract should be terminated if the provider is not meeting expectations (for example, if a provider is continually failing to provide a service). This will help foster an environment where good performance is more likely to result in funding renewal, or even expanded funding for a wider range of programs.

Relational contracting is not suited to all service contracts. It is best suited to funding arrangements that involve high levels of dependency between governments and providers (including where there is a lack of competition) and complex service outcomes (and thus where a collective approach to managing risk will produce a better outcome). Both of these factors exist for many types of children and family services, particularly for preventative services that are difficult to specify in advance and rely on an evolving relationship to define outcomes. How closely funders and providers work together in practice will need to be tailored to the particular service, balancing the frequency of interactions against the administrative burden they impose. Where relational contracting is adopted it is essential that all parties to the contract have a thorough and detailed knowledge of how the contract is being implemented, so site visits will be an essential element of contract management.



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### Reform area 3. Better data at the regional and community level

When used well, data can support powerful changes in communities. Governments need to make better use of data to systematically plan services and allocate funding based on needs. More transparent data on services and outcomes at the community level is needed to support the development of regional plans. It is also needed for monitoring and evaluating the impact of government expenditure on children and family services.

#### Harness community-level data on outcomes to support decision making

Communities and government funders need access to data on risk and protective factors relevant to child harm and wellbeing to develop regional plans and make informed decisions. This is a key aspect of the coordinated funding process outlined earlier (in steps 1 and 2 of the process outlined in figure 3). To support meaningful community engagement and input into the development of regional plans, the NT Reform Management Office should compile the best available data into ‘community snapshots’ (box 2). The snapshots should be provided to regional network staff and to the community and would serve to complement, and be validated by, community knowledge about how children and families are faring.

##### Box 2

##### What information could feed into community snapshots?

**Baseline data** on child wellbeing at a community or local government level would feed into community snapshots. The data would likely include:

- data on community strengths and protective factors, such as the diversity of languages spoken at home and the proportion of children with well-developed emotional and social skills
- socio-economic data, such as household income and the average number of people per bedroom
- rates of crime and incidence of domestic violence
- child protection notification and substantiation rates
- health and education data, such as educational attainment and attendance and the proportion of children whose physical health and wellbeing is deemed on track.

**Existing services and assets**, including information on what services are currently being delivered and any information on usage rates that could suggest whether current services are under or oversubscribed. This can be supported by data from the service list (recommendation 7.3).

Much of the data that would be included in community snapshots is already publicly available at the community level but often this data is reported across multiple sources and in different ways so it can be difficult for potential users to access and interpret. The NT Government’s *Story of our Children and Young People* (released for the first time in 2019) reports 48 indicators that span all aspects of child wellbeing. This includes data on health, education and culture (such as language and cultural diversity). It also includes data on sensitive matters such as rates of child abuse and domestic violence, which had previously

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only been publicly available at the Territory-wide level. The data collated for the *Story of Our Children and Young People* is a positive step in building a picture of the wellbeing of children in the Northern Territory, but it only reports information at the regional level (Barkly, Big Rivers, Central Australia, Darwin, East Arnhem, Top End). It is not sufficiently detailed to facilitate community input into the regional plans.

Participants to this study expressed a desire to access community-level data to inform local planning and funding decisions. There was a level of frustration that communities have been ‘over consulted’ and ‘over surveyed’ — with very little of the data that is collected being shared directly with the people who had provided that data. The apparent reticence in sharing data in itself has created a level of distrust and disempowerment in communities. Providing data to communities helps to ensure they are on equal footing with governments and equips people with the information needed to make decisions on the outcomes they value most. Indeed, there are examples where access to community-level data has been powerful in facilitating successful initiatives to support children and young people (such as the Maranguka Justice Reinvestment project in Bourke). There are also examples where community-level statistical data (including on child protection, crime and justice) has been used alongside qualitative evidence, community voice and storytelling to generate community profiles (an example is the Child Friendly Alice Community Profile).

But there are also considerable concerns associated with the release of local data relating to children and families, particularly sensitive data that shows involvement with the justice and child protection systems. Some participants raised concerns that such data is often presented as a problem and is deficit based rather than strengths based, and could be misused to marginalise and stigmatise whole communities. This risk can be at least partially mitigated if data release is carefully managed and done in collaboration with the community itself (the Child Friendly Alice Community Profile is an example of where the release of sensitive data has been effectively managed).

There are also concerns that the data could be used to create ‘league tables’ or other data sets that put communities in competition with each other. These are legitimate risks that need to be managed. Any release of community-level data inevitably carries with it a risk that the data could be misinterpreted and used inappropriately to compare communities. Comparisons, such as public league tables, do not recognise the diversity of each community’s history, culture and circumstances, and should not be used to guide policy and funding decisions for children and family services. Again, the way that data is released can help to mitigate the risk of inappropriate use.

The public release of regional-level data has become more extensive in recent times, and this is a very welcome development. But the desire from communities to have access to more granular data is growing. Ultimately, the choice to make community-level data publicly available involves balancing the risks against the benefits of releasing this more granular data. These risks may appear particularly acute because they are concentrated in the short term, while the benefits of change will take longer to realise. On balance, the Commission considers that the benefits of public access to community-level data outweigh the risks, as

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long as the data is presented in a meaningful and accessible way, using appropriate techniques to maintain data quality and privacy. At a minimum, this would involve sharing community snapshots with regional managers of each governments' regional networks, and with any community representative who is interested in accessing the data. It would not involve the NT Government publishing the data or snapshots on websites or sharing individual community profiles with other communities — although in principle such release could be desirable, the potential risks are likely to outweigh the benefits at this time.

### Improve information about expenditure and services in each community

In order to complete the regional plans, governments will also need to improve record-keeping about where and what services are provided. In undertaking the expenditure stocktake for this study, we found data about what services have been funded to be particularly poor. It was not possible to accurately identify how much money was being spent in specific locations, or the services that were being provided there. We also heard that families are often unaware of the services available in their local community — meaning that such information is not necessarily a matter of 'local knowledge'.

Commonwealth and NT Government departments need to improve and harmonise the way they record information about the services they fund. In particular, they should adopt a common method for categorising the types of services they fund and a common geographical unit for reporting where funded services are provided. This improved expenditure data could then be leveraged to identify what types of services are available in a particular town or community. The NT Government should use this data to develop a single and cohesive public children and family services list. This list (which would also require input from service providers) should include details about: the service; the provider; when the service is available (hours of operation); and how the service can be accessed (including costs of attending). At a minimum, it should cover services funded by the Commonwealth and NT Governments, and ideally would cover all services (such as those funded by royalties or philanthropic sources).

### Adopt an evaluation approach that supports continuous improvements in services

Monitoring and evaluation of children and family services is essential for tracking progress against outcomes and for facilitating continuous improvement in the design and delivery of services. It is also necessary for ensuring that governments and service providers are accountable to the community for how they use public resources. But such work is difficult, and the context of children and family services in the Northern Territory presents significant challenges.

It is not practical or feasible to formally evaluate all children and family services or activities. Moreover, 'gold standard' program evaluations (such as the use of randomised controlled trials) are in many cases not informative for children and family services in the Northern Territory. Where they are undertaken, the results should be interpreted carefully — precise

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impacts cannot be estimated and findings may not be transferable or replicable in other communities. This is due to the multifaceted factors that influence outcomes, the multiple programs simultaneously directed at improving outcomes, and the rapid changes that can occur in policy and in the services being delivered.

A more practical and effective use of evaluations of children and family services is when they facilitate learning by doing and improvements in services over time. This requires monitoring and evaluation to be embedded into funding and contracting from the start, rather than as a separate process. A continuous improvement approach to evaluation would involve the collection of basic input, output and outcome metrics (such as which services are being used, how often, and users' experience with the service). These can be supported by provider-level monitoring and relational contracting.

Grant funding should include funding to run periodic surveys (potentially more than one survey if the contract length is more than five years) to seek community views about the functioning of the program and how it could be improved. In collaboration with local funding agency staff (as part of the relational contracting approach described above), the provider could then propose and trial any modifications to the service. As programs and services evolve through this process they would become tailored to the specific circumstances of a community.

A continuous improvement approach to evaluation can help to identify services or programs that could undergo more formal evaluations by funding agencies, particularly where there may be scope for the service to be rolled out to other communities. Funding agencies should also draw on the findings of evaluations undertaken at the service (and community) levels to evaluate their broader funding programs and policies.

## **Reform area 4. Stronger supporting institutions**

Stronger institutions will be needed to support the above reforms. As mentioned, governments should coordinate their funding, informed by advice from the Tripartite Forum on funding allocations, including advice about funds pooling for particular locations or services. To support this, the Commonwealth and NT Governments should expand the terms of reference for the Tripartite Forum to perform this new function. The Forum will need to be adequately resourced by both governments in line with its expanded role.

There is also a strong case for strengthening both governments' regional networks. Regional network staff will play a central role in the coordinated funding process and in relational contracting. In order to effectively fulfil these roles, regional network managers and staff will need to have: appropriate *skills* in community engagement and children and family services; *capacity* in terms of time and resources; and *authority* to deliver advice and to deal with issues as they arise, including authority to make decisions about minor changes (including funding) to service delivery. Ensuring appropriately skilled and experienced staff are employed in the regional networks — and remain in those roles for long enough to develop and sustain relationships — will require additional investment from both governments.

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There should also be an expectation for greater collaboration of staff within and between governments at the local level. This can be supported in practice by making regional managers from both governments' regional networks jointly responsible for working with communities to develop regional plans and for providing advice to the Tripartite Forum. This will also require cultural change within governments, so that local expertise is more highly valued.

## 4 Implementing the reforms

There is a significant amount of resources, motivation, and effort directed to children and family services in the Northern Territory, and signs of change. Following the Royal Commission, the NT Government announced a \$230 million reform package — called *Safe, Thriving and Connected: Generational Change for Children and Families* — to implement the recommendations over a five-year period. This included a raft of changes to the youth justice system and a commitment to establish 11 new Child and Family Centres. Around the same time, the NT Government introduced a new Local Decision Making policy, which would see the transfer of the delivery of some government services to Aboriginal communities over a 10-year period. Agreements have been signed with several communities and work is underway on planning the new Child and Family Centres with the first of the new centres opened in Katherine in February this year.

Changes are also underway within the Commonwealth. In mid-2019, Indigenous policy was transferred from the Department of the Prime Minister and Cabinet to a new agency — the National Indigenous Australians Agency. The relevant Minister said this move 'represented a fundamental change in the way of doing business with Indigenous Australians'.

And both governments worked together to establish the Tripartite Forum and have started discussing what a Commonwealth–NT Government coordinated funding framework might look like.

These moves are promising but there is no question that the implementation task is hard. Child protection and Indigenous policy are both marked by complexity, uncertainty and divergent values. In the Northern Territory, both policy areas overlap to a large extent. There will undoubtedly be challenges implementing the reforms outlined in this report. Some of the challenges that will arise relate to:

- practical constraints — moving to longer and different forms of contracting while existing contractual arrangements are in place for several years, and maintaining continuity of services so as not to disrupt support for children and families
- responding to workforce issues, including shortages of skilled staff, especially in remote areas and where it can take considerable time for local people to be trained
- organisational culture (including the willingness of key players to collaborate and relinquish some control to local staff) and structural constraints arising from cross-jurisdictional differences.

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These are difficult but surmountable challenges, particularly if tackled incrementally, starting with more transparency and better coordination between governments on what they are funding and how they commission and work with service providers. Improvements in these areas are the predominant focus of this report's recommendations. Importantly, our proposals are about better use of existing funding, rather than changes in the overall level of funding. Both governments have shown a willingness to contribute significant funds to children and family services in the Northern Territory, as is evident from our stocktake.

In developing the recommendations for this study, the Commission has been mindful of the history of reforms to children and family services in the Northern Territory, and of how these reforms have affected families and communities. We have sought to build on existing institutional arrangements and, where possible, complement reform efforts already underway. Our proposed coordinated funding option (recommendation 6.1) can be implemented without the need for a fundamental realignment of responsibilities of each government. And several of our proposals draw on existing organisational architecture, including the Tripartite Forum and each governments' regional network (recommendations 6.1, 6.2, and 8.3). Our recommendations are also compatible with, and support, the NT Government's Local Decision Making policy.

Unfortunately, many attempts to reform how governments deliver human services have been abandoned before their impacts on outcomes were known. Research undertaken for the recent review of the Australian Public Service identified a tendency for successive governments to replace the programs of their predecessors — even when the initiatives are showing signs of promise — and a reluctance on the part of politicians and public servants to learn from doing, for fear of the adverse public impact of failure. Why this is so is one of the great intractable problems of public policy. Failure occurs at a system level, in spite of the many skilled and motivated people within government. The problems are structural, and much bigger than the individuals or entities involved.

Some of our recommendations (such as longer contract terms) will help to commit governments to a particular course of action. But much more will be necessary. Other inquiries and reports have identified strategies that can help governments in the implementation journey. Common themes include leadership, building on strengths, and transparency.

Transparency must play a central role — not just in terms of policy impacts and outcomes for children and families, but also in demonstrating to the wider community what governments have agreed to, where investments are being directed, and with what aim.

A joint funding framework (intergovernmental agreement) should be negotiated between the Commonwealth and NT Governments and be agreed by the end of 2021. The agreement would serve to formalise the reforms proposed in this report, with a focus on the process by which governments will agree on what they fund (informed by regional plans). It would be an ongoing 'living' document that reflects the long-term outcomes both governments are striving to achieve. Detailed funding commitments (made in line with the process in the agreement) could be published periodically as schedules to the agreement.

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Alone, an intergovernmental agreement will not be sufficient to ensure the reforms are implemented. But by providing transparency to the community about governments' commitments to work together, it would provide an incentive for governments to stay focused on reforms. In addition, by signalling a greater commitment to collaborate, the agreement would provide impetus for improved cooperation between government staff involved in the planning and funding of children and family services.

There is momentum now to build on reforms. Governments must show a willingness to exercise courage, trust and patience. But over the long term, success will hinge on leadership, collaboration and commitment by all involved.

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# Recommendations and findings

## How much are governments spending on children and family services relevant to the prevention of harm to children?

### FINDING 2.1

Significant funds are spent on children and family services in the Northern Territory. In 2018-19, expenditure on services directly relevant to the prevention of harm to children was about \$538 million — this does not include the significant expenditures directed to primary services, such as education and health care, which also influence child and family wellbeing.

The expenditure landscape for children and family services is complex and involves:

- nine funding agencies — five Commonwealth Government departments and four NT Government departments
- more than 500 service providers
- more than 20 funding streams, including over 700 grants.

Despite the size of this funding, expenditure data is not kept in a format that allows it to be used to inform policy.

### FINDING 2.3

Grants for children and family services in the Northern Territory tend to be small and given for short terms. In 2018-19:

- the median grant payment was about \$225 000, with about a quarter of payments less than \$100 000
- 43 per cent of grants had terms of less than two years, and almost all grants (97 per cent) had terms of less than five years.



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#### FINDING 3.2

Both the Commonwealth and NT Governments fund a broad range of children and family services, and there are many service areas where both governments are operating in the same field.

Areas of significant overlap in government funding include: services for addressing domestic, family and sexual violence; crime, justice and legal services; community development services; sport, recreation, culture and wellbeing services; and early childhood services.

### **Current records do not reveal what services are being funded where**

#### FINDING 3.1

Record-keeping about what types of services are being funded and delivered is not standardised between and within departments. This is a barrier to tracking what services are being provided across all government departments.

#### FINDING 2.2

It is not possible to accurately track where money is being spent on children and family services in the Northern Territory. This is because:

- the location where money is being spent is not reported in a manner that is consistent between different government departments, with more than 15 different types of geographical units used to report location data
- in some cases, record-keeping about location is not sufficiently granular to allow expenditure items to be linked to specific towns or communities.

This is a barrier to understanding where money is being spent and to governments making informed and coordinated funding decisions for individual towns or communities.

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## Shared responsibilities are challenging but inevitable

### FINDING 4.1

In each area of children and family services, the roles and responsibilities of the Commonwealth and NT Governments are unclear and often overlap. This makes it imperative for them to work cooperatively in a coordinated way to meet shared outcomes.

Clearer roles and responsibilities would be desirable in the long term, but should not be pursued at the expense of other reforms or a more coordinated funding process.

### FINDING 4.2

In designing and funding services for children and families in the Northern Territory, there is limited coordination between levels of government (the Commonwealth and NT Governments) and within each level of government (for example, the National Indigenous Australians Agency and the Department of Social Services within the Commonwealth Government).

In terms of service delivery, service providers are often left to informally coordinate on the ground, to try to avoid duplication and better meet the needs of the community. Although numerous initiatives exist to coordinate services in specific places, these tend to be partial and fragmented, and at times overlapping.

## Siloed decisions are leading to poorly targeted spending

### FINDING 5.1

The Commonwealth and NT Governments are making funding decisions about children and family services in ways that are not consistent with either the place-based or public health approaches to preventing harm to children.

Although there are pockets of good practice and improved processes emerging in some areas, it remains the case that:

- the needs of children and families in each community are not assessed in a systematic or rigorous way, and there is no holistic consideration of which services would best meet local needs and priorities
- community input into service selection and design is often belated or superficial
- there is sparse evidence for 'what works' in the NT context (and especially in remote Aboriginal communities).

The end result of these processes is that the system of children and family services in the Northern Territory is fragmented, with government expenditure poorly targeted and failing to best address the needs of children and families.

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## A new way to coordinate funding underpinned by regional plans

### RECOMMENDATION 6.1 REGIONAL PLANS AND COORDINATED FUNDING DECISIONS

To deliver on their shared responsibility for funding children and family services in the Northern Territory, the Commonwealth and NT Governments need a new way of working together. This should include both governments genuinely engaging with NT communities, coming to a shared understanding of the issues affecting children and families, and jointly committing to solutions, with collective ownership and accountability for outcomes.

To put this new way of working into practice, the Commonwealth and NT Governments should establish a formal process to coordinate funding.

1. Both governments should collate regional- and community-level data on outcomes (risk and protective factors), expenditure and the availability of children and family services (which would be assembled by the Reform Management Office in the NT Government, as per recommendation 7.1)
2. The regional representatives of both governments should share the data with communities, and in collaboration with communities develop a regional plan that:
  - outlines the strengths, needs and priority issues of children and families in each of the communities in the region
  - gives communities a voice about which children and family services they would like to retain, change or replace.
3. Drawing on the regional plans, the Children and Families Tripartite Forum should provide advice to both governments about funding arrangements for children and family services across the Northern Territory, including advice about funds pooling for particular locations or services.
4. The relevant Ministers of both governments should consider the advice of the Children and Families Tripartite Forum and then agree on which children and family services each is going to fund and in which locations, and publish details of the agreed funding.

This process should be formalised in an intergovernmental agreement (recommendation 10.1). It should be repeated annually at first, as existing short-term contracts end, new data becomes available and local decision making becomes established in more places. Over time, the process should be repeated when there are significant changes in government or community priorities, or when new funding becomes available.

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**RECOMMENDATION 6.2 REGIONAL NETWORKS THAT SUPPORT COORDINATION**

The Commonwealth and NT Governments should:

- ensure that staff in their regional networks have the skills, capacity and authority to work with communities to develop regional plans and to undertake relational contracting (as per recommendation 8.3).
- work to enhance coordination within and between government agencies at the regional level (including by adding relationship building in performance agreements and publishing staff contact details).

Governments should make their regional managers jointly responsible for working with communities to develop regional plans, and ensure that regional managers have the authority to provide regional plans directly to the Children and Families Tripartite Forum.

**RECOMMENDATION 6.3 AN EXPANDED ROLE FOR THE TRIPARTITE FORUM**

The Commonwealth and NT Governments should expand the terms of reference of the Children and Families Tripartite Forum to include providing advice on funding arrangements for children and family services across the Northern Territory, including advice about funds pooling for particular locations or services (as per recommendation 6.1).

The Commonwealth and NT Governments should ensure that the Tripartite Forum:

- is adequately resourced by both governments in line with its expanded role
- has arrangements in place for effectively managing conflicts of interest.

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## Better data on children and family services and outcomes

### RECOMMENDATION 7.1 BETTER USE OF DATA FOR CHILDREN AND FAMILIES

The Commonwealth and NT Governments should collate regional- and community-level data on outcomes (risk and protective factors) and on expenditure and the availability of children and family services. They should share this data with communities (as per recommendation 6.1).

To achieve this, the Reform Management Office (RMO) in the NT Government should:

- assemble data from both public and internal government sources (provided by relevant government agencies) to create snapshots for each community that:
  - reflect the best available information across the six domains of child wellbeing
  - are understandable and meaningful for community members and local service providers
  - include data items requested by the community, wherever possible.
- provide the regional managers of both governments with the community snapshots for the communities in their region.

Regional managers should use the local knowledge held by each community in the region as evidence about how well children and families are faring, and to validate the data in each community snapshot. This information should inform the development of regional plans for children and families (as per recommendation 6.1).

### RECOMMENDATION 7.2 HARMONISE RECORD-KEEPING PRACTICES

The Commonwealth and NT Governments should work together to:

- agree on a common unit for reporting location data at a level of granularity that reflects service catchment areas, based on the ABS Statistical Area Level 2 (SA2) structure (and amalgamating or disaggregating SA2s as necessary)
- develop a common method for describing and categorising children and family services.

This method should be adopted by all relevant government departments for the purpose of keeping records and reporting about government expenditures, as they relate to services for children and families. The improved expenditure and services data should be used by the NT Government as a basis for putting together a single and cohesive service list that covers all of the Northern Territory (recommendation 7.3).

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#### RECOMMENDATION 7.3 A PUBLIC CHILDREN AND FAMILY SERVICE LIST

The NT Government should compile and maintain a single and cohesive service list that covers, at a minimum, children and family services funded by the Commonwealth and NT Governments in the Northern Territory. The service list should make use of and be linked to government data about expenditures.

The service list should have a public-facing interface that allows members of the public and service providers to easily identify the services that are available in each community.

At a minimum, the service list should contain information about:

- the type(s) of service(s) provided
- who is eligible to receive the service
- the service provider (name and contact details)
- when the service is available (days and hours of operation), including whether the service is provided on a permanent or visiting basis
- where the service can be accessed
- other requirements for attending (costs of attending, whether an appointment or booking is required).

Over time the service list could be expanded to include services funded through other means such as royalties and philanthropic sources.

### Longer term, more collaborative contracting with service providers

#### FINDING 8.1

Current grant funding approaches used for children and family services in the Northern Territory do not facilitate a focus on long-term outcomes and create funding uncertainty for service providers.

Grant funding for children and family services is characterised by:

- short-term funding periods
- insufficient timeframes and information about funding opportunities and renewal or cessation of grants
- insufficient funding for capital expenses required for service delivery, for capacity building, and for monitoring and evaluation.

The result is gaps in staffing and capital for service providers, and substantial time devoted to preparing grant applications. This adversely affects the quality of services, particularly where funding gaps mean providers have to cobble together funding from various sources and manage multiple grants.

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#### FINDING 8.2

Competitive funding processes can provide benefits, in terms of lower costs and improved service quality, but they are not suited to all circumstances. Where there is an inadequate number of potential providers (markets are 'thin') or the economic costs and benefits of a service are difficult to quantify, competitive processes may:

- disadvantage small, community-based and Aboriginal organisations that are trusted by, and may be better able to meet the needs of, communities
- create disincentives for collaboration between providers who are competing for a limited funding pool and the same service user group
- lead to a disproportionate focus on price over quality, and take insufficient account of the longer-term benefits of community-based service providers (such as cultural competence and trust of communities).

#### RECOMMENDATION 8.1 **INCREASING CERTAINTY IN THE CONTRACTING PROCESS**

To reduce uncertainty in the funding process for children and family services, the Commonwealth and NT Governments should:

- publish a rolling schedule of upcoming funding opportunities over (at least) the next twelve months
- allow sufficient time (a default of three months) for providers to prepare considered responses, including the development of integrated bids across related services
- notify providers of the outcome of funding processes in a timely manner, well in advance of the end of the existing contract.

To improve certainty for service providers, default contract lengths for children and family services that are provided on an ongoing basis should be set at a minimum of seven years. To manage the risks associated with longer contract terms:

- contracts should include clauses that allow early termination of the contract where there is ongoing failure to deliver an adequate standard of service
- where appropriate, contract managers should adopt a relational contracting approach (recommendation 8.3).

Funding should reflect the full costs of providing children and family services in the Northern Territory, taking into account the higher costs of delivering services in remote areas, capital investments needed to support service delivery, and the cost of monitoring and reporting on service delivery outcomes.

Where service delivery requires access to infrastructure that is not available (such as staff housing) agencies need to look beyond the immediate grant funding decision, and consider how best to coordinate their expenditures on capital assets with their grant programs for services.

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#### **RECOMMENDATION 8.2 SUPPORT CULTURALLY COMPETENT SERVICE DELIVERY**

When commissioning children and family services primarily targeting Aboriginal and Torres Strait Islander people, the Commonwealth and NT Governments should give preference to service providers that have the capacity to deliver culturally appropriate services.

- Funding decisions should take into account the characteristics and capabilities of providers (such as their cultural competence and connection to community) and their ability to deliver improved outcomes. Provider selection decisions should be made in collaboration with affected communities, to ensure those decisions reflect the community's needs and priorities. To support this, grant rules and guidelines should be adapted where necessary.
- Where an Aboriginal Community Controlled Organisation (ACCO) is expected to deliver better outcomes for children and families over the longer term, but lacks the capacity to effectively deliver services, the Commonwealth and NT Governments should support capacity building of that ACCO. This could be achieved through direct funding for capacity building activities or through supported partnerships with non-ACCO service providers.
- Where the intended outcome of a partnership is the transfer of control of service delivery to an ACCO, the funding agreement should be designed to support the transition process. In these instances, the funding contract should outline the responsibilities of the partners, and a succession plan and clear milestones over a defined timeframe, with appropriate resourcing for building the capacity of the ACCO to deliver services.

#### **RECOMMENDATION 8.3 A RELATIONAL APPROACH TO CONTRACTING**

The Commonwealth and NT Governments should adopt a relational approach to contract management, in which governments and service providers, in consultation with communities, work collaboratively towards shared outcomes. A relational contracting approach requires funding agencies to:

- engage in regular and collaborative discussions and site visits with service providers to assess progress of the service against user needs (after consulting users of the service), with a view to seeking opportunities to improve service delivery
- ensure that regional network staff have the skills and capacity to identify (in consultation with service providers and the community) emerging issues relating to service delivery and devise potential solutions
- write funding contracts that are sufficiently flexible, so that minor changes or adjustments to service delivery can be made without the need for variations to the contract, and give regional managers the authority to make decisions about service delivery in line with these more flexible contracts.



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## Evaluation to build the evidence base and drive continuous improvement in services

### FINDING 9.1

Performance monitoring and reporting on children and family services occurs at many levels, but the quality and use of performance information is inconsistent. In general, performance monitoring of children and family services is:

- compliance focused, mainly reporting on service outputs and tertiary level activities, such as delivery of statutory child protection services
- undertaken at a national, regional or agency level.

The current approach does not support continuous improvement in programs and services or enable monitoring of outcomes for children and families at the community level. Better data on outcomes for children and families at the community level (recommendation 7.1) is needed as a first step in identifying the impact of the service *system* on outcomes.

### FINDING 9.2

Evaluation of children and family programs in the Northern Territory is challenging.

- Formal quantitative program evaluations that seek to measure the impact of programs on outcomes (such as randomised controlled trials) will often not be informative for children and family services in the Northern Territory. This is because there are often multiple programs simultaneously directed at improving outcomes, rapid changes that can occur in the programs being delivered, and many other factors that influence outcomes.
- Where formal program evaluations are undertaken, the results should be interpreted carefully — precise impacts cannot be estimated and findings may not be transferable or replicable in other communities.
- A more practical and effective use of evaluations of children and family programs is informal evaluation that facilitates learning by doing and continuous improvement in services over time. An informal evaluation approach (that employs monitoring and assessment of basic service metrics, including through the use of user surveys) embedded into the design and delivery of services from the start, is likely to be suited to many types of children and family services in the Northern Territory.

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#### RECOMMENDATION 9.1 **BUILDING THE EVIDENCE BASE THROUGH EVALUATION**

The Commonwealth and NT Governments should embed requirements (and appropriate resourcing) for monitoring and evaluation into contracts for children and family services where:

- the service lacks an existing, relevant and context-specific evidence base
- the service is expected to be adapted over time (for example, because the exact inputs and outputs of the program may not be known in advance).

At a minimum, funding should support the use of an evaluative approach that facilitates learning by doing and continuous improvement in services (finding 9.2). This should include funding to run periodic surveys that seek to understand user experience and community views on the functioning of the service and how it could be improved. This is an important complement to the collection and reporting of data on outcomes for children and families at the community level (recommendation 7.1).

Governments should prioritise and fund more formal, rigorous evaluations for programs or services that:

- involve a high level of expenditure and risk, or that cover a large number of children and families
- have been introduced in communities where there have not been significant changes in policies or other programs (to enable reasonable attribution of the impact of the program on outcomes).

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## An intergovernmental agreement to facilitate better coordination

### RECOMMENDATION 10.1 AN AGREEMENT ON COORDINATED FUNDING

The Commonwealth and NT Governments should negotiate an agreement for a coordinated funding framework for services relating to children and families in the Northern Territory.

This agreement should include:

- the mechanism by which governments will agree on how they will coordinate funding (including any pooling of funds) in line with the needs and priorities of children and families, as outlined in regional plans (as per recommendation 6.1)
- the institutional arrangements for enacting this coordination, including the roles of the Children and Families Tripartite Forum and regional network staff (as per recommendations 6.1, 6.2 and 6.3)
- a commitment to transition to longer-term contracting and a relational approach to engaging with service providers (as per recommendations 8.1 and 8.3)
- criteria to guide the selection of service providers and partnerships between Aboriginal and non-Aboriginal providers (as per recommendation 8.2)

Time-dependent commitments — such as detailed funding decisions — made in line with the process outlined in the agreement should be included as schedules to the agreement.

The agreement should be developed in consultation with the Children and Families Tripartite Forum and should be agreed by the Commonwealth and NT Governments by the end of 2021.



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# 1 About this study

This is a study about government expenditure on children and family services in the Northern Territory. It focuses on funding arrangements for services and programs that are relevant to the prevention of harm to children, and examines ways to improve those funding arrangements to support better outcomes for children, families and the community.

## 1.1 Background to the study

### The Royal Commission into the Protection and Detention of Children

The terms of reference for this study originated from the Royal Commission and Board of Inquiry into the Protection and Detention of Children in the Northern Territory ('the Royal Commission'). The Royal Commission was established in the days following the airing of an episode of the ABC's *Four Corners*, 'Australia's Shame', in July 2016, which included footage of the mistreatment of children in detention in the Northern Territory. The scope of the Royal Commission encompassed both the youth detention and child protection systems.

On 17 November 2017, the Royal Commission delivered its final report, which found systemic failures in the youth detention and child protection systems. It made 227 recommendations for addressing those failures — ranging from the philosophy underpinning the child protection system, to the management of detention centres, to the maintenance of adequate data systems (RCPDCNT 2017).

The Royal Commission found that funding and expenditure in the area of children and family services is not rigorously tracked, monitored or evaluated to ensure that it is appropriately distributed and directed (RCPDCNT 2017, vol. 1). It identified a need for greater coordination and transparency of government funding decisions and recommended that the Productivity Commission:

... undertake a review and audit of Commonwealth expenditure in the Northern Territory in the area of family and children's services relevant to the prevention of harm to children. The review should address co-ordination of programs, funding agreements and selection of service providers, service outputs and evaluations. (RCPDCNT 2017, vol. 1, p. 237)

On 14 March 2019, the Australian Government announced that the Productivity Commission would undertake a study about expenditure on children and family services in the Northern Territory (Landry 2019). The study commenced on 1 April 2019.

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## The Northern Territory faces unique circumstances

There are unique challenges associated with the provision of children and family services in the Northern Territory. Compared to other Australian jurisdictions, the Northern Territory has a significantly higher proportion of its population living in remote areas. Other than the Darwin region, all of the Northern Territory is classified as ‘remote’ or ‘very remote’, and just under half (45 per cent) of children in the Northern Territory live in these areas (ABS 2019c). Providing services to remote areas is costly and, coupled with the difficulty of attracting and retaining staff, it can be difficult to sustain service delivery over long periods of time.

The share of Aboriginal people in the Northern Territory’s population is the largest of any State or Territory, and about 42 per cent of the 62 000 children living in the Northern Territory are Aboriginal (SCRGSP 2020b, pt. A, 2020b, pt. F). This means that the need for flexible and culturally capable services — including services that appropriately deal with issues of intergenerational trauma and reflect the specific needs, strengths and aspirations of Aboriginal communities — is particularly acute. But it also presents opportunities to build on the cultural foundations and strengths of Aboriginal communities when designing and delivering services.

Families and children in the Northern Territory also face higher rates of socioeconomic disadvantage, compared to other Australian jurisdictions. About 27 per cent of children in the Northern Territory live in areas with high levels of socioeconomic disadvantage (ABS 2019c). In general, the wellbeing of children encompasses a range of domains, including cultural identity, health, housing, knowledge and skills, and safety and security (CatholicCare NT, sub. 7, p. 3). But, in the Northern Territory, the risk of harm to children is exacerbated by a higher prevalence of other risk factors, including: living in households facing poverty, malnutrition, unemployment, overcrowding or unstable housing; mental health issues; substance abuse; and family violence. For example, in 2016 approximately 12 per cent of children in the Northern Territory were living in unsuitable housing, almost 12 times the national average (ABS 2019c). The incidence of overcrowding in public housing is also highest in the Northern Territory, at about 7 per cent in 2018 (AIHW 2019a). Overcrowding has been linked to poor development, health and economic outcomes (AIFS 2019a; Shelter 2005), and has been demonstrated to leave children vulnerable to sexual abuse (Cant et al. 2019). Compounding this issue, researchers from UNSW Sydney and the University of Tasmania noted that ‘shortages in crisis and long-term housing in the Northern Territory directly impact on high rates of child protection notifications and the removal of Aboriginal children to out-of-home care’ (sub. DR33, p. 1).

Together, these factors have contributed to poorer opportunities and outcomes for children in the Northern Territory (box 1.1). As the Royal Commission observed:

[T]here are many children in the Northern Territory whose life opportunities are compromised by a complex layering of pervasive disadvantage, poverty and overcrowding, poor parental mental health, substance misuse and family or community violence. (RCPDCNT 2017, vol. 3B, p. 166)

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The experience of Aboriginal children, in particular, is shaped by a unique set of cultural and historical factors. In particular, ‘intergenerational trauma stemming from the results of colonisation (including policies mandating the forced removal of children) [is] a key factor driving the overrepresentation of Aboriginal children and young people in out-of-home care and youth detention in the NT’ (NMHC, sub. 17, p. 2).

### **Box 1.1      Child protection and youth justice in the Northern Territory**

In 2018-19, of the 62 000 children in the Northern Territory, about 5500 received child protection services — that is, they were the subject of an investigation of a notification, on a care and protection order, or in out-of-home care. One third of the substantiated cases of harm to children related to neglect. Moreover, children in the Northern Territory are three times more likely than Australian children overall to receive child protection services and twice as likely to be in out-of-home care.

Aboriginal and Torres Strait Islander children are vastly overrepresented in child protection systems in all jurisdictions, including the Northern Territory.

- They are seven times more likely than non-Indigenous children in the Northern Territory to receive child protection services and 12 times more likely to be in out-of-home care. The Royal Commission received evidence that about half of Aboriginal children in the Northern Territory will be the subject of at least one child protection notification by the time they are 10 years old.
- Rates of young people (aged under 18) in the Northern Territory under youth justice supervision are higher than in any other jurisdiction, and Aboriginal and Torres Strait Islander young people are 44 times more likely than non-Indigenous young people to be in youth detention.

Other evidence shows that the rate of deaths from intentional self-harm by children is significantly higher in the Northern Territory than anywhere else in Australia.

*Sources:* AIHW (2020); RCPDCNT (2017, vol. 3B, p.200); SCRGSP (2020b, pt. E, 2020b, pt. F).

Taken together, the unique circumstances of the Northern Territory make the task of designing an effective and cohesive system of children and family services a complex and challenging one. They could also justify the adoption of a unique approach to service funding and provision in that jurisdiction.

Program service provision in the Northern Territory must be afforded unique and exceptional status. Distance, demographics and disadvantage underpin the experience of program provision across the Territory. With significant distance and infrastructure challenges, entrenched disadvantage and intergenerational trauma, and a proportional Indigenous population that exceeds all other Australian states and territories, this is a unique community sector working environment. (CatholicCare NT, sub. 7, p. 3)

## **Previous inquiries into the protection of children**

Much work has already been done on what governments could do better in relation to child protection, youth justice and the provision of children and family services. Over the past

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decade, there have been multiple reviews focused on the Northern Territory alone, including the *Little Children are Sacred* report on the sexual abuse of children (BIPACSA 2007), the *Growing Them Strong, Together* report on the child protection system (BICPSNT 2010), and the Royal Commission's report on the protection and detention of children (RCPDCNT 2017).

Together, these inquiries made hundreds of recommendations for how to improve outcomes for children in the Northern Territory. Most recently, the Royal Commission recommended a broad-ranging suite of reforms and set out a blueprint for system-wide change (box 1.2). Many of those reforms echoed recommendations made in earlier inquiries.

### **Box 1.2      Key recommendations from the Royal Commission**

The central elements of the suite of reforms recommended by the Royal Commission are:

- developing a 10-year Generational Strategy for Families and Children for addressing child protection and the prevention of harm to children
- establishing a network of at least 20 Family Support Centres that provide integrated services at a local level
- adopting a public health approach to addressing the problem of child abuse and neglect — that is, shifting the focus from statutory responses to prevention and early intervention
- carrying out prevalence, needs, service mapping and service referral studies to gather information about the needs of children and families, and what services are currently available
- better coordination and engagement through:
  - the establishment of a Tripartite Forum with representatives from the Commonwealth Government, NT Government and community sector to better coordinate and advise on policy for young people in the youth justice and child protection systems
  - the establishment of a joint funding framework between the Commonwealth and NT Governments, to set policies for an agreed approach to the planning, funding and delivery of services for families and children in the Northern Territory
- improving oversight and reporting, including through the establishment of a Commission for Children and Young People which would have statutory responsibility for all children in the Northern Territory (not just those deemed vulnerable).

The Royal Commission also recommended that both the Commonwealth and NT Governments commit to a place-based approach to implementing its recommendations in partnership with local communities, and to reach agreement on the strategies, policies and programs needed to provide sustained positive outcomes for children and young people in each 'place'. The broad terms of these partnerships are to be based on immediate engagement with Aboriginal community representatives, and to reflect a range of principles including the best interest of the child, local decision making, and shared responsibility and accountability.

Source: RCPDCNT (2017).



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## 1.2 What is this study about?

A persistent theme across previous inquiries is that there are systemic problems with how children and family services are being funded in the Northern Territory. These problems include a lack of rigorous tracking of how funding was being spent or the outcomes achieved, duplication between service providers, a lack of coordination between the Commonwealth and NT Governments, and the failure to build the capacity of communities to manage and provide services locally.

In particular, the Royal Commission reported that:

- neither the NT Government nor the Commonwealth Government maintained a centralised list of child protection or youth justice services, or was able to provide a complete list on request
- government funds were directed to programs without consideration of the existence of other programs, their target locations or outcomes, and in the absence of a clear coordination framework for funding by each level of government
- many remote communities are contending with dozens of different programs delivered by a myriad of government agencies and contracted service providers
- many programs do not appear to have been evaluated against their intended outcomes
- consultation and engagement with affected Aboriginal communities has generally been absent in all levels of program design and service implementation
- there has been an emphasis on delivering services to Aboriginal communities, rather than by or with those communities.

Ultimately, the Royal Commission found:

... the underlying problem is not the level of overall funding but that Commonwealth and Northern Territory Government investment is not rigorously tracked, monitored or evaluated to ensure that it is appropriately distributed and directed. Value for the money expended cannot be demonstrated. (RCPDCNT 2017, vol. 1, p. 40)

As a result, it recommended the establishment of a joint funding framework between the Commonwealth and NT Governments, to set policies for an agreed approach to the planning, funding and delivery of services for children and families in the Northern Territory.

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## What has the Commission been asked to do?

Against this backdrop, the Australian Government asked the Productivity Commission to examine ways to improve funding arrangements across and within the Commonwealth and NT Governments and the services delivered via these funding arrangements. Specifically, the Commission was asked to consider:

- the objectives, governance and implementation of current funding arrangements, including:
  - the extent of duplication and lack of coordination across Commonwealth and NT Government funding arrangements, individual programs and service providers
  - whether the approach to program design aligns with policy objectives
  - the approach to engaging service providers and allocating funds
  - accountability, reporting and monitoring requirements for service providers and governments
  - levels of access to services and approaches to service delivery
- principles and approaches for governance and funding to promote better outcomes and improve:
  - the coordination of funding across the Australian and NT Governments
  - the coordination, funding, design and administration of programs
  - the delivery of services and levels of access.

As such, this study is intended to support the development of a joint funding framework and provide guidance on what a funding framework should look like. That is to say, the focus of this study is on improving decision making about *how* — rather than *how much* — money is spent. The terms of reference also stipulate that the way in which the Northern Territory's expenditure is assessed for the purposes of distributing Goods and Services Tax revenue (and how its actual expenditure compares to that assessment) were not to be considered as part of this study.

## Other Productivity Commission work

This study complements other Productivity Commission work that is currently in train, and which touch on aspects of children and family services.

- In its role as the Secretariat for the Steering Committee for the Review of Government Service Provision, the Commission is responsible for performance reporting across a range of government service areas, including child protection and youth justice (SCRGSP 2020b). It also has responsibility for reporting in relation to Indigenous expenditure and Overcoming Indigenous Disadvantage (SCRGSP 2016).

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- To complement this work, the Commission is also undertaking an investigation of ‘what works’ for systems that enable a public health approach to protecting children (PC 2019b).
  - In April 2019, the Commonwealth Government asked the Commission to develop a whole of government evaluation strategy for policies and programs affecting Aboriginal and Torres Strait Islander Australians, to be used by all Commonwealth Government agencies (PC 2019a). This work will be provided to the Government in October 2020. The terms of reference for the present study also cover accountability, reporting and monitoring requirements, which include aspects of evaluation.

### 1.3 Our approach to the study

There are many essential ingredients for a well-functioning system for children and family services. One of these is sound arrangements that govern and inform how governments decide what services and programs to fund, which is the focus of this study. In exploring how those funding arrangements can be improved, this report seeks to answer the following questions.

1. *What does the current landscape look like?* The first part of this report is about understanding whether it is possible to track what money is being spent and what services are being provided, by whom and where. To this end, the Commission undertook a stocktake of expenditure on children and family services relevant to the prevention of harm to children in the Northern Territory (chapter 2). Chapter 3 examines the services that are provided with that funding, and considers the extent to which it is possible to trace the path from expenditure to services, and then to users.
2. *How do governments decide what services to fund?* The second part of this report is about decision-making: how governments currently decide what services to fund. Chapter 4 considers how stated objectives and outcomes, and shared roles and responsibilities, affect those decisions. Chapter 5 considers decision-making processes — including what information is used as inputs to those processes (such as evidence about effectiveness, the level of need, and community preferences).
3. *How can government funding decisions be improved and better coordinated?* Chapter 6 focuses on how governments can better work together, and explores options for improving coordination of funding decisions. Chapter 7 considers how better data practices could help inform decision making by governments, service providers and the community. Chapter 8 is about how governments can work better with service providers, through improvements to funding and contracting arrangements. Chapter 9 discusses the need for improved monitoring and evaluation to inform future funding decisions. Chapter 10 outlines a way forward and discusses some of the challenges of implementing reforms.

Ultimately, the objective of this study is to support government efforts to achieve better outcomes for children, families and the community. As such, the recommendations in this

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report are designed to complement and build on the work of the Royal Commission and, to the extent possible, capitalise on and bolster reform efforts that are already underway in the Northern Territory and across Australia. The core elements of these reform directions that underpin the recommendations in this study are discussed below.

## **A public health approach to preventing harm to children**

Over the past decade, governments across Australia have been moving towards a public health approach to preventing child abuse and neglect. This entails placing a greater emphasis on prevention and early intervention, so that less reliance is placed on acute or reactive responses. In the context of child protection and welfare, a public health approach entails addressing the underlying risk factors that increase the likelihood that a child will experience abuse or neglect, or where problems do occur, to intervene as early as possible to minimise harm (PC 2019b).<sup>1</sup>

This is done through the provision of a mix of universal (primary), early intervention (secondary) as well as statutory (tertiary) services (figure 1.1, table 1.1). As NAPCAN said:

There are different stages of prevention: primary (or universal), secondary (or targeted), and tertiary (or crisis). Primary prevention is focussed on the protective factors to reduce the risk of abuse and neglect, whereas secondary and tertiary prevention has a focus on the risk factors that increase the likelihood of abuse and neglect occurring. (sub. 19, p. 1)

This requires decision makers to be cognisant of the many factors that feed into the wellbeing of children — including cultural identity, health, housing, knowledge and skills, and safety and security (CatholicCare NT, sub. 7, p. 3) — and the need to ensure access to core services (RCPDCNT 2017, vol. 3B, p. 194). It also means pursuing prevention and early intervention where possible, but recognising that not all risks can be eliminated, and thus statutory responses will always need to be present in any child protection system.

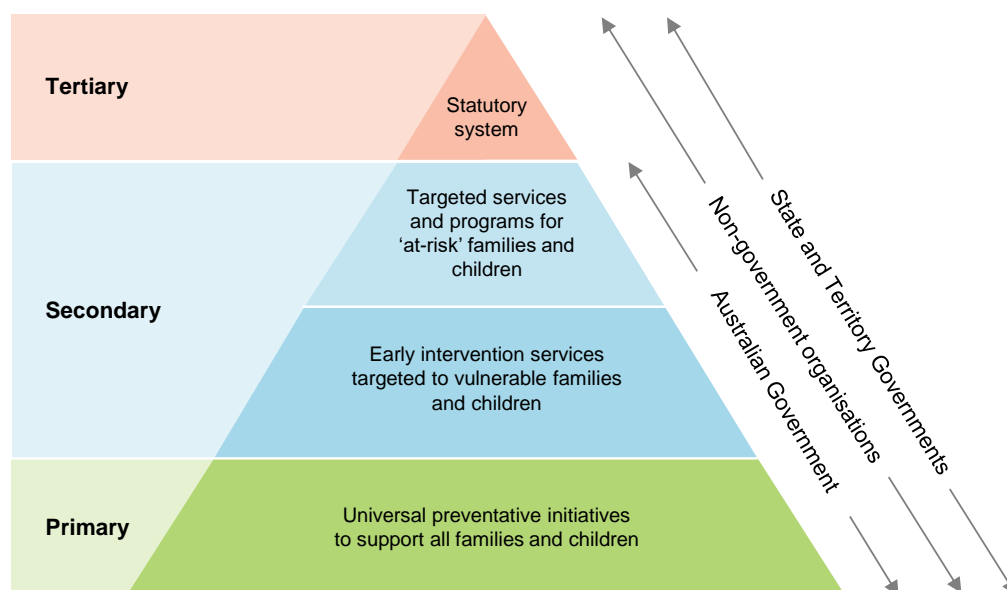
A public health approach does not pit early support against statutory child protection: ‘it is not an either/or equation’. Both should sit [side] by side and interact effectively in ways to create multiple pathways for families. (RCPDCNT 2017, vol. 3B, p. 198)

The commitment of governments to the public health approach was articulated in the *National Framework for Protecting Australia’s Children 2009–2020* (COAG 2009, p. 7). In the context of the Northern Territory, a public health approach to child protection was extensively outlined in 2010 by the Board of Inquiry into the Child Protection System in the Northern Territory (BICPSNT 2010, p. 19). While the NT Government was initially committed to implementing those recommendations, those efforts did not come to fruition. Again in 2017, a public health approach was recommended by the Royal Commission as one of the core elements of its proposed approach to child protection (RCPDCNT 2017, vol. 1, p. 37).

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<sup>1</sup> The public health approach is based on techniques that have long been used to tackle infectious diseases within a population, especially where infection rates and patient outcomes are influenced by a range of complex social, cultural, environmental and economic factors. The approach also reflects the old adage that ‘prevention is better than cure’.

Figure 1.1 The public health approach to protecting children



Source: Adapted from COAG (2009, p. 8).

Table 1.1 Examples of services relevant to protecting children

Service type	Examples
Statutory (tertiary)	Child protection services, out-of-home care services, youth justice
Targeted (secondary)	Intensive family support services, adult mental health services, drug and alcohol services, domestic violence support, safe houses
Early intervention (secondary)	Disability support services, speech therapy, financial counselling
Universal (primary)	Early childhood education, schooling, family health services, mental health services

Sources: Allen Consulting Group (2008); Parton (2010).

A public health approach to the safety and wellbeing of children also found wide support from participants to this study (for example, Anglicare NT, sub. 8; Danila Dilba Health Service, sub. 22). There is a strong case for the adoption of a public health approach in the Northern Territory, because such a wide range of factors feed into the circumstances of disadvantaged children (as discussed above).

Improving outcomes for vulnerable and disadvantaged children and families requires a comprehensive response that addresses underlying causes. There is no single cause of child abuse and neglect. The harms that children incur result from a mixture of complex dynamics that exist at and between the level of the individual, family, community and society. (AMSANT, sub. 20, p. 10)

An essential feature of the ‘new public health approach’ recommended by the Royal Commission is that targeted and early intervention services work together, rather than as a

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patchwork of services that operate in isolation. At its core, this report is about addressing the current lack of coordination in funding children and family services in the Northern Territory. It looks across all tiers of services, but with a particular emphasis on early intervention services, where improvements in coordination are likely to yield the greatest gains in terms of enhancing the safety and wellbeing of children.

This report considers how governments make decisions about what to fund, with a view to determining if these processes facilitate an appropriate mix of primary, secondary and tertiary services. More broadly, this report also examines how institutional arrangements and coordination mechanisms can better support an integrated public health approach.

Ultimately, the problems facing children and families in the Northern Territory extend beyond the scope of children and family services considered in this study. Several participants observed that inadequate housing, poverty and hunger can undermine other programs and services — ‘this is the elephant in the room’ (CAYLUS, sub. 6, p. 18). As the Royal Commission noted:

Others [witnesses] expressed their anger and frustration that poverty continues to be mislabelled as neglect, providing the basis for children and young people to be removed from their family and kin. The [Royal] Commission heard unambiguously that ‘If you don’t tackle poverty, you’re always going to be taking [Aboriginal] kids away’. (RCPDCNT 2017, vol. 3A, p. 198)

Sustained improvement in the wellbeing of children and families will therefore also require concerted policy action in a range of other domains, including community development, housing, economic security, primary health, mental health and education.

## **A place-based approach**

Another common theme of previous inquiries is that governments need to adopt a place-based approach to the design and delivery of services and programs for families and children (box 1.3). In essence, a place-based approach involves flexible service provision to find fit-for-purpose solutions that reflect the needs of local communities. This means recognising that different communities have different histories, languages and social, political and cultural dynamics — and hence different strengths, opportunities, priorities and service needs. By its nature, a place-based approach relies on engagement between governments and the community to understand the specific issues faced by the community.

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### **Box 1.3      Why place-based approaches?**

Place-based approaches are most valuable in dealing with complex social problems — like promoting the safety and wellbeing of children — where the solutions are not established (for example, where the evidence base for ‘what works’ in the specific context faced by the community is not well established). This is because local people, who have a better understanding of the complex problems, may be better placed to develop solutions than policymakers, who do not reside in the place or have a connection with the community. In those instances, place-based approaches are expected to improve the outcomes of services by ensuring that services funded by governments are wanted by communities and effective in improving outcomes.

By their nature, place-based approaches rely on engagement between governments — who provide funding — and the community, to understand the specific issues faced by the community. The move to place-based identification of needs and planning could improve the efficiency of resource allocation due to the prioritisation of needs as well as the higher level of transparency and accountability to people accessing the services.

*Sources:* PC (2017b); RCPDCNT (2017, vol. 1).

Chapters 6 to 9 discuss ways to facilitate a place-based approach to the planning, design, funding and delivery of children and family services.

In the Northern Territory, a range of broader initiatives are underway that are designed to support a place-based approach by putting community-identified priorities at the centre of decision making. These include the NT Government’s Local Decision Making Policy (box 1.4) and the adoption of the Regional Deals model (box 1.5).

### **Box 1.4      The Local Decision Making Policy**

In 2018, the Northern Territory Government established its Local Decision Making (LDM) Policy which aims to ‘transform the relationship it has with Aboriginal Territorians in order to support self determination’ (NT Government 2018c, p. 5). Under this policy, the NT Government will seek to enter into partnerships with Aboriginal communities and organisations, with the intention of giving local communities greater say in decisions about government-funded services. Local community organisations will be able to negotiate with the NT Government over how services are being delivered, and which types of services or activities should be subject to greater local control.

As depicted in the diagram below, LDM will operate on a continuum, where a community will take on more decision making responsibility where both the community and the government have the capacity to support this (NT Government 2018c, p. 18).

(continued next page)

## Box 1.4 (continued)

	Inform	Consult	Involve	Collaborate	Empower	
<b>Government</b>	Government led – formal mechanism for engagement provides information	Government led – community feedback mechanisms at various times	Government led – formal advisory mechanisms	Community led – Government funded, co-designed and monitored	Led by Aboriginal controlled organisations	<b>Community</b>
<b>Community aspiration</b>	We want to know about things that affect our community, through information in a format we can access and understand.	We want to have a chance to talk about and have a say before decisions are made. We want government to engage respectfully with us.	We want to be involved in making decisions that affect our community, our country and our services.	We want to be equal partners in decisions that affect our community, our country and our services.	We want to determine our own futures, including running our own services.	
<b>Government commitment</b>	Government will listen to community, share data and discuss community issues and needs.	Government will listen to community and use their views to help inform decision making. Government will maintain open lines of communication and share information regularly.	Government will work with community to ensure community views are directly reflected in decisions made.	Government will work with community to make decisions as equal partners. Community views will be clearly reflected in decisions.	Decisions are made by an Aboriginal controlled organisation. Government have little operational involvement.	
<b>Service examples</b>	<b>Empower:</b> primary health care, housing, education, aged care, child care, youth programs, sport and recreation, family support, parenting programs, ranger programs, environmental management.					
	<b>Collaborate:</b> local government essential services					
	<b>Involve:</b> Police, justice and community corrections, tertiary health care.					

The NT Government has outlined two approaches for implementing LDM. One approach is the adoption of LDM principles, such as transitioning a single service to community control. The more expansive approach (LDM Project Site) sees responsibility for multiple service areas delegated to a community representative organisation.

The NT Government has already entered into some agreements with Aboriginal organisations to establish LDM Project Sites, providing a glimpse of how the policy might operate in practice. An agreement has been signed with the Anindilyakwa Land Council (ALC) that covers the Groote Archipelago — covering the communities of Angurugu, Alyangula, Umbakumba, Milyakburra and Anindilyakwa (ALC and NT Government 2018, p. 11). The agreement is a commitment between the ALC and NT Government to determine the necessary steps and processes to achieve local service delivery and control in priority service areas. The priority service areas outlined in the agreement include housing, economic development, law, justice and rehabilitation, education; health services and local government, with plans to move to regional control of other services in the long term.



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### Box 1.5      **The Barkly Regional Deal**

The Barkly region spans over 300 000 square kilometres and is home to about 7000 people, with about 3000 people living in the main centre of Tennant Creek. Approximately two-thirds of people in the region are Aboriginal. The region is one of the most socioeconomically disadvantaged in Australia; only half of adults participate in the labour market, and of those, about 25 per cent are unemployed. About one-quarter of families live in overcrowded homes.

The Barkly Regional Deal was signed in April 2019, and is a 10 year commitment between the Commonwealth Government, NT Government and the Barkly Regional Council to improve the productivity and liveability of the Barkly region. Prior to signing, representatives from all three levels of government held a number of meetings with communities in the region to hear community perspectives, priorities and ideas. Under the Deal, the governments have committed to funding a range of economic, social and cultural initiatives. This includes a commitment by all three governments to reform government-funded services in the Barkly region. As part of the reform, the Commonwealth and NT Governments have committed to jointly:

- undertake an assessment of the effectiveness of current services
- explore ways to increase community involvement in the planning, design and monitoring of future services
- strengthen coordination and integration of frontline services
- adopt an outcome-based approach to service planning, delivery and performance reporting to improve accountability.

The Barkly Governance Table will oversee the implementation of the Regional Deal. The Governance Table includes representatives from all three levels of government, Aboriginal leaders, non-government organisations and other community stakeholders. The Governance Table is supported by a backbone team who provide coordination and administrative services. A number of working groups have also been established to oversee specific aspects of the Deal.

*Sources:* ABS (2019a); Australian Government et al. (2019a, 2019b).

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The Commonwealth Government is also pursuing local decision making through other initiatives. It funds the Empowered Communities initiative, which includes a ‘policy reform agenda centred on Indigenous empowerment’ (Empowered Communities 2015, p. 10). The Commonwealth Government is also a participant and part funder of the Barkly Regional Deal and the Local Decision Making agreement for the Yolŋu region in East Arnhem.

## **Reform efforts in response to the Royal Commission**

Both the NT and Commonwealth Governments supported the large bulk of the recommendations directed to them in the Royal Commission’s report.

The NT Government committed \$230 million over five years from 2018 to implement the reform program described in *Safe, Thriving and Connected: Generational Change for Children and Families* — the NT Government’s response to the Royal Commission’s recommendations (NT Government 2018d, p. 4). This includes establishing eleven new Child and Family Centres to coordinate local service delivery, consulting with Aboriginal

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organisations and communities to support local decision-making approaches, and making changes to the youth justice system.

The Commonwealth Government supported in principle most of the recommendations directed to it but has yet to announce specific reforms in response to those recommendations (aside from establishing this current study). That said, reforms have been implemented in several related areas, including by the Department of Social Services, which has commenced a consultation process for identifying ways to improve its families and children funding program. And the new National Indigenous Australians Agency aims to implement a new way of working with Indigenous Australians.

Although there have been some early signs of success, some stakeholders have expressed concerns about governments' commitments to follow through on many of the recommendations (AMSANT, sub. 20, p. 4; Children's Ground, sub. 23, p. 17; Julie James Bailey, sub. 14, p. 9; NTLAC, sub. 9, p. 2). The history of reform in the Northern Territory is littered with many well-intentioned people and ideas but failed reform attempts. As discussed in chapter 10, there are many barriers to reform in this area and implementation is often difficult. Long-lasting change will require commitment, leadership and collaboration from both governments and communities.

## **1.4 Consultation for this study**

This study commenced on 1 April 2019. The Commission released an Issues Paper on 15 May seeking submissions from interested parties, and received 32 public submissions in response to the Issues Paper. A draft report was released on 8 November 2019, and a further 18 submissions were received in response. A list of the individuals and organisations that made submissions is provided in appendix A, and all public submissions are available on the Commission's website.

Over the course of this study, the Commission met with a broad range of stakeholders, including Aboriginal community groups, service providers, and government agencies and visited a number of regions and communities in the Northern Territory and other jurisdictions. Appendix A provides details.

The Productivity Commission thanks all participants for meeting with Commissioners and staff, making submissions, and providing helpful information.

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## 2 Expenditure on children and family services

### Key points

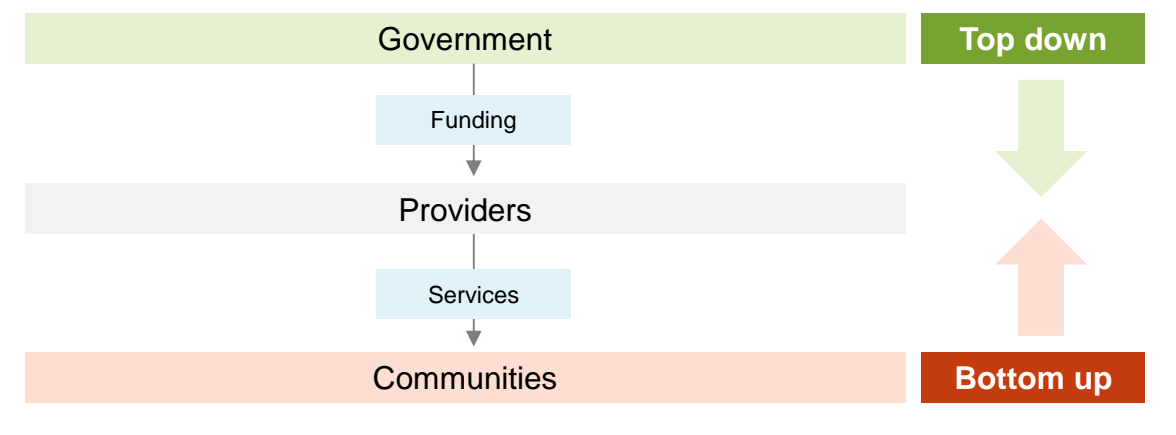
- Considerable funds are spent on children and family services in the Northern Territory — in 2018-19, the Commonwealth and Northern Territory Governments collectively spent about \$538 million on children and family services relevant to the prevention of harm to children. This does not include the significant expenditure directed to primary services, such as health care and education, which also influence child and family wellbeing.
- The expenditure landscape is complex.
  - Expenditure spanned five Commonwealth Government departments and four Northern Territory Government departments. Coordination between departments is therefore essential.
  - Across the board, both governments funded more than 500 service providers, through 20 funding programs and over 700 grants.
- It is not possible to accurately identify where money is being spent. Departments are not recording expenditure data in a format that facilitates analysis to inform decisions.
  - Each department categorises its expenditures in its own way, which means that expenditure categories are not comparable across departments
  - The way that departments record location data is inconsistent. Often, location units were not sufficiently granular to allow expenditures to be attributed to specific towns or communities. Some expenditures were reported as covering geographical areas larger than the size of Victoria. In total, more than 15 different types of geographical units were used for reporting location data.
- About two-thirds of expenditure on children and family services is allocated through short-term grants. Combined with the complexity of the funding landscape, this means that expenditure is prone to overlap and duplication.
- Across all departments, the median grant term was 2–4 years, and a significant number (approximately 40 per cent) of grants were provided for less than two years. The short-term nature of grant funding is a considerable source of financial uncertainty for grant recipients.
- About a quarter of grants are small in size (less than \$100 000), and many organisations cobble together several sources of funding to provide a particular service. This creates significant administrative burden and inefficiencies for providers.

This chapter explores expenditure on children and family services relevant to the prevention of harm to children. Prior to this study, there was no comprehensive data on expenditure on children and family services in the Northern Territory.

The Royal Commission into the Protection and Detention of Children in the Northern Territory found that expenditure on children and family services is not rigorously tracked (RCPDCNT 2017, vol. 1, p. 222), and as such, a holistic picture of funding is not available to decision makers. The Royal Commission recommended that the Productivity Commission undertake a ‘review and audit’ of government expenditure on children and family services in the Northern Territory (RCPDCNT 2017, vol. 1, p. 237).

To help build the evidence base for the current expenditure landscape and to understand what information decision makers have available to them, the Commission undertook a stocktake of expenditure on children and family services relevant to the prevention of harm to children in the Northern Territory. In essence, the stocktake represents a top-down assessment of government (Commonwealth and Northern Territory) expenditure (figure 2.1). It draws upon data provided by the key funders of children and family services in the Northern Territory.

Figure 2.1    **The stocktake is a top-down analysis**



This chapter focuses on *expenditure*, in terms of the funding landscape (section 2.1), how much is spent by relevant Commonwealth and Northern Territory Government departments (sections 2.1 and 2.2) and seeks to examine where in the Northern Territory that money is going (section 2.3). It also takes a closer look at grant funding across departments, in terms of the size of grants, who receives the grants and the duration of grants (section 2.4). Chapter 3 then links these expenditures to specific services.

The findings from the stocktake were also used to consider how to improve funding arrangements within and across different government departments and levels of government. In addition to the evidence produced by the stocktake, the Commission considered bottom-up evidence from individual service providers — drawn from consultation, submissions and case studies — the results of which are discussed in chapter 3.

The Commission’s approach to the stocktake is outlined in box 2.1, including how the Commission determined the scope of the stocktake, in terms of which funding agencies and funding streams were included.

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### **Box 2.1      The Commission's approach to the stocktake**

As a first step in putting together the stocktake, the Commission undertook scoping to identify potentially relevant funding streams. As discussed in chapter 1, there is no clear definition of 'child and family services relevant to the prevention of harm to children'. Given the variation in stated objectives across different funding streams, it was impossible to formulate a one size fits all rule for what expenditures were in scope or not. For this reason, the Commission considered candidate expenditure programs on a case-by-case basis, with input from each of the relevant government departments to help refine the scope.

Overall, the Commission focused on tertiary (statutory) and secondary (targeted and early intervention) services for the purpose of the stocktake. In general, these tended to be services that targeted one or more of the risk and protective factors associated with child abuse and neglect, as identified by the Royal Commission (RCPDCNT 2017, vol. 3B, p. 176). Those factors include: parental mental illness, parental substance misuse, family violence, housing programs for vulnerable families, parenting skills, early childhood support, school attendance support, and maternal and infant health.

Primary services (such as universal health and education services) were excluded from the scope of the stocktake. These services have a considerable impact on the wellbeing of children and are critical to the successful implementation of a public health approach (box 2.2), but they are not directly targeted at preventing harm to children. Including those expenditures would also vastly overstate the level of government expenditure relevant to the prevention of harm to children.

The Commission also limited the stocktake to expenditures for the financial year 2018-19.

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## **2.1      A complex funding landscape**

The funding landscape for children and family services is complex and involves:

- nine funding agencies — five Commonwealth Government departments and four NT Government departments
- more than 20 separate funding streams
- over 500 service providers
- over 700 grants.

This includes expenditure by three major funding departments:

- the Department of Prime Minister and Cabinet's Indigenous Advancement Strategy, which is the key mechanism for Aboriginal and Torres Strait Islander focused programs by the Commonwealth Government. The Indigenous Advancement Strategy is now managed by the National Indigenous Australians Agency
- the Commonwealth Department of Social Services' grants programs
- expenditure by Territory Families.

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Figures 2.2, 2.3 and 2.4 depict how each of these three major funding streams are organised, with greater detail provided for the programs that are in scope for this study.

The Commission also considered specific activities by education and health departments which targeted vulnerable groups (table 2.1). For example, the Commonwealth Department of Education's Community Child Care Fund was included in the stocktake, as it improves access to child care centres in disadvantaged, regional and remote communities.

## **The broader expenditure landscape**

Although the stocktake focused on children and family services relevant to the prevention of harm to children, there are many other services that also influence outcomes for children and families. This broader landscape includes non-government funded children and family services, such as those funded through non-government organisations and Aboriginal organisations using philanthropic and royalty revenue (box 2.2). For example, half of Children's Ground's funding is from philanthropic sources (Children's Ground, pers. comm., 4 October 2019). There are also other expenditures, for example, local government expenditures and Northern Territory and Commonwealth government expenditures on primary services, such as universal health and education services. Significant expenditure (including from the Commonwealth) is directed to primary services in the Northern Territory. These services also influence child and family wellbeing, but they are not directly targeted at preventing harm to children and therefore have not been included in the stocktake.

Figure 2.2 Funding under the Indigenous Advancement Strategy (Department of the Prime Minister and Cabinet)

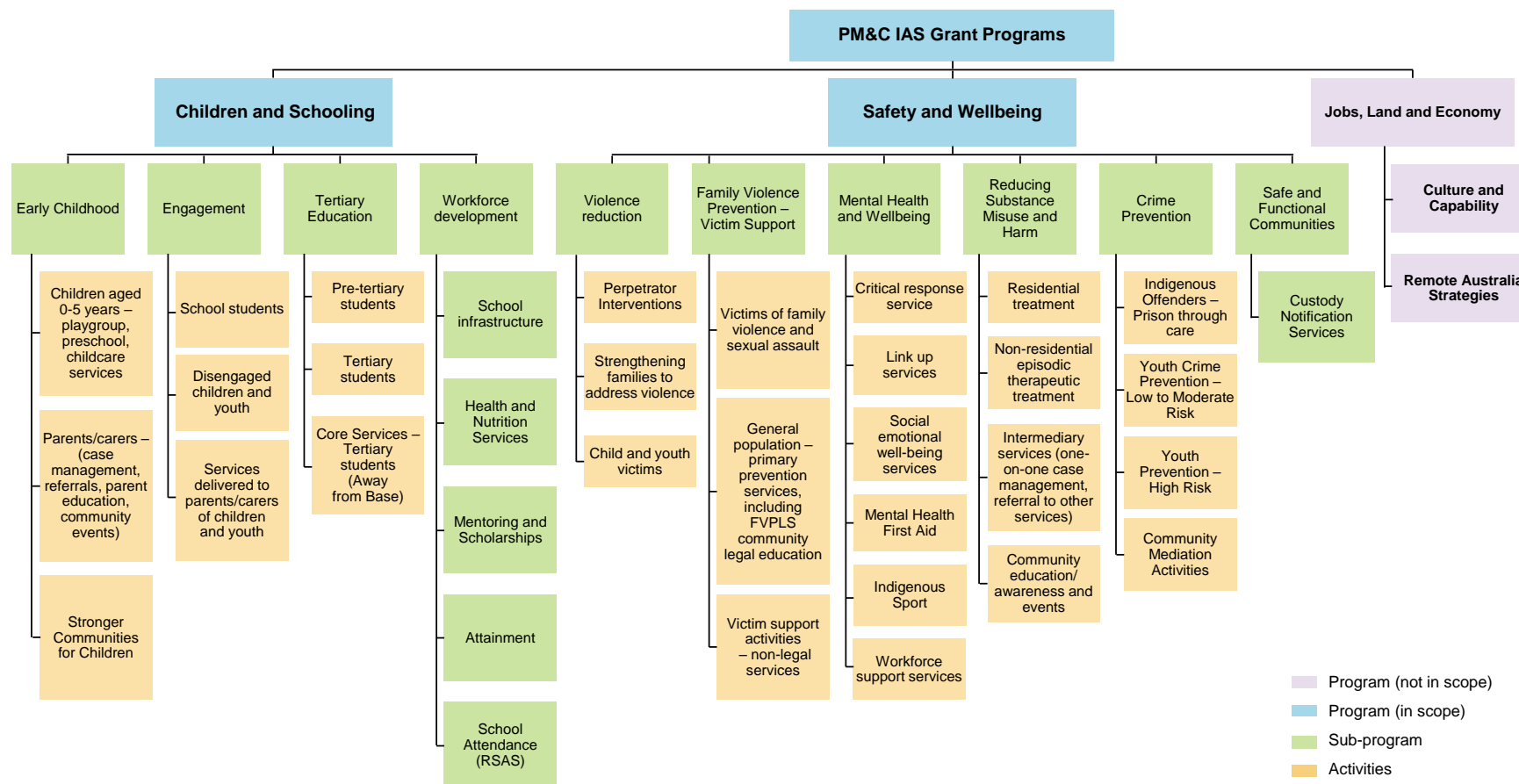


Figure 2.3 Department of Social Services Grants Programs

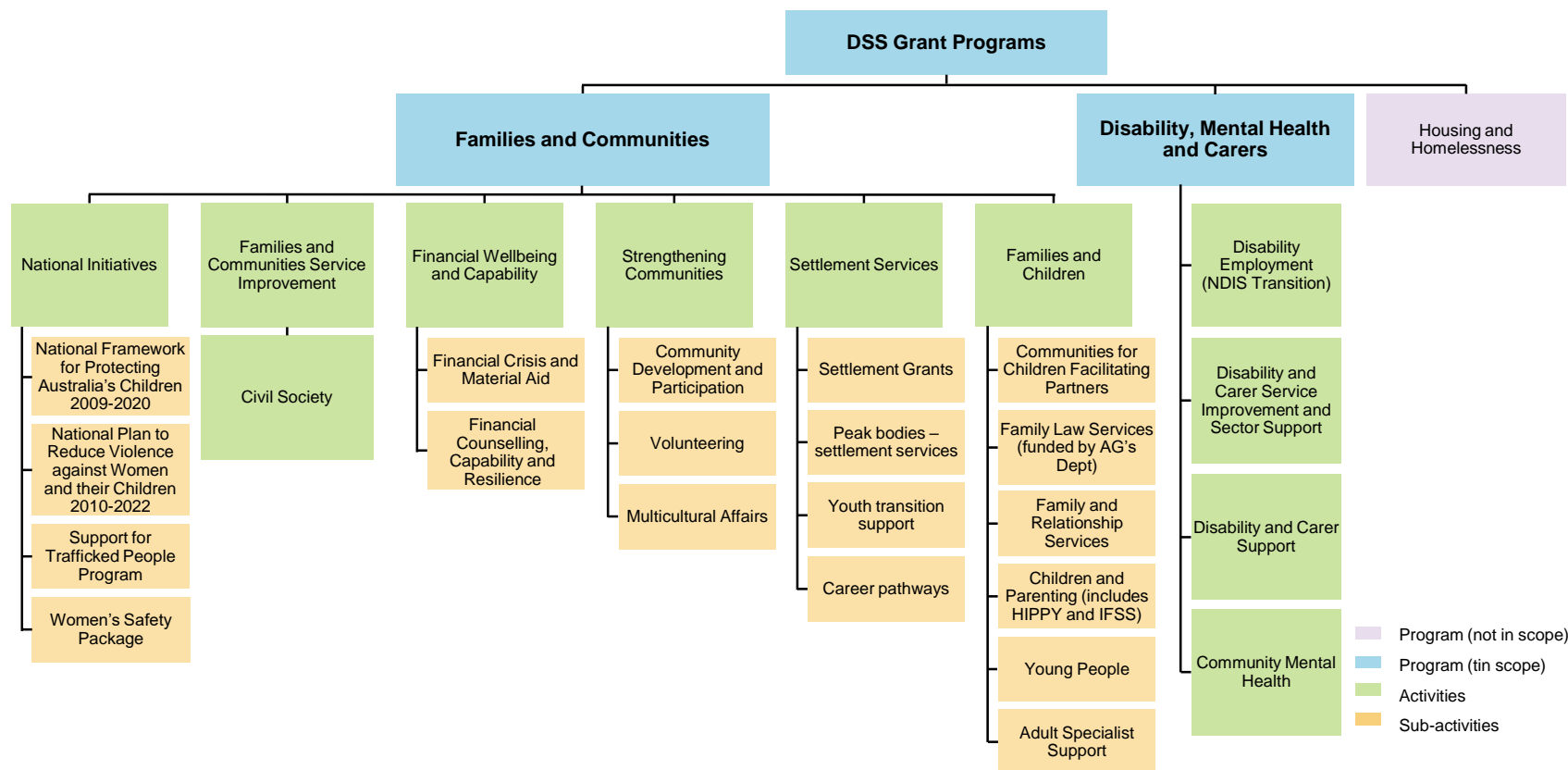
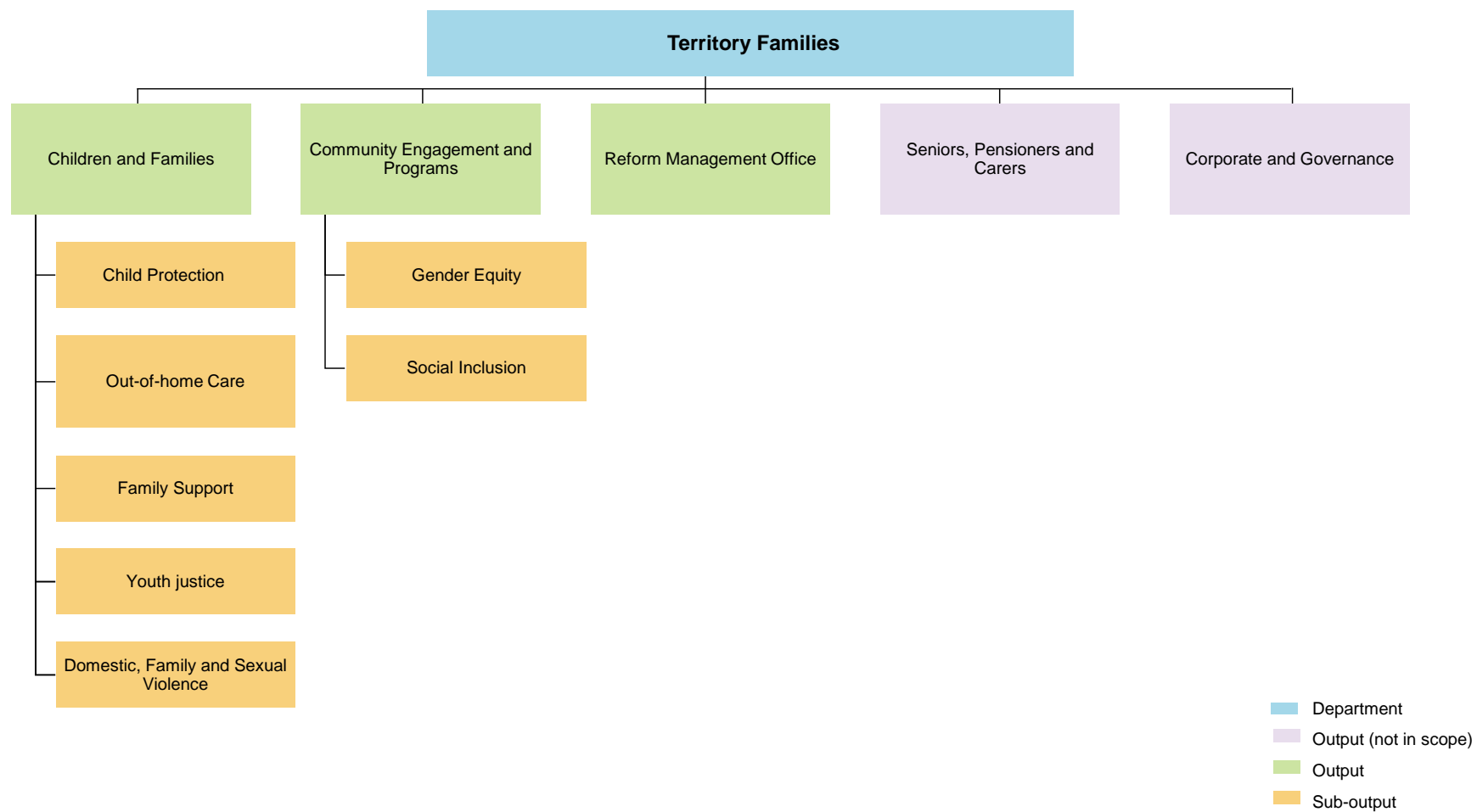




Figure 2.4 Expenditure by Territory Families



**Table 2.1 What funding streams are in scope?**

<i>Government</i>	<i>Department</i>	<i>Funding stream</i>
Commonwealth	Department of the Prime Minister and Cabinet	Indigenous Advancement Strategy grants, covering: <ul style="list-style-type: none"> <li>• Children and Schooling</li> <li>• Safety and Wellbeing</li> </ul>
	Department of Social Services	Two grants programs: <ul style="list-style-type: none"> <li>• Families and Communities</li> <li>• Disability, Mental Health and Carers (including the National Disability Insurance Scheme Transition grant program)</li> </ul>
	Attorney General's Department	Funding for Family Law Services, which are administered as part of the Department of Social Service's Families and Communities Program (under the Families and Children activity)
	Department of Health	<ul style="list-style-type: none"> <li>• Some expenditures under the Indigenous Australians Health Program (excluding primary health care services)</li> <li>• Community Services Obligation for the hearing services program</li> <li>• Payments for hearing and oral health services for children under 16</li> </ul>
	Department of Education	Grants for two activities: <ul style="list-style-type: none"> <li>• Connected Beginnings</li> <li>• Community Child Care Fund</li> </ul>
Northern Territory	Territory Families	<p>Selected grants</p> <p>Non-grant expenditure on the following outputs: children and families; reform management office, community engagement and programs — including services acquired through panel contracts, whole-of-government contracts and fee-for-service arrangements</p>
	Department of Local Government, Housing and Community Development	All grants relating to housing services delivery including short-term accommodation, meals and case management for children and families facing crises.
	Department of Health	Two grants programs: <ul style="list-style-type: none"> <li>• Mental Health and Alcohol &amp; Other Drugs</li> <li>• Maternal Early Childhood Sustained Home-visiting</li> </ul>
	Department of Education	Expenditures relating to: <ul style="list-style-type: none"> <li>• Families as First Teachers</li> <li>• Child and Family Centres</li> <li>• Early Childhood Intervention Teams</li> <li>• Strong Young Parents</li> </ul>

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## Box 2.2      **The broader expenditure landscape**

### *Primary services*

Governments spend a significant amount on primary services (such as universal health and education services), which improve the wellbeing of children and young people. For example, the Commonwealth and NT Governments spent \$127 million on universal Early Childhood Education and Care services for the Northern Territory in 2018-19 (SCRGSP 2020, p. 1 of table 3A.36). . The Department of Education (NT) also spent \$41.7 million on pre-schools in 2018-19.

Government expenditure on these primary services is not included in the stocktake, as these services do not directly aim to reduce harm to children. The inclusion of these services would vastly overestimate the amount spent on children and family services relevant to the prevention of harm to children.

### *Local government expenditure*

There are 17 local governments in the Northern Territory, which fund and provide children and family services (Local Government Association of the Northern Territory, sub. 27). These include:

- safe houses
- community safety patrols
- outside school hours and school holidays care
- home care, home support and disability support
- youth diversion services
- substance abuse initiatives
- youth recreation activities.

Expenditure on these services is only captured in the stocktake when local governments receive grant funding from the Commonwealth or NT Governments, but it is not captured if it is funded from other sources.

### *Intergovernmental transfers*

The Commonwealth Government provides substantial funding to the NT Government, such as through GST revenue and tied funding under bilateral or national partnership agreements (DSS and NIAA, sub. DR50, p. 5). Some of these transfers are ultimately used by the NT Government to fund children and family services. For example, in 2018-19, the Commonwealth Government provided \$95 million to the NT Government (COAG 2016) under the Northern Territory Remote Aboriginal Investment (NTRAI) National Partnership to fund integrated hearing and oral health services for children in remote communities in the Northern Territory (Department of Health 2017). The NT Government also received about \$5 million from the Commonwealth Government through the National Partnership for Universal Access to Early Childhood Education in 2018-19 (SCRGSP 2020, p. 1 of table 3A.8). These transfers are captured indirectly in the stocktake data, as expenditures by the NT Government.

(continued next page)

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## Box 2.2 (continued)

### *Royalty funding*

Royalties also play a role in funding services in the Northern Territory, but are not included in the stocktake. At times, royalty money funds the provision of children and family services that are often funded by governments elsewhere. For example:

- in Yuendumu (a remote community in the central desert region of the Northern Territory), royalty money was used to fund services such as a school vehicle, financial support for children at boarding schools, a National Disability Insurance Scheme coordinator, after school and holiday programs, and a bilingual resources development unit (chapter 3; case study: Yuendumu, appendix B)
- in Groote Eylandt, the Anindilyakwa Land Council (ALC) funds children and family services through royalties. Between 2014-15 and 2017-18, the ALC spent \$9.6 million of its royalty funding on education, \$9.2 million on health and \$37.7 million on the ALC Community Support program (ALC 2018a, pp. 70–71). Between 2012 and 2027, the ALC is planning to fund several services aimed at improving education outcomes for children (ALC 2012, p. 60).

There are many other areas in the Northern Territory that receive royalty funding which may fund children and family services. These include Gove Peninsula, Bootu Creek, Frances Creek, Batchelor, and Tennant Creek (NT Government 2008, pp. 76–77).

### *National services*

The Department of Health (Cth) spends a significant amount on national services and subsidies such as the Medicare Benefits Schedule and the Pharmaceutical Benefits Scheme, which contribute to the wellbeing of children and families.

The Department of Social Services (DSS) also funds a number of national services including national telephone advice lines, such as 1800 RESPECT, Playgroups Australia and financial support services (such as microfinance and financial literacy). DSS also funds the Home Interaction Program for Parents and Youngsters (HIPPY), which is a two year, home-based parenting and early childhood learning program that empowers parents and carers to be their child's first teacher (DSS 2015c). In 2018-19, DSS provided \$26.1 million (excluding GST) in funds to the Brotherhood of St Laurence for the management of HIPPY across Australia (Productivity Commission estimates based on departmental data, 2019). The Brotherhood of St Laurence sublicenses over 60 local providers to deliver HIPPY services in 100 communities across Australia (HIPPY Australia 2019). As the Brotherhood of St Laurence received funding for a national service (and not a Northern Territory service), this figure was not incorporated into the Commission's stocktake.

## Poor data quality means it can't inform decision making

The Commission also found that record keeping about expenditure was not fit for purpose. Much of the data about expenditures was in a poor condition — it was not publicly available, incomplete, or incomparable across departments. Most importantly, the data was not kept in a format that facilitates analysis to inform decisions.

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This is not a new issue. Other groups who have attempted similar exercises found issues with data availability. For example, Empowered Communities – NPY Region said:

During 2017, an audit of service delivery across the NPY Lands was attempted ... The biggest challenge to emerge from this project was difficulty in accessing data. A wide variety of Federal, State and Territory Government Departments were approached, however **few were willing or able** to provide the required information. Furthermore, for those that did, it was apparent that there is **no consistent system** for collection, storage or reporting on programs or providers, or any simple mechanism for accessing the kind of place-based data that is of most interest and value. (sub. 15, pp. 13–14)

The Royal Commission encountered similar issues with data availability, noting that:

... the Commonwealth [was] not in a position to easily provide such information, as it does not have a central repository or record of all programs or services, and associated funding, provided specifically for or in the Northern Territory. (2017, vol. 1, p. 223)

The effect of this is that it is not possible to put together a complete picture of how much is being spent where, and on what. Subsequent sections of this chapter discuss specific issues in relation to understanding how money is spent (section 2.2), where money is being spent (section 2.3), and a closer look at grant funding (section 2.4). Chapter 7 puts forward recommendations about how government departments can improve record-keeping practices in the future, so as to facilitate informed funding decisions.

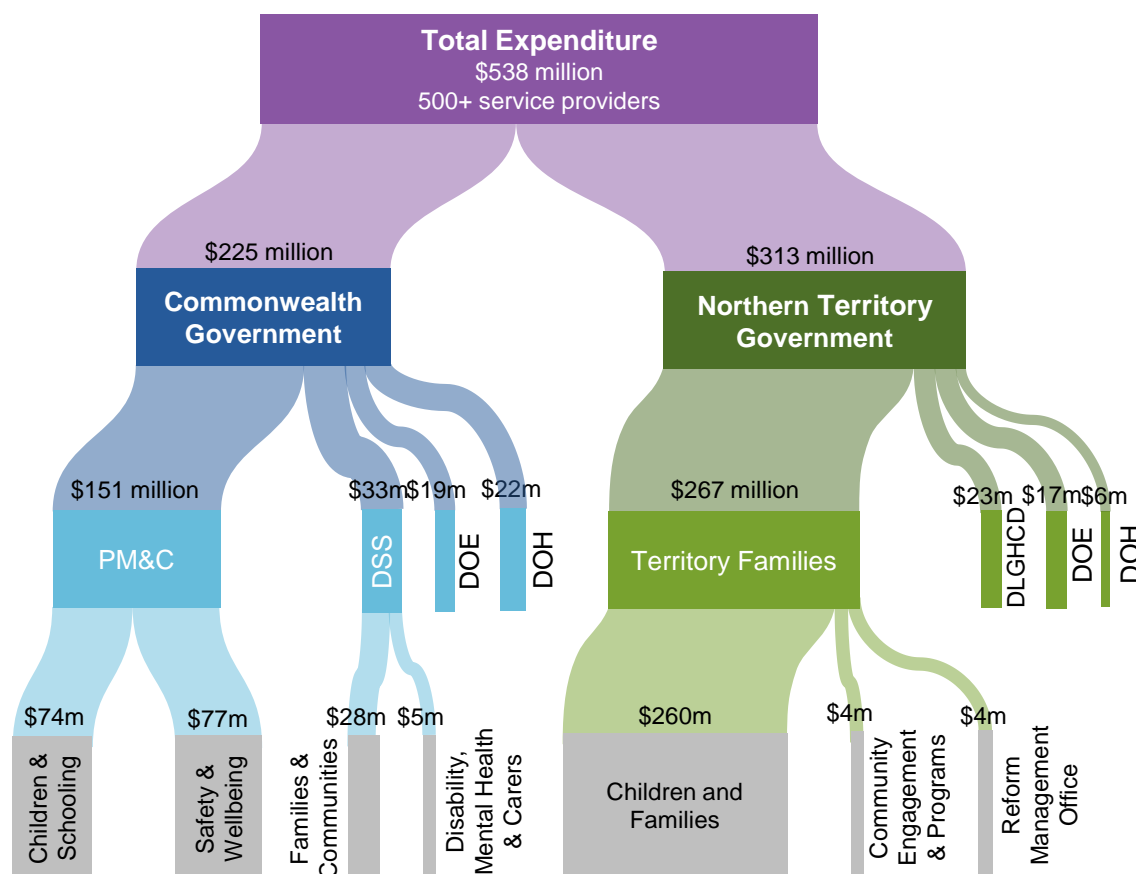
## 2.2 How much do governments spend?

### Both levels of government spend significant amounts

Both the Commonwealth and NT Governments play significant roles in the funding of children and family services, with the NT Government spending slightly more than the Commonwealth Government (figure 2.5).

- The Commonwealth Government spent \$225 million on children and family services. This was made up of expenditure by the Departments of the Prime Minister and Cabinet (\$151 million); Social Services (including on services funded by the Attorney-General's Department) (\$33 million); Education (\$19 million); and Health (\$22 million).
- By comparison, expenditure by the NT Government was approximately \$313 million. This comprised expenditure by Territory Families (\$267 million), the Departments of Education (\$17 million); Health (\$6 million); and Local Government, Housing and Community Development (\$23 million).

**Figure 2.5 Expenditure flows for children and family services in the Northern Territory**  
Financial year 2018-19



Source: Productivity Commission estimates based on departmental data.

The quantum (and nature) of expenditure by each level of government in part reflects their different responsibilities and objectives. For example, the largest single funder, Territory Families (\$267 million) is responsible for statutory child protection and out-of-home care services, spending \$21 million and \$124 million on these services respectively. The second largest funder, the Department of the Prime Minister and Cabinet, spent \$151 million, through its Indigenous Advancement Strategy, which is reflective of the Commonwealth Government's role in improving outcomes for Aboriginal and Torres Strait Islander people (chapter 4).

All of the Commonwealth Government's expenditure was in the form of grant funding. By contrast, about half of the NT Government's expenditure was in the form of non-grant expenditure (or 'internal expenditure'<sup>1</sup>). This mostly comprised expenditure by Territory

<sup>1</sup> The NT Government classifies its expenditure as being 'internal' or 'external'. Internal expenditure covers employee and operational costs. External expenditure covers grants and subsidies.

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Families, the department with primary responsibility for families and children, largely on out-of-home care and youth justice.

## **What are departments spending money on?**

Each department categorises expenditures in its own unique way, which means that expenditure categories are not comparable across departments. This means it was not possible to identify and compare what services (or service types) departments are spending money on from departmental data in its current form. In chapter 3, the Commission categorised departmental expenditures into standardised service types, to determine what departments are collectively spending money on.

In its current form, departmental data categorises expenditures into *programs* and *sub-programs* (the Department of the Prime Minister and Cabinet), *programs* and *activities* (the Department of Social Services), or *outputs* (Territory Families) (figures 2.1, 2.2 and 2.3). Departments use these designations to group together individual grants and expenditures. Typically, these designations represent groups of similar services (box 2.3) — for example, the Department of the Prime Minister and Cabinet’s sub-program, Schooling Projects, includes services such as school nutrition programs and school boarding facilities.

However, because these categories are defined by individual departments, the way that grants are grouped is not consistent across departments. For example, in order to identify how much was spent on family and relationships services collectively, it would be necessary to examine services in the Department of Social Services’ Family and Relationships activity, as well as select family and relationship services spread across three different sub-programs under the Indigenous Advancement Strategy.

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## Box 2.3      What are departments spending money on?

### *The Department of the Prime Minister and Cabinet's expenditure by sub-program*

The Department of the Prime Minister and Cabinet funded 17 sub-programs through 288 grants. About half of that funding (\$79 million out of \$151 million) was spent on three sub-programs.

- **Schooling Projects (\$33 million, 90 grants)** — school nutrition programs, but also included funding for boarding school facilities, school sports teams, and tutorial or homework clubs.
- **Safe and Functional Physical Environment Projects (\$31 million, 21 grants)** — community night (or day) patrols, legal or dispute resolution services.
- **Reduced Substance Misuse and Harm Projects (\$15 million, 19 grants)** — services related to drug, alcohol, petrol or other substance abuse, with a focus on rehabilitation, treatment and improving access to community workers.

### *Department of Social Services' expenditure by activity*

The Department of Social Services funded 31 activities through 104 grants. Almost half of that funding (\$15 million of \$33 million) was spent on three activities.

- **Intensive Family Support Services (\$8 million, 9 grants)** — for families with a high risk of child removal. Child protection notifications are used to refer at-risk families to Intensive Family Support Services, to increase parental capacity and reduce child neglect (DSS 2019c, p. 1).
- **Communities for Children Facilitating Partners (\$4 million, 4 grants)** — to support children and families in 52 disadvantaged communities across Australia by taking an early intervention approach that supports family relationships, improves parenting skills and the health and wellbeing of children (DSS 2019b).
- **Community Mental Health, Early Intervention for Children, Young People and their families (\$3 million, 4 grants)** — mental health services tailored to meet the needs of children and young people up to 18 years of age, their families and their carers (DSS 2015b). Each grant recipient delivers: intensive, long-term early intervention support; short-term information, referral and assistance for families; and community outreach and group work.

### *Territory Families' expenditure by outputs*

Territory Families funded eight outputs through grant and non-grant expenditure. Almost all of that funding (\$214 million of \$267 million) is spent on three activities.

- **Out of Home Care (\$124 million)** — spread across a wide range of services, such as foster and kinship care, ensuring Aboriginal children were placed with Aboriginal kinship or foster carers and supporting children exiting out-of-home care.
- **Youth Justice (\$64 million)** — comprised of youth diversion services, restorative justice conference and agreements, community-based orders and youth detention.
- **Domestic Family and Sexual Violence (\$25 million)** — largely spent on crisis accommodation (safe houses) for family violence services, with a few programs aimed at prevention through campaigning, community education or behaviour change.



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#### FINDING 2.1

Significant funds are spent on children and family services in the Northern Territory. In 2018-19, expenditure on services directly relevant to the prevention of harm to children was about \$538 million — this does not include the significant expenditures directed to primary services, such as education and health care, which also influence child and family wellbeing.

The expenditure landscape for children and family services is complex and involves:

- nine funding agencies — five Commonwealth Government departments and four NT Government departments
- more than 500 service providers
- more than 20 funding streams, including over 700 grants.

Despite the size of this funding, expenditure data is not kept in a format that allows it to be used to inform policy.

## 2.3 Where is money being spent?

Given the geographical size of the Northern Territory and the wide dispersion of its population, it is also important to understand precisely *where* expenditure on children and family services is directed. This information is essential in identifying gaps and overlaps and for informing funding decisions.

It was not possible to accurately identify where the money was being spent in the Northern Territory — location data was often reported in large geographical units and expenditure items could not be linked to a single town or community. For example, much of the location data was provided in terms of the large ABS Statistical Area Level 3 (SA3), or in terms of the six NT Government Regions — Barkly, Big Rivers, Central Australia, Darwin, East Arnhem and Top End — each of which cover many communities.

For some SA3s, expenditure was allocated to a geographical area that is larger than some states (ABS 2018c). For instance, the SA3 of Daly–Tiwi–West Arnhem includes the three major towns of Wadeye, Batchelor and Jabiru and many other smaller communities (figure 2.6). In total, this unit covers 112 295 square kilometres (an area larger than Tasmania) and a total population of about 18 000 (ABS 2018c). For expenditures recorded as being directed to this broad area, it is not possible to determine which specific towns or communities are receiving funding.

Moreover, the geographic units used to report location varied by department, as well as within single departments. In total, more than 15 different geographic units were used to report where money was being spent (box 2.4).

**Figure 2.6 Large geographic units cover multiple towns**

Daly–Tiwi–West Arnhem (Statistical Area Level 3)



Source: ABS (Australian Statistical Geography Standard, Australia, July 2016, vol. 1, Cat. no 270.0.55.001).

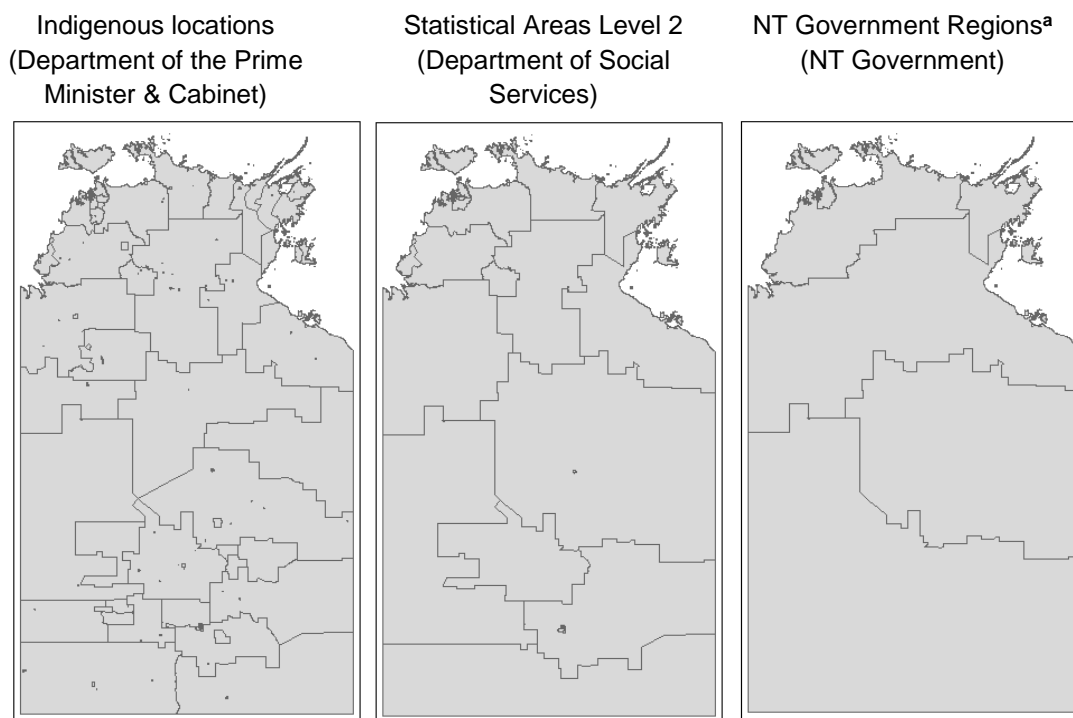
#### **Box 2.4 Departments use many different geographic units**

Departments used more than 15 different geographic units to report where money was being spent. These included:

- street addresses and/or postcodes
- suburbs or cities
- various ABS Australian Statistical Geography Standard units, including:
  - statistical areas, at various levels and from different years
  - Indigenous Location (187 in the Northern Territory)
  - some obsolete Australian Bureau of Statistics geographical units (from the Australian Standard Geographical Classification, which was retired in 2011)
- communities (42 in total)
- Local Government Areas (17 in total)
- Northern Territory Government Regions (6 in total)
- the Northern Territory or the whole of Australia.

Figure 2.7 depicts the differences in some of the geographical units used. Amongst other geographical classifications, the Department of the Prime Minister and Cabinet used Indigenous locations (187 in the Northern Territory), the Department of Social Services used a range of units (including Local Government Areas and multiple Statistical Areas Levels, — the most commonly used was Statistical Areas Level 2 (61 in the Northern Territory)), and the NT Government used NT Government Regions (six in the Northern Territory).

**Figure 2.7 Geographic regions vary significantly**



<sup>a</sup> The Commission used Statistical Areas Level 3 (SA3s) to map Northern Territory Government Regions. The Commission understands that the boundaries of NT Government Regions and SA3s broadly align.

Sources: ABS (Australian Statistical Geography Standard, Australia, July 2016, vol. 1, Cat. no. 1270.0.55.001, vol. 2, Cat. no. 1270.0.55.002).

Together, these factors mean that it is not possible to accurately track where money was spent in the Northern Territory. This is a barrier to government departments understanding where money is being spent and making informed and coordinated funding decisions for individual towns or communities.

#### FINDING 2.2

It is not possible to accurately track where money is being spent on children and family services in the Northern Territory. This is because:

- the location where money is being spent is not reported in a manner that is consistent between different government departments, with more than 15 different types of geographical units used to report location data
- in some cases, record-keeping about location is not sufficiently granular to allow expenditure items to be linked to specific towns or communities.

This is a barrier to understanding where money is being spent and to governments making informed and coordinated funding decisions for individual towns or communities.

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## 2.4 A closer look at grant funding

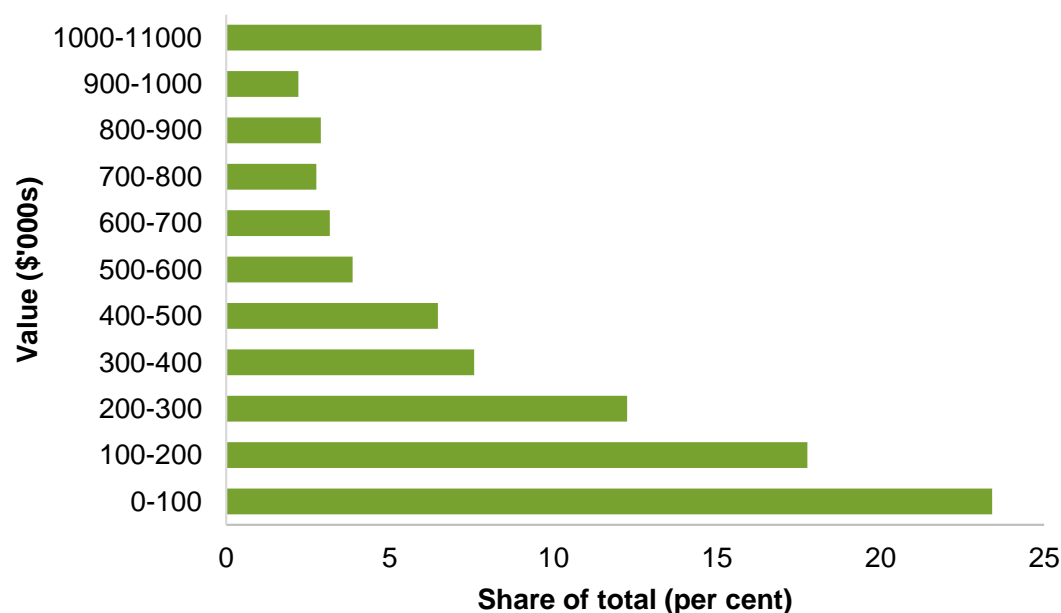
About two thirds of expenditure from both levels of government (about \$360 million) is allocated through grant programs. The Commission found that grants for children and family services in the Northern Territory tend to be small (about a quarter of all grant payments in 2018-19 were less than \$100 000) and given for short terms (the median term was 2–4 years, and 43 per cent of grants were given for terms of less than 2 years). This can mean that service providers have to cobble together multiple short-term grants to fund their operations, which can create significant funding uncertainty (chapter 8).

### How large are grants?

Across the board, the median value of grant payments made in 2018-19 was about \$225 000. Overall, about a quarter of all grants are small, with grant payments of less than \$100 000 in 2018-19 (figure 2.8). Most small grants fund: services for migrants; homelessness and housing; sport, recreation, culture and wellbeing; and crime, justice and legal services.

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Figure 2.8 **A quarter of grants are small<sup>a</sup>**  
Payments during the financial year 2018-19



<sup>a</sup> Figures may not sum to 100 per cent due to rounding.

Source: Productivity Commission estimates based on departmental data.

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## What types of organisations receive grants?

More than 500 organisations and individuals received funding to provide children and family services in the Northern Territory in 2018-19. Grant funding goes to a mix of different types of organisations (table 2.2), including:

- Aboriginal and Torres Strait Islander organisations
- faith-based organisations
- secular non-government organisations
- Commonwealth, State or Territory government entities<sup>2</sup>
- local government entities.

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**Table 2.2      Types of organisations that received grants**  
For the financial year 2018-19

<i>Organisation type</i>	<i>Total funding</i>	<i>Number of grants</i>	<i>Number of organisations</i>	<i>Median value of grants</i>
Aboriginal and Torres Strait Islander	\$95 million	251	103	\$200 000
Faith-based	\$51 million	129	37	\$234 989
Secular non-government	\$142 million	632	320	\$33 525
Commonwealth, State or Territory government entities	\$18 million	31	19	\$207 572
Local government entities	\$56 million	140	67	\$188 619

*Source:* Productivity Commission estimates based on departmental data.

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### Some departments tend to fund particular types of organisations

There were differences in the types of organisations that different departments chose to fund (table 2.3). For example, the Department of the Prime Minister and Cabinet spent 47 per cent of its funding on Aboriginal and Torres Strait Islander organisations, and 18 per cent on secular organisations — many of which operate on a (relatively) local scale. By contrast, most organisations receiving funding from the Department of Social Services were non-Indigenous, often with a national or international presence.

This likely reflects the difference in objectives of their funding programs — the Indigenous Advancement Strategy funds community-led initiatives and aims to empower Aboriginal and Torres Strait Islander peoples (chapter 4), whereas the Department of Social Services' funding is directed towards providers that are able to deliver predetermined evidence-based programs (DSS 2017, pp. 24–25).

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<sup>2</sup> Includes the NT Government, as well as entities owned by governments (including neighbouring State Governments).

**Table 2.3 Departments fund different types of organisations<sup>a</sup>**

Percentage of total grant expenditure

<i>Organisation type</i>	<i>PM&amp;C</i>	<i>DSS</i>	<i>Territory Families</i>
Aboriginal and Torres Strait Islander	47%	2%	9%
Faith-based	7%	18%	15%
Secular non-government	18%	62%	74%
Commonwealth, State or Territory government entities	3%	1%	1%
Local government entities	25%	17%	2%

<sup>a</sup> Figures may not sum to 100 per cent due to rounding.

Source: Productivity Commission estimates based on departmental data.

## Many organisations receive multiple grants

The Commission found many instances of organisations receiving multiple grants, often from the same government department (table 2.4). For example, in 2018-19:

- Anglicare NT received about \$20 million from 46 grants from the Departments of the Prime Minister and Cabinet; Social Services; Local Government, Housing and Community Development; Health (NT); and Territory Families (box 2.5)
- Tangentyere Council received \$10 million from 24 grants from the Departments of the Prime Minister and Cabinet; Social Services; Local Government, Housing and Community Development; Health (NT); and Territory Families
- North Australian Aboriginal Justice Agency received funding from 12 different grants (valuing about \$7 million) for the provision of legal services (box 2.5).

Many organisations appear to be cobbling together grant funding to fund various aspects of their activities. This is an inefficient method of funding, and is a source of unnecessary red tape for organisations.

**Table 2.4 Many organisations receive multiple grants**

<i>Number of grants</i>	<i>Number of organisations</i>
1 grant	364
2–5 grants	158
6–10 grants	21
11–20 grants	11
20+ grants	3
<b>Total number of organisations</b>	<b>557</b>

Source: Productivity Commission estimates based on departmental data.

## Box 2.5 Organisations that receive multiple grants

### *Anglicare NT*

Anglicare NT received over 46 grants worth about \$20 million from 5 different departments. It also receives grants from other departments, which were not in scope for the stocktake, as well as other funding which includes donations from individuals and businesses (Anglicare NT 2018, pp. 40, 43).

Anglicare received grants to cover many types of services, including:

- early childhood (playgroups, communities for children)
- family support (family relationships and dispute resolution, child and family centres)
- housing and homelessness (including family accommodation, youth accommodation and homelessness, independent living support for young people)
- crime, legal and justice (diversion services, case management)
- out-of-home care (transitional housing)
- mental health services.

### *North Australian Aboriginal Justice Agency*

The North Australian Aboriginal Justice Agency (NAAJA) received 12 grants worth about \$7 million. 11 of these grants were from the Department of the Prime Minister and Cabinet, under the Indigenous Advancement Strategy and one grant was from Territory Families. NAAJA also receives a range of grants from other agencies (including the Attorney-General's Department) for services that were not in scope for the stocktake. As shown in the table below, all of NAAJA's grants were for legal services. It would be more efficient if these grant applications were streamlined into a single legal services grant application, which takes all of their services into account. This could save time for both the organisation (to write the applications) and the funder (to review applications).

<i>Grant purpose</i>	<i>Location</i>
<b>Territory Families</b>	
Kunga Stopping Violence on Social Media	Central Australia
<b>Department of the Prime Minister and Cabinet</b>	
Kunga Stopping Violence Program	Central Australia
Supplementary Legal Assistance	National Office
Supplementary Legal Assistance	Central Australia
NAAJA Indigenous Prisoner Through Care and Indigenous Youth Justice Services	National Office
Indigenous Youth Through Care	National Office
Adult Prisoner Through Care Co-design and Implementation	National Office
Adult Prison Through Care Central Australia	Central Australia
Youth Justice Advocacy Coordinator	Central Australia
Custody Notification Service	Top End & Tiwi Islands
Community Night Patrol Legal Training and Support Services	Top End & Tiwi Islands
National Indigenous Legal Conference	Top End & Tiwi Islands

Sources: Anglicare NT (2018), Productivity Commission estimates based on departmental data.

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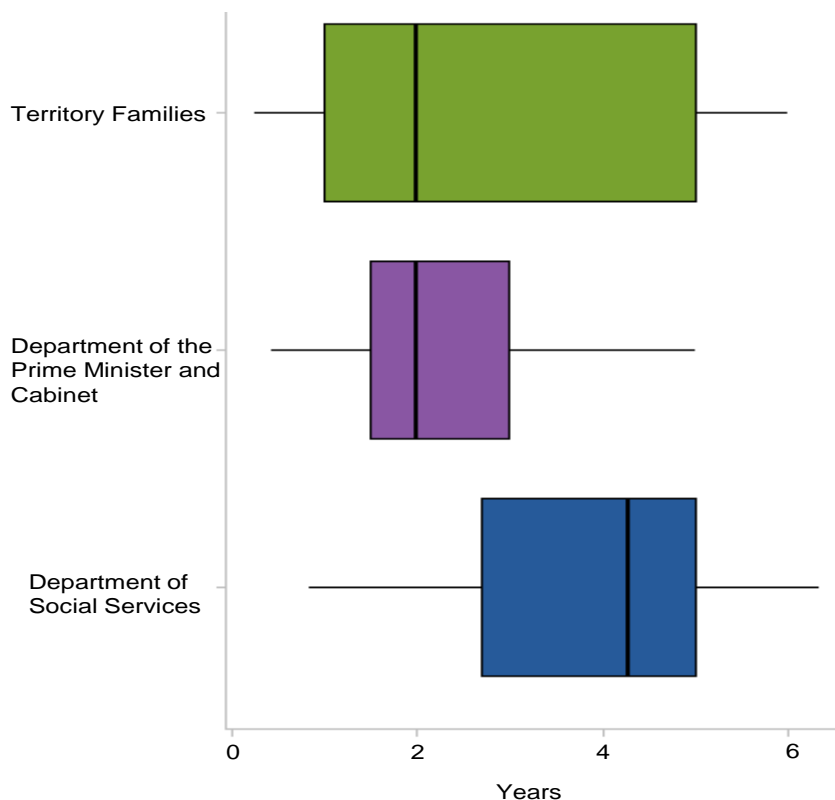
## Grants are predominantly short term

Grant duration plays a pivotal role in determining the success and sustainability of a not-for-profit organisation. Not-for-profit organisations typically rely on grant funding to cover the cost of operations. As these organisations near the end of their grant term, they face uncertainty about future funding and the viability of planned activities. Organisations that receive very short grant terms (one to three years) face greater uncertainty and must devote greater resources to securing future funding. By contrast, organisations with longer grant terms (five to ten years) are more likely to be able to invest and grow (chapter 8).

The majority of grants (97 per cent) were given for a period of less than five years (figure 2.9). In particular, 43 per cent of grants had very short terms (less than two years), 53 per cent of grants had medium terms (two to five years) and the remainder of grants had long terms (five to ten years). For the three most prominent funders, median grant terms ranged between two years (for Territory Families and the Department of the Prime Minister and Cabinet) and about four years (for the Department of Social Services) (figure 2.9).

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Figure 2.9    **Grant terms vary considerably but are typically short<sup>a</sup>**



<sup>a</sup> The edges of the boxes represent grant terms between the 25th and 75th percentiles. The 'whiskers' extending out from the boxes show the values for the 5th and 95th percentiles.

Source: Productivity Commission estimates based on departmental data.

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That said, departmental data may not fully capture what is happening on the ground.

- Departmental data only covers grant payments made by departments to grant recipients, and does not cover payments made pursuant to subcontracting arrangements. This is the case when services are delivered through facilitating partner arrangements (box 2.6).
- In some cases, grants are renewed — and there may be an understanding between the department and the grant recipient that a grant will be renewed at the end of its term. Departments were unable to provide the Commission with information about which grants were ‘one-off’ and which were expected to be renewed or had been renewed.

### **Box 2.6      Facilitating partners**

Facilitating partners receive lump-sum funding from departments and subcontract organisations to deliver services on their own grant terms. There are two programs that use facilitating partners:

- Communities for Children (Department of Social Services), which has four sites in the Northern Territory
- Stronger Communities for Children (Department of the Prime Minister and Cabinet), which has five sites in the Northern Territory

Departmental data only captures funds paid by departments to facilitating partners — as well as the terms of that funding. For example, the data shows that the Department of Prime Minister and Cabinet spent approximately \$2.9 million on Stronger Communities for Children in the Northern Territory in 2018-19, with grant contracts lasting one to two years. Similarly, the data shows that the Department of Social Services spent approximately \$4.2 million on its Communities for Children program in the Northern Territory in 2018–19, with a grant term of five to six years. The data does not capture contractual arrangements between the facilitating partner and other organisations, including the time period for which those other organisations are contracted (and hence funded).

For example, Anglicare NT is one of the facilitating partner organisations for Communities for Children and received about \$1 million in 2018-19 to redistribute amongst community partners in Alice Springs. These community partners include: Akeyulerre, Families and Schools Together NT, Lutheran Community Care, Multicultural Community Services Central Australia and Relationships Australia through various contractual arrangements (Anglicare NT 2019a, p. i).

A review of the Communities for Children program found that, prior to reforms made in 2014:

Facilitating Partners [provided] very short term contracts (sometimes one year), which impacted on Community Partner’s ability to plan and undertake services. (ACIL Allen Consulting 2016, p. 53)

But, after the reforms, only 23 per cent of community partners said that they were receiving longer contract terms, with 17 per cent responding that contract terms were shorter than before (ACIL Allen Consulting 2016, p. 55).

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#### FINDING 2.3

Grants for children and family services in the Northern Territory tend to be small and given for short terms. In 2018-19:

- the median grant payment was about \$225 000, with about a quarter of payments less than \$100 000
- 43 per cent of grants had terms of less than two years, and almost all grants (97 per cent) had terms of less than five years.

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## 3 Linking expenditure to services

### Key points

- Both the Commonwealth and Northern Territory Governments fund children and family services covering a wide range of areas, and in many cases are operating in the same field.
  - Areas of significant overlap in expenditure effort include: services for addressing domestic, family and sexual violence; crime, justice and legal services; community development services; sport, recreation, culture and wellbeing services; and early childhood services.
  - Significant funds are directed not only at the provision of statutory services, but also at preventative and early intervention services. That said, it is not possible to determine whether the allocation of funds to different service areas is the ‘right’ amount or results in the ‘optimal’ mix of services for a public health approach to keeping children safe and well.
- Current record-keeping processes do not adequately capture information about what services are being funded or where they are being delivered. This is a hindrance to decision makers fully understanding the service landscape and to making fully-informed funding decisions.
  - Record-keeping about the types of services funded varies between departments, which is a barrier to tracking *what* services are provided across the board.
  - It is currently not possible to ascertain, from expenditure records, *where* services are provided and what services are available in a specific community. Even within those communities, local knowledge about service availability is incomplete.
- The Commission undertook case studies of four communities — Yuendumu, Wurrumiyanga, Tennant Creek and Alice Springs — to assess how accurately departmental data reflects the services that are available on the ground. Overall, government data about what services are available appears to be more accurate for larger towns than for smaller communities — for smaller communities, the data tends to imply that there is a larger number of services than what is available in practice.
- Study participants highlighted several areas where gaps in services were a problem, particularly in the areas of mental health supports for young people; parenting programs; access to safe houses; and youth justice services, including the provision of legal assistance, supported bail accommodation, rehabilitation and therapeutic programs. But the available data does not allow those gaps to be verified.

In the Northern Territory, significant funds (about \$538 million in 2018-19, chapter 2) are allocated to the provision of children and family services relevant to the prevention of harm to children. Broadly speaking, the expenditure landscape comprises three key players: governments; service providers; and families and children. These players are connected in two key ways:

- through funding — which links government agencies and service providers

- 
- through service provision — which links service providers to families and children.

Together, chapters 2 and 3 explore the evidence base for the current expenditure and service landscape, with a view to understanding what information decision makers have available to them when they make funding decisions. The focus of chapter 2 was on the *funding*, including how much is spent, where and by whom. This chapter looks at that expenditure from the perspective of *services* — what services are provided with that funding.

This chapter considers what information can be gleaned from existing government data and whether this accurately reflects the on-the-ground experience. Section 3.1 examines the extent to which expenditure data reflects what services are being provided. Section 3.2 considers evidence about service availability from the perspective of the communities that receive those services. Section 3.3 considers the question of gaps and overlaps in services.

Record-keeping by government departments tends to centre on expenditures (how much is being spent, who receives the funding and through what mechanism) rather than services (what is being provided and to whom). In their current form, expenditure records do not adequately capture information about what services are provided. This is a hindrance to the ability of decision makers to fully understand the service landscape or to understand where there are gaps, overlaps or duplication in service provision.

Better record-keeping in relation to where and what services are provided is needed to facilitate tracking of how expenditures translate into services on the ground and to enable more coordinated decision making. Strategies for how governments can improve record-keeping about expenditure and services are discussed in chapter 7.

### **3.1 Does expenditure data capture what services are being provided?**

As a whole, the expenditure data (described in chapter 2) contained incomplete information about what services were being funded and the way in which that information was reported varied considerably. For some departments, the expenditure data included a description of the service provided. In other cases, the nature of the service provided could only be inferred, using other information, such as the program it was funded under, the activity that was funded, or the intended outputs of the expenditure (box 3.1). And, in some instances, information about services was altogether absent.

The systems used for recording expenditure data do not facilitate insight into what services were being funded, or exactly where these services are being delivered. Specifically, these record-keeping processes make it difficult to ascertain whether two or more departments are providing grants for services that were similar in substance, even if funded under different grant programs.

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### Box 3.1      **What information about services is available?**

The Commission received data from multiple government departments about their expenditures on children and family services. The way in which information was recorded about the nature of services provided varied between different departments. Overall, these differences made it difficult to compare the types of services that were being funded by each department.

The Department of the Prime Minister and Cabinet reported four variables that shed light on the nature of the service provided. For example, the entry for a grant provided pursuant to the Remote School Attendance Strategy included the following information:

**Program:** 2.2 – Children and Schooling

**Sub Program:** Remote School Attendance Strategy

**Activity Title:** RSAS – [various locations]

**Long Description:** The Remote School Attendance Strategy (RSAS) project (the project) is a community-focused strategy that brings together families, schools, locally employed staff and community members to design and deliver the best local solutions to improve school attendance and engagement in remote communities.

Similarly, Territory Families included information about services provided in the form of free text. For instance, a grant given as part of the department's youth justice function had the following descriptors:

**Service Plan Name:** Intensive Youth Support Service

**Service Description:** The Intensive Youth Support Service (IYSS) is a responsive and flexible service that provides intensive support services for vulnerable, high risk, young people (10-17 years) ... Support is available for a period of six months with additional support for up to 12 months. The service helps young people to develop a healthy sense of self-esteem and resilience that will be self-sustaining throughout their life journey and reduce their risk of re-entering the child protection system

**Output:** Youth Justice

**Division:** Youth Justice

**Business Unit:** Youth Justice Programs

By contrast, data provided by the Department of Social Services included only two fields about the types of services provided. For example, a grant made as part of the Family and Children activity under the Family and Communities Program contained the following information:

**Program:** DSS Output 2.1 Families and Communities

**Program Formal External Name (Activity):** Family and Relationship Services

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#### FINDING 3.1

Record-keeping about what types of services are being funded and delivered is not standardised between and within departments. This is a barrier to tracking what services are being provided across all government departments.

To address the inconsistencies in reporting about what services have been funded, the Commission created 14 broad service categories that cover the breadth and mix of children and family services that are provided across the Northern Territory (table 3.1).

**Table 3.1 Service categories<sup>a</sup>**

<i>Category</i>	<i>Description</i>
Child protection	Includes expenditure on statutory child protection services (including out-of-home care), as well as ancillary services for those transitioning in or out of the child protection system.
Community development	Services for the development of the community, including volunteering and leadership programs, awareness-raising, building community resilience.
Crime, justice and legal	Includes services such as family law counselling, youth justice services, night patrols, crime prevention programs.
Domestic, family, sexual violence	Includes safe houses and refuges, counselling services, victim support services.
Early childhood	Services for the attainment of better early childhood outcomes, including child care and early education.
Education	Services relating to education, including improving school attendance and academic outcomes.
Employment	Includes job placement services, skills and training services.
Family support	Family support services including counselling, intensive support services, family dispute resolution.
Health and nutrition	Includes health services, disease treatment and prevention, nutrition programs.
Homelessness and housing	Services for families and children experiencing or at risk of homelessness, including accommodation, support services, counselling, case management.
Mental health and substance misuse	Services aimed at improving or safeguarding mental health, services for addressing substance abuse issues.
Migrant services	Services for new immigrants to Australia.
Remote services	Services that directly address issues related to remoteness.
Sport, recreation, culture and wellbeing	Includes expenditure for sports and recreation groups, cultural events, services to improve general wellbeing.

<sup>a</sup> Categories based on those used for reporting Commonwealth Government grant awards in the GrantConnect database (Australian Government 2019), with modifications to reflect the range of children and family services that are in scope for this study.

The data shows that a wide range of service types are funded by both levels of government, and many types of services are funded by both governments (table 3.2). Some types of services are funded exclusively through grants, but most are funded through a mix of grant and non-grant expenditure.

**Table 3.2 Expenditure by service type**

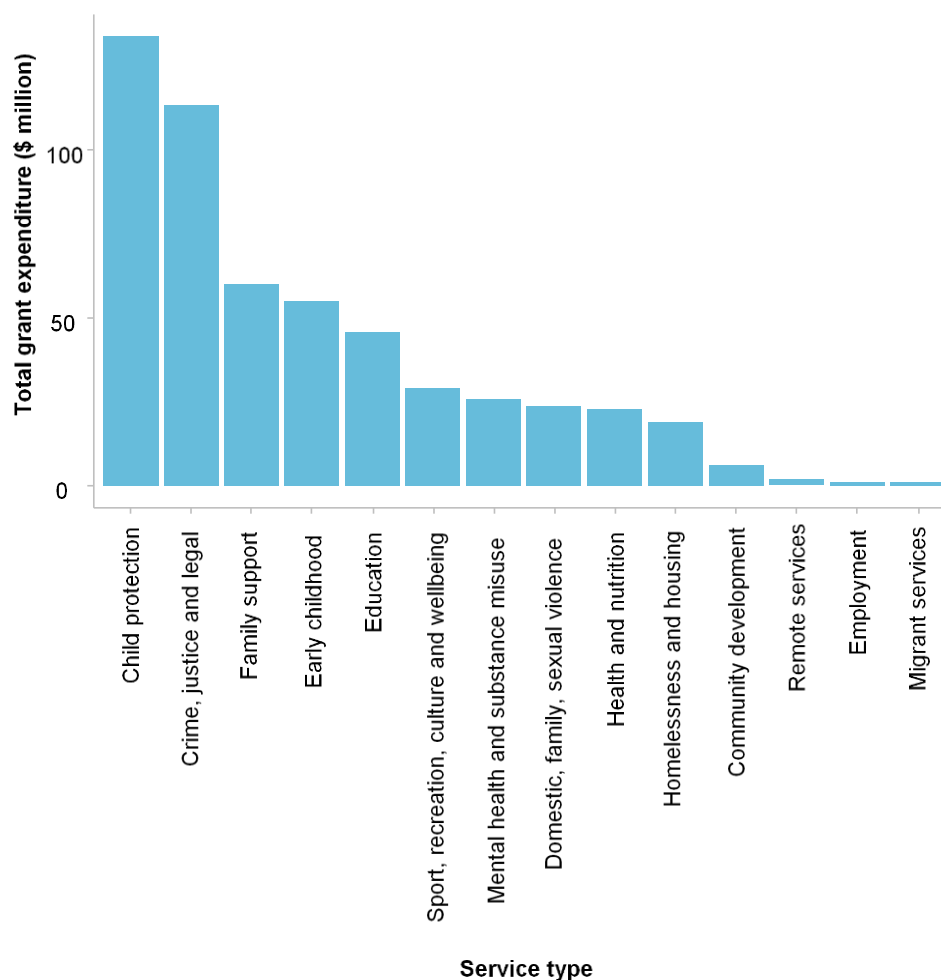
<i>Service type</i>	<b>Number of grants</b>			<b>Value (\$m)</b>		
	<i>Cth</i>	<i>NT</i>	<i>Total</i>	<i>Grant</i>	<i>Non-grant</i>	<i>Total</i>
Child protection	-	142	142	62.0	72.1	134.1
Community development	13	61	74	2.9	3.2	6.2
Crime, justice and legal	51	28	79	56.6	56.9	113.4
Domestic, family, sexual violence	17	55	72	15.8	7.8	23.6
Early childhood	104	32	136	53.8	1.0	54.8
Education	54	27	81	34.2	11.6	45.8
Employment	5	4	9	0.9	-	0.9
Family support	42	33	75	36.1	24.2	60.3
Health and nutrition	66	3	69	21.9	1.0	22.9
Homelessness and housing	6	32	38	18.7	-	18.7
Mental health and substance misuse	36	50	86	26.1	-	26.1
Migrant services	6	3	9	0.8	-	0.8
Remote services	1	-	1	1.8	-	1.8
Sport, recreation, culture and wellbeing	67	242	309	28.9	-	28.9

*Source:* Productivity Commission estimates based on departmental data.

Child protection and crime, justice and legal services tend to receive greater funding overall (figure 3.1). Although the mix of services is influenced by the scope of our stocktake, it appears that significant funds are directed not only at the provision of statutory child protection services, but also at preventative and early intervention services. That said, it is unclear whether this allocation of funds to the different service areas has achieved an ‘optimal’ mix of services for a public health approach to keeping children safe and well (chapter 1). It is also not possible for the Commission to comment on the optimal amount of funding — indeed, SNAICC (sub. DR45, p. 3) noted that it is very difficult to determine whether the current amount of expenditure is at the level required to address the complex needs experienced by vulnerable families in the Northern Territory.

Moreover, most programs and services were targeted directly at children — and these programs and services also received the greatest share of the total value of expenditure (table 3.3). This was followed by the total value of expenditure allocated to services targeting parents and families, and then services targeting communities. For the most part, this reflects the way in which the scope of the stocktake was drawn — with the bulk of expenditures targeting children directly falling within scope, and only a portion of expenditures targeting parents and families, and communities, being considered relevant.

**Figure 3.1 Significant funds are directed to preventative, early intervention and statutory services**



Source: Productivity Commission estimates based on departmental data.

**Table 3.3 Expenditure by target group<sup>a</sup>**

Target group	Grants		Non-grants
	Number	Value (\$m)	Value (\$m)
Children	689	210.0	131.0
Parents and families	270	90.0	43.6
Communities	292	60.2	3.2

<sup>a</sup> Expenditure items were categorised according to whether the expenditure was for the provision of services directly to children (such as playgroups and child counselling services), to the family unit or members of the child's family unit (such as adult drug and alcohol programs), or the community more widely (such as awareness programs).

Source: Productivity Commission estimates based on departmental data.



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### 3.2 Does the data reflect what is happening on the ground?

The Commission also examined the extent to which record-keeping by government departments adequately reflected what is happening on the ground. This is important because the accuracy of departmental data directly affects their ability to identify service needs, gaps and duplication, and to make coordinated and informed decisions about funding in specific communities. As such, the Commission undertook case studies of four communities, and compared the information that was made available by government departments.

Overall, the Commission found that it was often not possible to identify, from the data, whether a particular service was provided in a specific location. This was because (as discussed in section 2.3), in many instances, the location where services were provided were reported using geographical units that were larger than individual communities or towns. As an example, in the data provided by Territory Families services were recorded by NT Government Regions (of which there were six in total). Each of these regions covered multiple communities — for instance, the region ‘Central Australia’ included: Alice Springs, Atitjere, Hermannsburg, Kaltukatjara, Mutitjulu — Uluru, Papunya, Santa Teresa, Tanami, Walungurru, Willowra and Yuendumu.

This means that, using the data, it is only possible to identify what services *may* have been provided in particular towns or communities. In other words, for a given location, there is likely to be a non-negligible number of ‘false positives’ — that is, departmental records indicate that a particular service is being provided in that location, but in fact it is not. For this reason, care must be taken in interpreting departmental data. As Anglicare NT said:

A deeper analysis of service delivery presence may show that only a small percentage of these agencies actually spend money in that community or have a regular presence on the ground ... before planners identify ‘duplication’ or multiplicity of providers. (sub. 8, p. 2)

In general, expenditure records are better at reflecting what services are available in larger towns or communities — such as Alice Springs and Tennant Creek. But, for smaller communities, such as Yuendumu and Wurrumiyanga, expenditure data tends to vastly overstate what services are available to those living there. This is reflected in the Commission’s case studies for these four communities, discussed below.

#### Yuendumu

Yuendumu is a town in central Australia, about 300 kilometres northwest of Alice Springs. It is home to about 750 people, and the community is largely made up of the Warlpiri and Anmatyerre people.

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Using data from government departments, the Commission identified about 60 government-funded services that *may* have been provided in Yuendumu. These covered a range of different children and family services, including:

- 14 family support services
- ten services relating to mental health or substance misuse
- ten services relating to homelessness and housing
- six education services
- six crime, justice or legal services.

In practice, however, when the Commission visited Yuendumu, service providers and community groups said that only a small number (17) of those services were actually present or visible in the community (case study: Yuendumu, appendix B, table B.1). The size of this disparity is, in part, due to the imprecision of the location data that was provided to the Commission. In particular, many of the services identified through the stocktake data were not based in Yuendumu at all, but rather Alice Springs — for example, funding to Alice Springs Women’s Shelter and to Tangentyere Council Aboriginal Corporation. But it is also possible that some services that were said to be funded in Yuendumu were not sufficiently visible — or not, in fact, available — to those living there.

Moreover, the Commission identified several instances where income from land use agreements (‘royalties’) was used to fund children and family services (additional to the 17 government-funded services in Yuendumu) (box 3.2; case study: Yuendumu, appendix B). Although the stocktake for this study does not include expenditure from royalty revenue, in some regions of the Northern Territory, royalties are used to fund children and family services. This adds to the complexity of the service funding landscape and increases the need for coordination between relevant funders.

## **Wurrumiyanga**

The Tiwi Islands, 80 kilometres north of Darwin, are composed of two main islands: Bathurst Island and Melville Island. Wurrumiyanga is located on Bathurst Island and has a population of about 2000 people (Tiwi Islands Regional Council 2019). Typically, community members access services on the island that they live on. Travel between the two islands is possible, but requires some effort. From Bathurst Island (which contains the town of Wurrumiyanga), there is an inter-island ferry to Melville Island (which is home to the towns of Pirlangimpi and Milikapiti). There are also connections to the mainland, with a freight barge from Wurrumiyanga to Darwin twice a week, and daily flights to Darwin (Tiwi Islands Regional Council 2019).

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### Box 3.2      **Royalty funding in Yuendumu**

The Walpiri Education and Training Trust (WETT) uses royalties from the mine to improve education and training outcomes for Yapa (Warlpiri people) in the Tanami region (WETT 2018).

In Yuendumu, WETT royalties funded:

- support for training and development for Yapa (Warlpiri) staff throughout the four communities to manage the early childhood services and ensure strong local decision making.
- the Country Visit and Elder Payment Program, which enables schools to take students on bush trips, organise culture days and pay elders to teach on country and in the classroom
- school vehicles to support trips for school students
- the Jaru Pirrjirdi (strong voices) leadership program
- interstate excursions for students, providing an opportunity for students to broaden their horizons, represent their community, build confidence, visit boarding schools and enjoy a range of fun and educational activities.
- supports for secondary students living and learning outside the four communities — including family visits to students at boarding schools to prevent homesickness and celebrate achievements, excursions, sport, music, laptops and more.

Another source of funding for services in Yuendumu is royalties from the Granites Mine Affected Area Aboriginal Corporation. These royalties funded the provision of, among other things:

- after school and holiday programs
- sports programs, activities and equipment
- the National Disability Insurance Scheme coordinator and vehicle loan.

The Commission found that departmental data broadly did not reflect services on the ground in Wurrumiyanga. The Commission identified about 26 government-funded child and family services from departmental data that *may* have been provided in Wurrumiyanga. These include:

- nine family support services
- four education services
- three crime, justice or legal services
- three early childhood services.

However, when the Commission visited Wurrumiyanga, it appeared that only a small number (less than ten) of these child and family services were visible to other service providers or available on the ground. Departmental data only allocated four services to Wurrumiyanga specifically. Other candidate services were allocated to larger areas containing Wurrumiyanga — these areas included Bathurst Island, the Tiwi Islands, the Top End, or the Daly–Tiwi–West Arnhem area. For example, according to stocktake data, the Red Cross was funded to deliver the Communities for Children program to the Daly–Tiwi–West Arnhem region — but in practice only delivers that program in the Tiwi Islands (including Wurrumiyanga) and Palmerston (Kathy Bannister, sub. 29).

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While the Communities for Children model provides opportunities for coordination and collaboration between services, it also creates an additional layer of complexity to the funding landscape in the Tiwi Islands. For example, the Red Cross subcontracts organisations such as FAST NT, Relationships Australia and the Menzies School of Research to provide services in the Tiwi Islands, in addition to offering its own services in the Tiwi Islands (Kathy Bannister, sub. 29, att. B).

Non-government funded services add further complexity to the picture. For example, the Cathy Freeman Foundation delivers its Starting Block program in Wurrumiyanga. The Starting Block program donates resources to schools to help them measure student success. The program also funds award ceremonies to recognise and encourage academic progress, good behaviour and regular attendance (Cathy Freeman Foundation 2019).

There is also a large number of boards and committees (about 30) in Wurrumiyanga, which coordinate services and organisations on the ground. There are boards relating to:

- children — for example, the Child Safety Committee, the Children and Schooling Stakeholders Group and the Communities for Children committee
- families — such as Ponki Mediators, Wangatunga Strong Women and Ngarrawanajarri Keeping House Men's Group
- communities — for instance, the Local Authority, the Bathurst Island Housing Association Board and Community Safety Meeting.

For the most part, these boards and committees are not captured by the departmental data because they are not funded by government to provide services. Overall, the Commission found that local government staff and service providers had a reasonably good understanding of what services, organisations and boards operated within the community of Wurrumiyanga.

## **Tennant Creek**

Tennant Creek is the seventh largest town in the Northern Territory, and the largest town in the Barkly region. It has a population of 3 000, of which over 50 per cent are Aboriginal or Torres Strait Islander people. Tennant Creek is located approximately 1 000 kilometres south of Darwin, and 500 kilometres north of Alice Springs.

In Tennant Creek, the Commission found that departmental data broadly reflected what services were available. From the stocktake, the Commission identified 51 services that *may* have been provided in Tennant Creek. In addition to child protection services, these included:

- ten family support services
- nine sports, recreation, culture and wellbeing services
- five early childhood services
- five education services
- five services relating to mental health or substance misuse.

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Of these, the majority were evident on the ground. This is because most services allocated to the Barkly region were delivered in the region's only major town — Tennant Creek. In addition to the services provided in Tennant Creek, some Aboriginal Community Controlled Organisations and NT Government agencies delivered drive-in, drive-out services to small towns and outstations in the region including Elliot, Ali Curung and Borroloola. There were a few funded services in Tennant Creek that were not available in practice because a small number of service providers did not deliver particular services, despite being funded to do so. Government representatives in Tennant Creek were aware of this, but were unsure whether they had the authority to enforce the service contract.

The Commission found that organisations were broadly aware of the *types* of services that other organisations provide. However, they did not know specifically *which* services other organisations were funded to provide. This was partly due to opaque funding information, organisations' reluctance to share information, and competition between organisations for grants. There were some formal committees (such as Connected Beginnings) that coordinated service delivery in Tennant Creek, as well as other informal connections between organisations such as partnerships, regular contact and staff movement between organisations. The Barkly Regional Deal Governance Table, a community governance group, was created to build on the strong community connections in Tennant Creek (box 1.6).

## Alice Springs

Alice Springs is the largest town in the Northern Territory outside the Greater Darwin area, with a permanent population of about 30 000 — of whom about 20 per cent are Aboriginal and Torres Strait Islander people. It also has a large itinerant population, made up of tourists, workers on short-term contracts and Aboriginal Australians visiting from nearby communities.

In total, the Commission identified over 250 services in the stocktake data that may have been provided in Alice Springs. These spanned across all categories of services outlined in table 3.1, with the exception of remoteness services. Given the sheer number of services in this list, it was not possible to independently verify whether each individual service was, in fact, available on the ground. Nor was it practical to identify whether there were other services available (such as those provided through other funding sources), which were not captured by the expenditure data.

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That said, the number of services identified in the stocktake as available in Alice Springs broadly aligns with scale of expenditure and range of services that were identified by participants. For example, Child Friendly Alice identified Alice Springs as an area where there are ‘many providers’ and ‘significant investment’ (sub. 16, p. 6), and identified a range of services (government and non-government funded) in Alice Springs (sub. 16, pp. 1–2). Moreover, for most services listed in the stocktake, the Commission was able to verify their presence in Alice Springs through information provided by participants (such as Child Friendly Alice) or publicly available information (such as the grant recipient’s website).

Overall, government expenditure data appears to be capable of reflecting, with reasonable accuracy, what services are available in the larger towns of the Northern Territory. This is simply because most expenditures are directed to, and most services are provided in, those larger towns — meaning that there are likely to be fewer ‘false positives’, where departmental records indicate that a service is being provided in that location, but in fact it is not.

### **3.3 Is there evidence of gaps and overlaps?**

#### **Clear evidence of overlaps in the types of services governments fund**

Overall, the Commission found that there is significant overlap in the children and family services that are being funded by different levels of government and departments of government. In other words, at an aggregate level, the Commonwealth and NT Governments are often operating ‘in the same field’. As shown in table 3.2, most types of services were funded by both the Commonwealth and NT Governments. For example, both levels of government provided funding for services aimed at addressing domestic, family and sexual violence (table 3.4). Notably, both levels of government funded the operation of safe houses and shelters, as well as support services for victims.

Other areas where there were significant overlaps were:

- crime, justice and legal services — both levels of government funded youth diversion services, and community education and outreach services
- community development services — multiple departments funded services or events to promote inclusion, leadership and community resilience
- sport, recreation, culture and wellbeing services — both levels of government provided funds to support sporting activities, sport and recreation programs (including out of school hours and holiday programs), as well as cultural events and workshops.
- early childhood services for children between the ages of zero to five years old — both levels of government funded similar services such as playgroups and early learning support programs (box 3.3).

**Table 3.4 Grants for domestic, family and sexual violence**

<i>Grant recipient</i>	<i>Purpose of grant</i>
<b>Department of the Prime Minister and Cabinet</b>	
Aboriginal Resource and Development Services Aboriginal Corporation	<ul style="list-style-type: none"> <li>• Violence Reduction and Victim Support Project — for developing Yolngu-initiated solutions to family violence</li> </ul>
Anyinginyi Health Aboriginal Corporation	<ul style="list-style-type: none"> <li>• Violence Reduction and Victim Support Project — provides individuals and families with support through internal Anyinginyi Service and referrals to external specialist services</li> </ul>
Ironbark Aboriginal Corporation	<ul style="list-style-type: none"> <li>• Violence Reduction and Victim Support Project — provides intensive case management and works with vulnerable Aboriginal or Torres Strait Islander clients and families residing in the Darwin and Palmerston area, who are dealing with family violence and have multiple complex needs</li> </ul>
Mabunji Aboriginal Resource Indigenous Corporation	<ul style="list-style-type: none"> <li>• Borroloola Safe House (two grants)</li> </ul>
Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council	<ul style="list-style-type: none"> <li>• A domestic and family violence service to improve individual and community capacity to address domestic and family violence, with specific aims of increasing awareness</li> </ul>
<b>Department of Social Services</b>	
Alice Springs Women's Shelter Incorporated	<ul style="list-style-type: none"> <li>• Emergency relief funding for individuals experiencing or escaping domestic, sexual or family violence</li> </ul>
Crisis Accommodation Gove	<ul style="list-style-type: none"> <li>• Emergency relief funding for individuals experiencing or escaping domestic, sexual or family violence</li> </ul>
Darwin Aboriginal and Torres Strait Islander Women's Shelter	<ul style="list-style-type: none"> <li>• Accommodation bond assistance for families, including, women and children escaping domestic and family violence</li> </ul>
Dawn House Incorporated	<ul style="list-style-type: none"> <li>• Dawn House Women and Children's Shelter</li> </ul>
Northern Territory of Australia	<ul style="list-style-type: none"> <li>• Keeping Women Safe in Their Home Program — provides practical help for women and their children in their homes, including: expert safety assessments and safety planning; home safety upgrades and devices; supporting women in enforcing Apprehended Violence Orders</li> </ul>
Tennant Creek Women's Refuge	<ul style="list-style-type: none"> <li>• Tennant Creek Women's Refuge</li> </ul>
The Gathering Incorporated	<ul style="list-style-type: none"> <li>• The Doing it Hard Program — provides a range emergency relief supports, including assistance in domestic violence situations</li> </ul>
YWCA Australia	<ul style="list-style-type: none"> <li>• A range of services that assist women, young women, families and young people providing safety and empowerment, including emergency accommodation.</li> </ul>
<b>Territory Families</b>	
Alice Springs Women's Shelter	<ul style="list-style-type: none"> <li>• Sexual assault specialist</li> <li>• Critical intervention outreach service (three grants)</li> <li>• Crisis accommodation (two grants)</li> <li>• Domestic and family violence community education and development</li> <li>• Domestic and family violence counselling (two grants)</li> <li>• Victim support and advocacy service (two grants)</li> </ul>
Australia China Friendship Society NT Branch	<ul style="list-style-type: none"> <li>• Respect Women and Build Strong Family program</li> </ul>

(continued next page)

**Table 3.4** (continued)

<i>Grant recipient</i>	<i>Purpose of grant</i>
<b>Territory Families</b> (continued)	
Barkly Regional Council	<ul style="list-style-type: none"> <li>• Ali Curung Safe House (two grants)</li> <li>• Elliott Safe House (two grants)</li> </ul>
CatholicCare NT	<ul style="list-style-type: none"> <li>• Milikapiti Family Safe House (two grants)</li> <li>• Nauiyu Women and Children's Safe House (two grants)</li> </ul>
Central Australian Women's Legal Service	<ul style="list-style-type: none"> <li>• Reclaim the Night Alice Springs 2018</li> </ul>
Crisis Accommodation Gove	<ul style="list-style-type: none"> <li>• Crisis accommodation (two grants)</li> </ul>
Darwin Aboriginal & Islander Women's Shelter	<ul style="list-style-type: none"> <li>• Critical intervention outreach</li> <li>• Magdalene Safe House (three grants)</li> <li>• Women's and children's service</li> </ul>
Dawn House	<ul style="list-style-type: none"> <li>• Domestic violence frontline services</li> <li>• Domestic and family violence community education and development</li> <li>• Domestic and family violence counselling service</li> <li>• Women's and children's service</li> </ul>
Galiwin'ku Women's Space	<ul style="list-style-type: none"> <li>• Galiwin'ku Women's Safe Place (two grants)</li> </ul>
Katherine Women's Crisis Centre	<ul style="list-style-type: none"> <li>• Critical intervention outreach service</li> <li>• Katherine Women's Crisis Accommodation (three grants)</li> </ul>
Mabunji Aboriginal Resource Indigenous Corporation	<ul style="list-style-type: none"> <li>• Borroloola Safe House (two grants)</li> </ul>
Northern Territory Council of Social Service	<ul style="list-style-type: none"> <li>• Building the capacity of the domestic &amp; family violence sector (three grants)</li> </ul>
One Tree Community Services Inc	<ul style="list-style-type: none"> <li>• Wadeye Safe House</li> </ul>
Tangentyere Council	<ul style="list-style-type: none"> <li>• Domestic and family violence children's service to Aboriginal youth</li> <li>• Men's outreach, assessment and referral service</li> <li>• Tangentyere Women's Family Safety Group (two grants)</li> </ul>
The Salvation Army	<ul style="list-style-type: none"> <li>• Catherine Booth House</li> </ul>
West Arnhem Regional council	<ul style="list-style-type: none"> <li>• Gunbalanya women's safe house (two grants)</li> </ul>
YWCA of Darwin	<ul style="list-style-type: none"> <li>• YWCA Domestic and Family Violence Centre</li> </ul>
<b>Department of Local Government, Housing and Community Development</b>	
Darwin Aboriginal & Islander Women's Shelter	<ul style="list-style-type: none"> <li>• Accommodation for women and children affected by domestic and family violence through a Transitional Housing Unit complex</li> <li>• Case management and support services for women and children affected by domestic and family violence</li> </ul>



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### Box 3.3      **The complex landscape of early childhood funding**

The Commission's stocktake found that seven government departments funded services targeting 0–5 year olds. In total, governments spent about \$73 million in 2018-19 on 198 early years services relevant to preventing harm to children (excluding universal health and universal child care services — box 2.2). About two thirds of the value of this funding came from Commonwealth departments.

Reflecting the importance of the early years in developing positive educational foundations, almost half of the expenditure was provided by the respective Commonwealth (26 per cent) and NT Government (20 per cent) Departments of Education. In contrast, 7 per cent of total stocktake expenditure was from those departments.

The types of services that targeted 0–5 year olds were varied and interrelated. They included:

- child care and crèche services (\$21 million; 74 services)
- early learning support (\$16.5 million, 53 services, such as Families as First Teachers)
- family support (\$15.8 million; 34 services, including the Stronger Communities for Children and Communities for Children programs and Child and Family Centres)
- maternal and child health support (\$13 million; 16 services, such as nurse home visiting)
- coordination and integration initiatives (\$3.9 million; 8 services, such as Connected Beginnings and Grow Well Live Well Palmerston)
- playgroups (\$2.7 million; 13 services).

Child and Family Centres in many cases provide each of these types of service (SNAICC 2018, p. 12).

In many cases, multiple government departments funded similar services. For example, playgroups were funded directly by the Department of Prime Minister and Cabinet (PM&C), as well as separately through PM&C's Stronger Communities for Children program and Department of Social Services' Communities for Children program (box 5.5). These programs also funded early learning support, such as Baby Families and Schools Together (a prevention and early intervention program), which operates in a similar way to Families as First Teachers (NT Department of Education) and the Home Interaction Program for Parents and Youngsters (Department of Social Services).

Early childhood services encompass education, health and family support functions, which can mean that multiple funders are involved. For example, the Milikapiti Crèche (Tiwi Islands) had two Commonwealth funders (PM&C and the Department of Education).

Despite many funders, not all communities receive a continuum of early years services. Only a child care or playgroup service could be identified in some communities with a population of 100 to 400. In other communities of a similar size — for example, Amoonguna, Areyonga (Utju), Pine Creek and Willowra — no targeted early years services could be identified. And some services, such as nurse home visiting programs (funded separately by Commonwealth and NT Departments of Health) are limited to people in major towns and their surrounds (for example, within a 100 kilometre radius of Alice Springs). There are some exceptions, for example in East Arnhem communities, where a hub and spoke program services the West Arnhem communities of Wadeye, Maningrida and Gunbalanya.

*Source:* Productivity Commission analysis based on departmental data.

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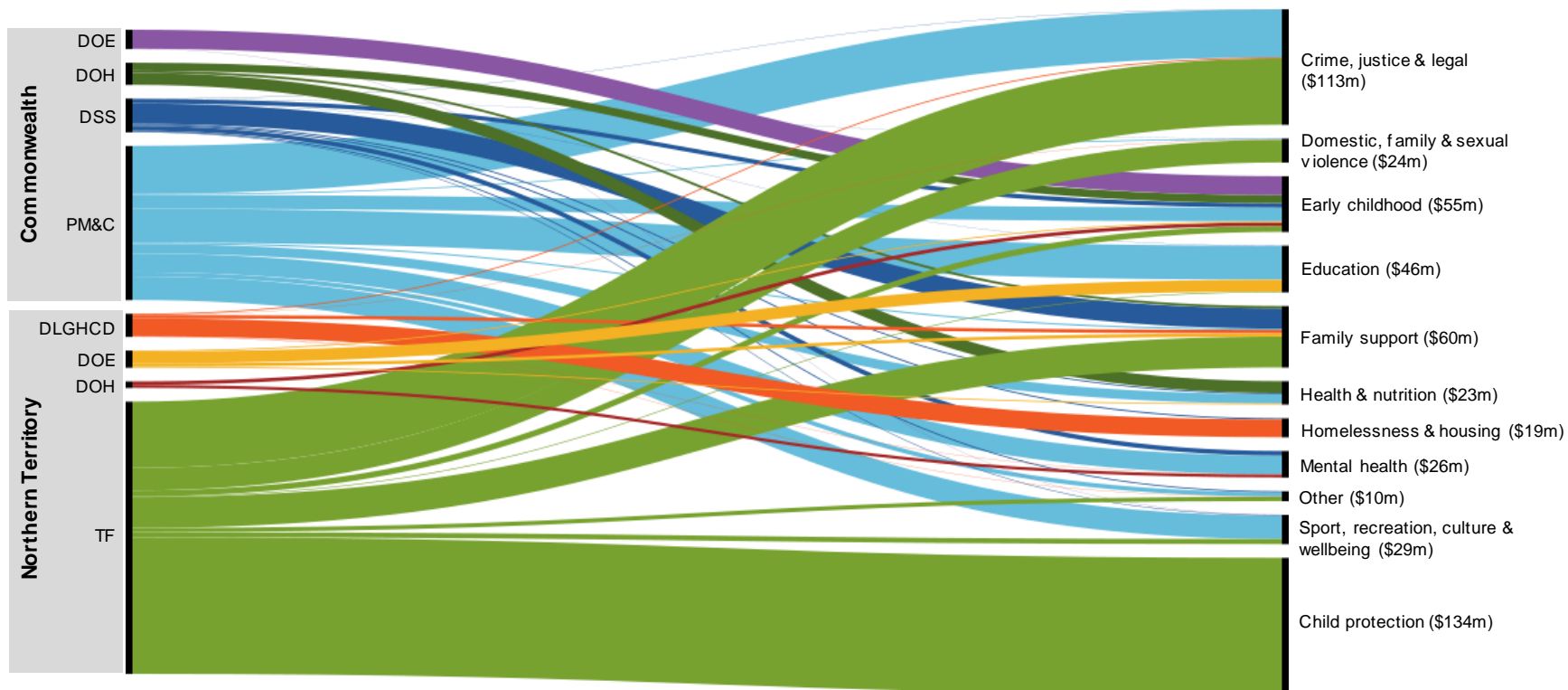
To understand the nature of this overlap better, the Commission examined the types of services that were being funded through different funding programs (using the service categories discussed above). Figure 3.2 maps expenditure items from each department to the specific types of services that were provided. As shown in this diagram, there is considerable overlap between different funding programs in terms of the services that are funded — and some types of services were funded from as many as six or seven different sources (such as family support services and early childhood services (box 3.3)).

This reflects the observations of Child Friendly Alice that sometimes:

... one agency doesn't know another is involved, or if they do know another agency is involved the parties have not reached agreement on who does what and by what time ... An example of this is Connected Beginnings funded by [the Commonwealth Department of Education] in key sites in the NT, including Alice Springs, DSS fund a range of similar services (such as Stronger places Stronger people, Communities for Children, Hippy, Intensive Family Support, similarly PM&C fund services. [The NT Government] also fund related services ([Families as First Teachers], Child and Family Services). (sub. 16, p. 2)

During consultation, participants highlighted the interaction between the Intensive Family Support Service (funded by the Department of Social Services) and the Intensive Family Preservation Service (funded by Territory Families) as an area where inter-governmental responsibilities were particularly difficult to untangle (box 3.4). In some areas, such as Katherine, both services are available. But there are some locations where neither program exists — for example, in most of the East Arnhem region, neither is provided, with the exception of Nhulunbuy, which receives the Intensive Family Preservation Service.

Figure 3.2 What types of services do departments fund?



Source: Productivity Commission estimates based on departmental data.

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### Box 3.4      **Intensive Family Support Service and Intensive Family Preservation Service**

The Intensive Family Support Service (IFSS) and the Intensive Family Preservation Service (IFPS) are intensive family support programs provided to families in the Northern Territory. In some locations, both services are provided (Anglicare NT, sub. 8) — but there are also some locations where neither service is provided.

IFSS is run by the Department of Social Services. It is delivered to 26 communities in the Northern Territory and the Anangu Pitjantjatjara Yankunytjatjara (APY) Lands in South Australia (DSS, sub. 26, p. 4). Eight non-government organisations are funded to provide services to parents and caregivers of children where child neglect is a concern. It provides:

... practical parenting education and support to parents and caregivers in their communities and homes, to help them improve the health, safety and wellbeing of their children. (DSS 2016, p. 6)

In 2018-19, DSS allocated about \$8.5 million to the provision of IFSS in the Northern Territory.

At the same time, Territory Families has contracts with four non-government organisations to deliver IFPS in the main centres of the Northern Territory (Alice Springs, Darwin, Katherine, Nhulunbuy, Tennant Creek). The services are aimed at families where the risk of their child being removed is high, with a view to preventing the removal of the child (Territory Families 2016, p. 2).

Support workers provide a range of supports and services for eligible families. According to Save the Children Australia, a provider of the IFPS:

Support Workers help families to develop and enhance their parenting skills in areas of care that are most likely to reduce neglect. They often visit families two to three times a week to make sure children are adequately supervised and have their physical, health, emotional, developmental and educational needs met. They offer practical support within a home, and help families reach out and attend services available to them, such as support for drug and alcohol addiction. (nd)

In 2018-19, Territory Families spent about \$4.8 million for the provision of IFPS (Territory Families 2019b).

## **But the evidence does not point to duplication of services or over-servicing**

One of the risks of uncoordinated funding is that it can also lead to duplication of services. For example, Playgroup Association of the NT said that ‘many playgroups have been set up either very close to a community playgroup or in the same venue’ (sub. 12, p. 2). And CAYLUS said:

Another confounding factor and symptom of the lack of coordination of services is the proliferation of new service providers in the region, with the support of government funding, often funded in roles that duplicate existing programs. A recent example of this is a Sydney based company that has been funded by Commonwealth Health to run soccer programs as a diabetes prevention measure in 4 communities in Central Australia at a cost of \$150,000 per community per year for 3 years. We think such funds would be better directed to supporting/building existing resident youth programs, that are already funded to run sporting activities in these locations [and] are already established in these communities. They could run soccer or perhaps a more locally popular sport. We note that this soccer program is being funded to run in a remote community in

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the [Central Desert Regional Council area] which last week had to discontinue all their youth programs due to a lack of funds. (sub. 6, p. 13)

There are also instances where multiple services are being funded by different agencies targeting the same groups (box 3.3). For example, in Umbakumba (with a population of 500 people on Groote Eylandt) there are several services targeting children aged zero to five years, including: Families as First Teachers (NT Department of Education); Save the Children's early childhood program (Anindilyakwa Land Council); and the Crèche Centre (East Arnhem Regional Council) (ALC 2018c; EARC 2019). The Commonwealth Department of Education recently funded the Connected Beginnings program in Groote Eylandt to help enhance collaboration between these service providers (Department of Education 2019).

Funding of services from non-government providers also adds to the complexity of the service system. In Groote Eylandt, several youth engagement and diversion programs have been funded by Aboriginal corporations using royalty revenue, including Bush Fit Mob, Groote Eylandt & Milyakburra Youth Development Unit, and the Groote Eylandt and Bickerton Island Enterprises youth program (ALC 2018d; GEBIE 2019; NT Department of Trade, Business and Innovation 2018).

However, Anglicare NT cautioned against the conclusion that the existence of multiple service providers in the same community necessarily implied duplication of services on the ground.

Duplication is a 'thin conclusion': It is easy for outside observers to make assumptions regarding 'duplication'. For example, a community may have 300 children. 50% of these children will have a notification made about their care before the age of 10 years old. Funding of two different supported play groups in that community does not mean duplication — it may mean adequate service. (sub. 8, p. 1)

In particular, it pointed to the perceived overlap between Intensive Family Preservation Services and the Intensive Family Support Services (box 3.3). It noted that, even though those services may be operating in the same space, 'both services are often over-extended with demand and ... there is no evidence of the over-servicing of vulnerable clients' (sub. 8, pp. 1–2).

And, as Child Friendly Alice noted, what may be perceived as service duplication could actually be a manifestation of product variety or a source of competition in service provision.

Duplication can provide choice for families where the duplication offers sufficient differences between the programs. This is about ensuring the community has choice ... Duplication can also be the basis for competition. Services competing for people living in vulnerable and disadvantaged circumstances require consistency and support ... (sub. 16, p. 2)

Similarly, NTCOSS said that multiple similar services '... may be intentional and necessary; established to offer specific or specialist support for specific groups of people, and to respond and be accountable to local need' (sub. DR42, p. 2).

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On balance, while it did appear that departments funded similar types of services, there was little evidence of substantial ‘over servicing’ (where families are receiving multiple services of the same type) or duplication of services on the ground. Nevertheless, there may be inefficiencies from having multiple providers in one community, such as not reaching an efficient scale. And there are still important benefits to families from better targeting of services (according to the needs and priorities of communities) and improved coordination between governments. Chapters 4 and 6 discuss further the need for improved coordination in terms of funding children and family services in the Northern Territory. Together with chapter 10, they consider the merits of governments agreeing on funding priorities for children and family services and put forward a suite of recommendations to this effect.

## **What about gaps in children and family services?**

Many participants to this study expressed concern about gaps in service provision (CAYLUS and Tangentyere Council, sub. 6; Law Council and Law Society Northern Territory, sub. 24; NTCOSS, sub. 18). For example, Children’s Ground said:

For those most in need, service systems are often inaccessible, cannot respond to their multiple needs and these children and families are falling through the gaps of siloed service delivery. (sub. 23, p. 2)

Participants pointed to several areas where gaps were an issue. For example, NAAJA identified multiple instances of gaps in children and family services.

In remote communities, whilst there may be some programs for children aged 0-5 we have observed that service availability can drop off from that age. Particular comment was made about the lack of mental health supports for young people in the Katherine region. In relation to parenting, whilst there are some programs for fathers in urban areas such as Darwin, this is very limited in remote communities ... Staff expressed concern that there are generally no services that educate parents about child developmental delays, disabilities, and cognitive or behavioural needs such as [Fetal Alcohol Spectrum Disorder] ... In relation to clients experiencing domestic and family violence, we are concerned about limited access to safe houses which may be due to the safe house being full or due to the age of the woman’s male children which can lead to ineligibility. (sub. 28, p. 11)

Youth justice was also an area where service provision was said to be particularly inadequate, including the provision of: legal assistance services; appropriate, therapeutic and educational detention settings; supported bail accommodation for children; rehabilitation and therapeutic programs for young people who have committed sexual offences (AMSANT, sub. 20; Law Council and Law Society Northern Territory, sub. 24; NAAJA, sub. 28).

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The Commission examined whether it was possible to independently identify gaps in services using the data provided by government departments. Ultimately, it was not possible to do this, because:

- from the data, it is not possible to get a definitive picture of what services *are* provided, let alone what services are *not* provided
- the data does not provide insights about the need (or demand) for particular services (chapter 5) — without this information, it is not possible to determine whether the absence of a service is because a service is not needed or is indicative of a true service gap.

This reflects the experience of Empowered Communities – NPY Region (sub. 15), which in 2017 attempted to undertake an audit of service delivery across the Ngaanyatjarra Pitjantjatjara Yankunytjatjara lands. One of the key objectives of that audit was to analyse gaps in service provision in that region, and to identify ‘opportunities and other findings to assist with planning and decision making that ensures better outcomes for Anangu’ (Empowered Communities – NPY Region, sub. 15, p. 13). Ultimately, however, it was not possible to identify service gaps due to the quality of the data and lack of information about needs.

#### FINDING 3.2

Both the Commonwealth and NT Governments fund a broad range of children and family services, and there are many service areas where both governments are operating in the same field.

Areas of significant overlap in government funding include: services for addressing domestic, family and sexual violence; crime, justice and legal services; community development services; sport, recreation, culture and wellbeing services; and early childhood services.





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## 4 Sharing responsibility

### Key points

- The Commonwealth, Northern Territory and Local Governments all play a role in the delivery of children and family services in the Northern Territory. They pursue shared outcomes for keeping children safe and well, while also sharing responsibility for specific service areas that contribute to these outcomes.
- A clear delineation in the responsibilities of each government could, in principle, enhance accountability for children and family outcomes. However, in practice, any fundamental realignment in the Commonwealth's role in the Northern Territory is likely to be complex to implement and highly contested. It is also unnecessary for making considerable improvements in the short-term, including to how services are selected, contracted and coordinated.
- Because governments share responsibility for children and family services and outcomes, it is imperative that they work collaboratively and in a coordinated way.
- There is currently inadequate coordination between the Commonwealth and NT Governments in delivering services to children and families in the Northern Territory, and across the National Indigenous Australians Agency and the Department of Social Services within the Commonwealth Government.
  - Most funding and contracting decisions are made in Canberra and Darwin. There is little information sharing and local knowledge is underutilised, meaning that decisions are made with limited understanding of the actions of other government departments.
- There are many different programs that operate with the purpose of coordinating service delivery locally, such as by facilitating information sharing between service providers. Some are funded to operate in the same location, and there is duplication in their responsibilities.
- In response to the *Royal Commission into the Protection and Detention of Children in the Northern Territory*, the Commonwealth and NT Governments are undertaking a range of reforms that aim to improve coordination at the policy, funding and service delivery levels.
  - The Children and Families Tripartite Forum was established following the Royal Commission to provide advice to governments on reforms. It has the potential to improve coordination between the Commonwealth and NT Governments at the policy and funding levels, but it is too early to tell how successful it will be.
  - Overall, the Commonwealth and NT Governments continue to pursue initiatives that aim to improve children and family services in relative isolation. This contributes to fragmentation, leads to inefficiencies in service delivery and complicates coordination efforts. In the absence of better coordination, the likelihood of better outcomes for children and families is much reduced.

Efforts to protect children are provided through a complex system, involving three levels of government and many government agencies and non-government organisations. Given the

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multitude of parties involved, it is imperative that they collaborate and provide a coordinated response to preventing child harm.

This chapter explores the roles, responsibilities and objectives of the Commonwealth and NT Governments in delivering children and family services, and how these responsibilities are shared (section 4.1). It then examines the institutional arrangements that support coordination of services at the policy, program and service delivery levels (section 4.2) and related reforms being progressed by governments in response to the *Royal Commission into the Protection and Detention of Children in the Northern Territory* (Royal Commission) (section 4.3).

## 4.1 Roles and responsibilities

The Commonwealth, State and Territory Governments provide a wide variety of universal supports for families and children as well as more targeted services to prevent and respond to child harm. Some of these services are directly provided by government entities (such as schools and child protection services). However, a substantial share have been outsourced to the not-for-profit and community sectors, comprising non-government and Aboriginal organisations. Some of these also source funding for additional services from philanthropic donations and income from land use agreements. Local governments also play a role in delivering services, particularly in remote communities (chapter 2).

There is no clear delineation of responsibility for the outcomes for children and families. Rather, governments work together to achieve their intended outcomes — which are outlined in a diverse range of plans, strategies and intergovernmental agreements.

### National plans outline shared responsibility for outcomes

The two most relevant plans that set out the responsibilities of governments in keeping children safe and well are the *National Framework for Protecting Australia's Children 2009–2020* (National Framework) and the *National Plan to Reduce Violence against Women and their Children 2010–2022* (National Plan). Both of these were endorsed by all jurisdictions through the Council of Australian Governments (COAG). Under the National Framework and National Plan, action plans are also prepared every three years to outline the short-term policy actions of government.

#### National Framework for Protecting Australia's Children

The National Framework sets out the roles of governments in providing services that prevent harm to children; desired outcomes for children; and strategies for governments in keeping children safe. The National Framework's objectives are intended to guide the actions of governments in setting policies and delivering services for children and families. The

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high-level objective of the National Framework is that ‘Australia’s children and young people are safe and well’ (COAG 2009, p. 11). It has six supporting outcomes:

- children live in safe and supportive families and communities
- children and families access adequate support to promote safety and intervene early
- risk factors for child abuse and neglect are addressed
- children who have been abused or neglected receive the support and care they need for their safety and wellbeing
- Indigenous children are supported and safe in their families and communities
- child sexual abuse and exploitation is prevented and survivors receive adequate support (COAG 2009, p. 11).

The supporting outcomes highlight the commitment of governments to adopt a public health approach, where the focus is on assisting families early enough to prevent abuse and neglect. A key message of the National Framework is that protecting children is everyone’s responsibility (box 4.1).

#### **Box 4.1      The National Framework outlines shared responsibility**

Under the *National Framework for Protecting Australia’s Children*, everyone has a responsibility.

- Parents, families and communities all have a role to support and protect children.
- Non-government organisations deliver services (including on behalf of governments). They also contribute to the development of policy, programs and the evidence base, and actively promote child safety, protection, rights and wellbeing.
- Local Governments deliver a range of services to vulnerable families, including youth and family centres and local infrastructure. They play a pivotal role in engaging vulnerable children and their families in those services.
- The role of States and Territories is to deliver a range of universal services and early intervention initiatives to prevent child abuse and neglect, and to fund and coordinate services delivered by the non-government sector. This includes therapeutic services for families, children and young people, health and education services and youth justice. State and Territory Governments are also responsible for statutory child protection systems.
- The Commonwealth’s role is to deliver ‘universal support and services to help families raise their children, along with a range of targeted early intervention services to families and children’. This includes family payments, child and parenting support services, family relationship services and the family law system. The Commonwealth also provides more targeted services for individuals and families such as mental health, substance abuse and intensive parenting services.

Source: COAG (2009, pp. 12–13).

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The National Framework recognises that a wide range of services — beyond what are normally considered to be children and family services — are relevant to preventing harm to children under a public health approach. Some services, such as family law or statutory child protection, are clearly the responsibility of one government. However, the National Framework does not clearly delineate responsibility for all children and family services. In many cases, both levels of government have assumed some degree of responsibility for service provision (box 4.1). The National Framework expires in 2020. The Commonwealth Government has committed to developing a new, post-2020, National Framework (Australian Government 2018a, p. 11).

### National Plan to Reduce Violence against Women and their Children

The National Plan outlines objectives and the key actions that governments should undertake to reduce family violence. Its vision is that ‘Australian women and their children live free from violence in safe communities’ (DSS 2010, p. 10). It has six national target outcomes:

- communities are safe and free from violence
- relationships are respectful
- Indigenous communities are strengthened
- services meet the needs of women and their children experiencing violence
- justice responses are effective
- perpetrators stop their violence and are held to account (DSS 2010, pp. 14–29).

Many of the agreed actions for delivering on the national outcomes are a shared responsibility of both levels of government and many are broad. For example, one of the agreed actions is to ‘improve services for Indigenous women and their children’ and is a shared responsibility for the Commonwealth, States and Territories (DSS 2010, p. 22). The obligations of the Commonwealth, State and Territory Governments to deliver on this strategy are not clearly defined. The National Plan is intended to work in tandem with the National Framework (DSS 2010, p. 8), but it is not clear how these two documents complement each other and there is a lack of external oversight to ensure governments comply with their commitments (SCARC 2015, pp. 52–54).

### Intergovernmental agreements set out responsibilities in many related areas

There are other policy agreements that cover a wide range of service areas of direct or indirect relevance to preventing harm to children. These other agreements commit governments to sharing responsibility for outcomes, and to taking actions needed to achieve these outcomes (table 4.1). The *National Indigenous Reform Agreement*, which was established to frame the task of ‘closing the gap’ in Indigenous disadvantage, ascribes all activities as a shared responsibility between the Commonwealth and State and Territory

Governments. No activities under the agreement are the sole responsibility of either the Commonwealth or State and Territory Governments (COAG 2012).

The Commonwealth provides tied funding to the NT Government through a number of National Partnership Agreements (table 4.1). These agreements set out roles and responsibilities for how the tied funding is to be spent in relation to specific policy areas. But they highlight a commitment to shared responsibility for outcomes and the services funded to achieve those outcomes. For example, the Commonwealth provides funding to the NT Government through the *National Partnership on Northern Territory Remote Aboriginal Investment* to be spent on improving school readiness, safety, health and housing (COAG 2016, p. 3). Some of these outcomes are also targeted by the Commonwealth Government through the Indigenous Advancement Strategy (IAS).

**Table 4.1 Intergovernmental agreements relevant to the prevention of harm to children in the Northern Territory**

<i>Agreement</i>	<i>Signatories</i>	<i>Policy areas covered</i>	<i>Funding arrangements</i>	<i>Responsibility</i>
<b>Policy agreements:</b>				
National Indigenous Reform Agreement 2008–ongoing	Commonwealth plus all States and Territories	Early childhood, schooling, health, economic participation, housing, community safety, governance	None	Shared
Agreement on Northern Territory Aboriginal Health and Wellbeing 2015–2020	Commonwealth, NT, Aboriginal Medical Services Alliance Northern Territory	Primary health	Commonwealth and NT agree on where funding under existing programs should be prioritised	Shared
<b>Funding agreements:</b>				
National Housing and Homelessness Agreement 2018–2023	Commonwealth plus all States and Territories	Housing, homelessness	Commonwealth to provide an estimated \$98.5 million to NT over 5 years	Delineated
National Partnership on Northern Territory Remote Aboriginal Investment 2015–2022	Commonwealth, NT	School education, community safety, health, interpreter services, housing, employment	Commonwealth to provide \$986 million to NT over 7 years (plus \$43 million for non-government schools)	Delineated
National Partnership for Remote Housing Northern Territory 2018–2023	Commonwealth, NT	Social housing	Commonwealth to provide up to \$550 million to NT over 5 years (matched by NT)	Delineated
National Partnership on Universal Access to Early Childhood Education 2017–2020	Commonwealth plus all States and Territories	Early childhood education	Commonwealth to provide up to \$9.6 million to NT over 3 years	Delineated

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## The Commonwealth has a hands-on role in the Northern Territory

Funding for children and family services is more complex in the Northern Territory than in other jurisdictions because the Commonwealth has a more hands-on role in directly funding children and family services. The Commonwealth funds, designs and delivers a wide range of programs and services, including both ‘top-down’ programs (designed by government departments, often Australia-wide) and ‘bottom-up’ initiatives (proposals made by specific providers or community groups). The Commission’s stocktake of government expenditure estimates that Commonwealth programs directly fund about 40 per cent of children and family services in the Northern Territory.

The Commonwealth’s involvement stems, in part, from its role in Aboriginal and Torres Strait Islander policy and the Northern Territory having a high proportion of Aboriginal and Torres Strait Islander Australians.<sup>1</sup> Direct Commonwealth expenditure on Aboriginal and Torres Strait Islander Australians (per capita) is significantly higher in the Northern Territory than for other Australian jurisdictions, driven in part by the majority of Aboriginal and Torres Strait Islander Territorians living in very remote and often disadvantaged areas.<sup>2</sup> For example, about 25 per cent of Commonwealth funding provided through the IAS has been for activities in the Northern Territory, despite only 10 per cent of Aboriginal and Torres Strait Islander Australians living there (RCPDCNT 2017, vol. 1, p. 230).

This involvement occurs in the context of the Northern Territory having long had the highest level of vertical fiscal imbalance in the Federation — its expenditures vastly outweigh its revenues. Expenditure needs are high largely because of the small and dispersed population (with 40 per cent of people living in remote or very remote areas), the high cost of providing services and infrastructure in remote areas, and the relatively complex needs of its Aboriginal and Torres Strait Islander population, which stem from a range of historical factors (ABS 2019d). The NT Government is heavily reliant on transfers from the Commonwealth to fill its fiscal gap. About 47 per cent of its budget comprises untied funding from the GST distribution, and a further 22 per cent is tied funding including that provided under National Partnership Agreements (NT Government 2018a, pp. 55, 57) — these agreements represent further Commonwealth involvement in determining how services are provided in the Northern Territory.

The Commonwealth Government’s current role in funding children and family services in the Northern Territory can perhaps best be summarised as funding services where it perceives there is an unaddressed need. This means that ‘grants provided by DSS and the NIAA often provide supplementary funding to support mainstream service delivery’ (DSS and NIAA, sub. DR50, p. 5). In principle, this could be a beneficial role given the challenges the NT

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<sup>1</sup> About 30 per cent of Northern Territory residents are Aboriginal and/or Torres Strait Islander. Nationally, this figure is 3 per cent. The jurisdiction with the second highest proportion of Aboriginal and Torres Strait Islander residents is Tasmania, at 5.5 per cent (ABS 2018d).

<sup>2</sup> Direct Commonwealth expenditure on Aboriginal and Torres Strait Islander Australians in the Northern Territory was \$26 287 per person in 2015-16, compared to a national average of \$19 697 per person (SCRGSP 2017).

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Government faces in funding and delivering services. But in practice, the way gaps are being identified and filled has become ad hoc, fragmented and inefficient — meaning that it is not clear whether services are meeting the needs and priorities of communities (chapter 5). The emphasis on competitive grant processes often exacerbates these failings (chapter 8).

## **Many services are being funded by both governments**

The Commission's stocktake of government expenditure provides some evidence for where roles and responsibilities appear to be unclear or shared between the Commonwealth and NT Governments (chapter 3). Key areas where services and activities are being funded by both levels of government include:

- services aimed at addressing domestic, family and sexual violence, such as the operation of safe houses and shelters
- crime, justice and legal services, such as youth diversion services
- community development services, such as services or events to promote leadership and community resilience
- sport, recreation, culture and wellbeing services, such as youth engagement services
- early childhood services for children up to five years old — such as playgroups and early learning support programs.

Services under these categories are identified in the stocktake as being funded by both levels of government, and sometimes by multiple agencies within each government. For example, both the National Indigenous Australians Agency (NIAA) and Department of Social Services (DSS) fund similar activities that aim to support victims of family violence (chapter 2). As noted in chapter 3, the involvement of multiple agencies or both levels of government does not necessarily translate into duplication of services on the ground, but it does emphasise the need for coordination between governments.

## **The challenges of shared responsibility**

Shared responsibility between governments for outcomes and some aspects of service delivery comes with some risks and a considerable coordination challenge. Where government responsibility for services overlaps, it can, and has, resulted in governments funding the same types of services.

A clear demarcation of which government is responsible for which service area could, in theory, enhance accountability for outcomes. A principle that is often invoked when considering the assignment of roles and responsibilities across levels of government is subsidiarity — that service delivery is, as far as practicable, delivered by the level of government closest to the people receiving those services. This reflects that sub-national governments are likely to have greater knowledge about the citizens affected by their

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policies, and makes it easier to constrain the ability of elected representatives to pursue their own agendas to the disadvantage of citizens they represent (at least in theory). In contrast, a function should be assigned to a higher level of government where activities in one jurisdiction have significant spillovers on other jurisdictions or there are cost or transactional efficiencies to be gained from undertaking a function centrally (PC 2006, p. 27).

The subsidiarity principle arguably points towards a paring back of the Commonwealth's role in the Northern Territory — at least in terms of selecting services and directing how they are provided. However, a realignment of roles and responsibilities based on the subsidiarity principle would be impractical and risk creating unintended consequences.

- The Commonwealth's role in Aboriginal and Torres Strait Islander policy has meant that many Aboriginal Community Controlled Organisations have become heavily reliant on Commonwealth grant funding to deliver a broad range of services in remote communities — substantive change could risk considerable upheaval.
- Many families associate NT Government funded services with child protection, and may be reluctant to engage with those services for fear of having children removed (RCPDCNT 2017, vol. 1, pp. 94–95).
- Some community organisations and stakeholders expressed concern about the NT Government's current capacity to take on a greater role in managing and delivering children and family services (Julie Bailey, sub. 14, p. 8; Yothu Yindi Foundation 2019).
- Others highlighted the pace of policy change and governments constantly 'shifting the goalposts', with the effect of undermining confidence in both levels of government (NAAJA, sub. 28, att. C, p. 7).

In the short term, delineating the roles and responsibilities for children and family services is likely to be contested and protracted, and could become a distraction that slows current reform efforts. Efforts to delineate responsibilities also bring with them the risk of creating new funding silos and undermining cooperation if each government were less committed to shared outcomes as a result (or less committed to providing as much funding as it does now).

Substantial improvements to service delivery can be made without trying to codify or realign the responsibilities of each government. Although clearer roles and responsibilities would be desirable in the long term, efforts to achieve this now could prove counterproductive. In any case, a new process to coordinate funding decisions between governments (proposed in chapter 6) is likely to result in clearer responsibilities evolving organically.



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#### FINDING 4.1

In each area of children and family services, the roles and responsibilities of the Commonwealth and NT Governments are unclear and often overlap. This makes it imperative for them to work cooperatively in a coordinated way to meet shared outcomes.

Clearer roles and responsibilities would be desirable in the long term, but should not be pursued at the expense of other reforms or a more coordinated funding process.

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## 4.2 Current arrangements for coordination

Shared responsibility for children and family services and outcomes significantly increases the need for the Commonwealth and NT Governments to collaborate and coordinate their efforts. But there is currently a lack of coordination between, and within, the Commonwealth and NT Governments at the program and service delivery levels.

There is inadequate coordination between governments to ensure that they collectively provide funding for a set of services that address the needs and priorities of children, families and communities. Decisions are often centrally made in Canberra or Darwin, by decision makers who have limited connections with communities or knowledge of what other services are available in a community (chapter 5). Regional government representatives (whose roles were established, in-part, to provide on-the-ground information to their central counterparts) are underutilised as a source of information.

Coordination of service provision at a local level is also needed, through sharing information (and referrals), encouraging access to services and providing holistic ('wrap around') care to children and families. But this is often not the case in the Northern Territory, where no one has a complete picture of what services are being delivered in any one community or who is accessing which services (chapter 3). It is a challenge for a system of over 700 providers to deliver well-coordinated and integrated services to children and families. Many bodies — and sometimes multiple bodies in the same place — have been established by governments and communities to ensure service providers share information, but with limited effectiveness.

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## There is little coordination across and within governments

The lack of coordination across and within governments in delivering children and family services, particularly in relation to Aboriginal and Torres Strait Islander communities, is a longstanding issue. In 1997, the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families (the *Bringing them Home* report) noted the lack of government coordination in the delivery of programs to Aboriginal and Torres Strait Islander people (HREOC 1997). More recently, the Royal Commission found that:

Funding arrangements in the Northern Territory appear to be characterised by a lack of coordination between the Northern Territory and Commonwealth Governments, and within each government. (RCPDCNT 2017, vol. 1, p. 233)

The Royal Commission's key recommendation to improve policy coordination between governments was to establish the Children and Families Tripartite Forum (Tripartite Forum) to replace the Aboriginal Affairs Bi-lateral Coordination Group. The Tripartite Forum was established in July 2018. It is intended to be the key forum for coordination between the Commonwealth and NT Governments on high-level policy objectives and service delivery (section 4.3). Other initiatives that seek to improve coordination of funding and services on a regional scale are in their infancy, and only the Barkly Regional Deal and the Yolŋu Region Local Decision Making Partnership Agreement involve both the Commonwealth and NT Governments (chapter 1).

### Coordination of program objectives and funding within the Commonwealth

The Commonwealth Government provides direct funding for children and family services in the Northern Territory largely through grants to third-party providers, with most funding being provided through the:

- Families and Communities program, administered by DSS
- IAS, administered by the NIAA (chapter 2).

Each program outlines broad outcomes for children and families and the program guidelines outline the types of services each funds to achieve these outcomes (box 4.2). The relationship between these two programs is not explicit, and there appears to be little coordination of program outcomes between agencies. DSS and the NIAA formally participate in the Tripartite Forum and through meetings between key agencies to address the Royal Commission's recommendations (but neither agency pointed to an established, formal mechanism at a Commonwealth level where relevant agencies meet to discuss policy objectives and the overlaps in their programs that seek to achieve these objectives). The Royal Commission also found that informal communication and planning between the two agencies is limited (RCPDCNT 2017, vol. 1, p. 235).

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## Box 4.2      Objectives of the main Commonwealth funding programs

### Families and Communities Program

The Families and Communities Program is a broad program that aims to 'support families, improve children's wellbeing and ... enhance family and community functioning' (DSS 2017, p. 6). About \$28 million (5 per cent of expenditure identified in the stocktake) from this program was spent on children and family services in the Northern Territory in 2018-19 (chapter 2). Many of the children and family services are funded under the Families and Children activity, which is made up of various sub-activities (figure 4.1), including:

- family law services — which aim to provide alternatives to formal legal processes for families who are separated, separating or in dispute to improve their relationships and make arrangements in the best interests of their children
- family and relationship services — which aim to strengthen family relationships, prevent breakdown and ensure the wellbeing and safety of children
- Communities for Children Facilitating Partners — which aim to deliver positive and sustainable outcomes for children and families in disadvantaged communities throughout Australia
- children and parenting services — which aim to improve children's development and wellbeing and support the capacity of those in a parenting role (DSS 2017, pp. 7, 9–10).

### Indigenous Advancement Strategy

The Indigenous Advancement Strategy (IAS) was established in 2014 to reduce administration and simplify the delivery of services for Aboriginal and Torres Strait Islander Australians. It replaced 27 programs, administered by eight different Commonwealth agencies. The IAS deliberately defined broad objectives to allow these previous programs to be brought together (ANAO 2017, p. 20). The IAS is a major source of funding for service providers in the Northern Territory, providing about one third of funding for children and family services identified in the Commission's stocktake (chapter 2).

The intended outcome of the IAS is to 'improve results for Indigenous Australians including in relation to school attendance, employment and community safety, through delivering services and programs, and through measures that recognise the place that Indigenous people hold in this nation' (ANAO 2017, p. 20). The IAS funds a broad range of children and family support services through the Children and Schooling, and Safety and Wellbeing programs, but does not have specific objectives related to preventing harm to children. The objectives of the Children and Schooling Program are to:

- support families to give children a good start in life through improved early childhood development, care, education and school readiness
- get children to school
- improve literacy and numeracy
- support successful transitions to further education and work.

The objectives of the Safety and Wellbeing Program are to:

- ensure that the ordinary law of the land applies to Indigenous communities
- ensure Indigenous Australians enjoy similar levels of physical, emotional and social wellbeing as those enjoyed by other Australians (NIAA 2019b, pp. 37, 40).

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The objectives for DSS' Families and Communities program and the IAS Children and Schooling program are similar (figure 4.1), leading to considerable overlap in the services funded under these programs. For example, the boundaries of the Communities for Children Facilitating Partners program (funded by DSS) and Stronger Communities for Children program (funded by the NIAA) overlap (as demonstrated below).

Further, it is not always clear how the programs' desired outcomes translate into the activities funded by departments responsible for these programs. The Australian National Audit Office's (ANAO) 2017 audit of the IAS found that clearer links could be established between funded activities and program outcomes (ANAO 2017, p. 8). More recently, the ANAO (2019, p. 9) found that DSS could not demonstrate that the actions taken to address the National Plan collectively contributed to the Plan's outcomes.

The lack of coordination within governments of their program objectives and associated funding decisions impacts how well they are collectively funding the range of services needed to provide better outcomes for children and families.

## **Coordination of program objectives and funding in the NT Government**

Territory Families is the main NT Government agency responsible for delivering children and family services, including statutory child protection. Other departments and agencies also deliver and fund some children and family services (chapter 2).

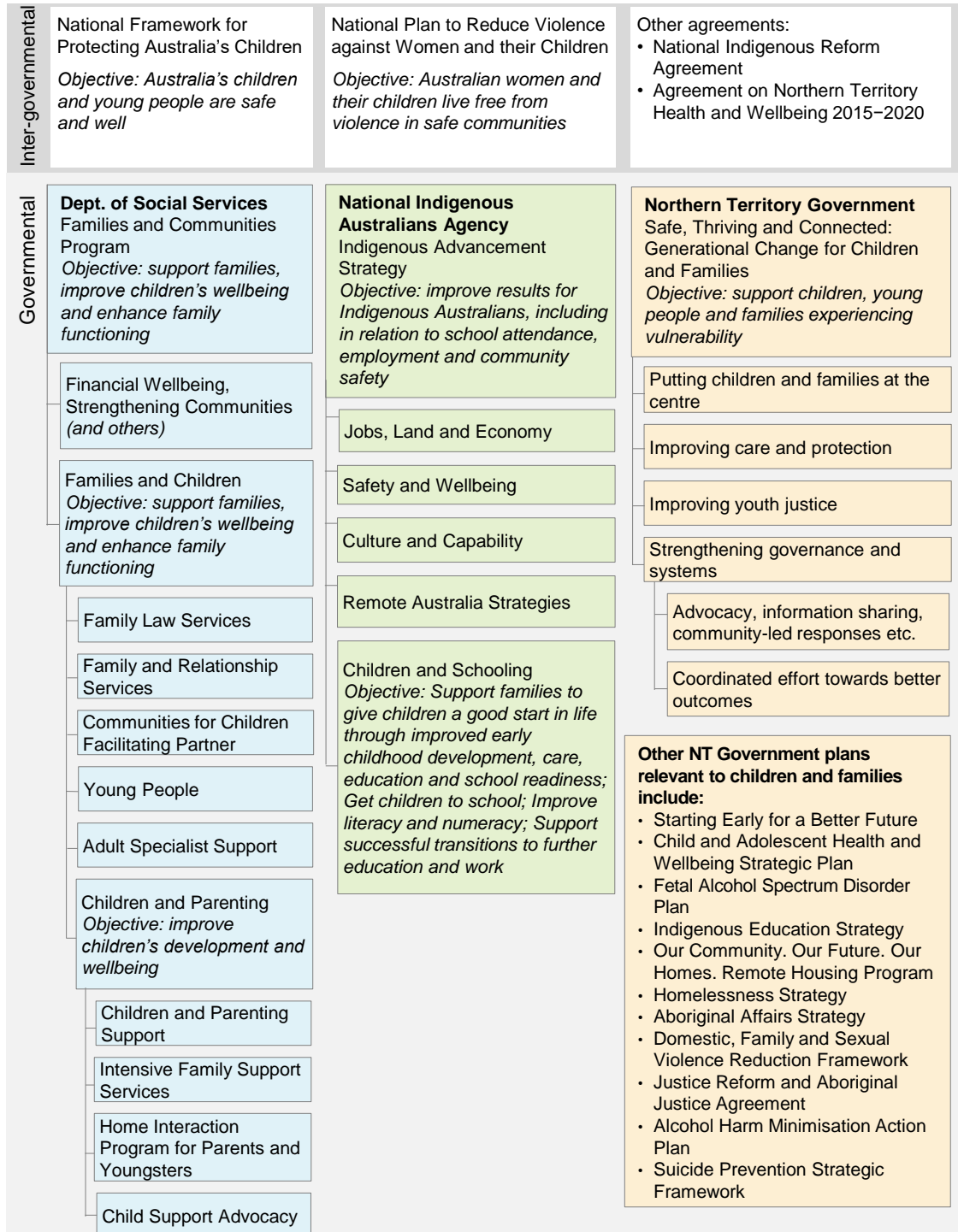
The NT Government has developed a plethora of strategic plans and frameworks spanning a range of service areas, with more than a dozen relevant to children and families. All of the plans and frameworks are intended to guide the actions of government agencies in delivering services (figure 4.1). The existing plans have considerable overlap in ascribing objectives and strategies for children and families, although they sometimes acknowledge where this occurs. Further, there appears to be little link between these plans and the policy actions and funding decisions of NT Government agencies. For example, none of the NT Government-wide strategic plans listed in figure 4.1 are referred to in the Territory Families Strategic Plan (Territory Families 2017).

In addition to the current frameworks, the NT Government (sub. 31, p. 9) is developing a *Social Outcomes Framework*, which is anticipated to become the overarching framework under which all reform specific outcomes are developed. The framework is intended to inform the development of the ten-year strategic plan, called the *Generational Strategy for Children and Families* (Generational Strategy), as recommended by the Royal Commission.

The NT Government has put in place several structures to support coordination between its agencies. In 2016, it established the Children's Sub-Committee of Cabinet — consisting of senior ministers whose portfolios concern children — and the Children and Families Standing Committee — consisting of senior officials. The committees are intended to drive inter-departmental coordination on policy and service delivery. The NT Government is also implementing Regional Children and Family Committees that 'will link into [the]

Children's Sub-Committee of Cabinet and [the] Children and Families Standing Committee' (sub. DR35, p. 4).

Figure 4.1 Representative structure of government programs



Sources: ANAO (2017, p. 20), COAG (2009, p. 11), DSS (2010, p. 10), DSS (2017, pp. 6–12), NIAA (2019b, pp. 5, 8, 37), NT Government (2018e, p. 7), NT Government (2018f, p. 7).

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The Children's Sub-Committee of Cabinet and the Children and Families Standing Committee also oversee the implementation of the *Safe, Thriving and Connected* response to the Royal Commission (NT Government 2018d, p. 8). The Royal Commission recommended that both committees remain permanent bodies responsible for reform, policy and strategy (RCPDCNT 2017, vol. 4, p. 80). The NT Government has also developed the *Remote Engagement and Coordination Strategy*, which aims to improve coordination of services (NT Government 2016, p. 1).

Despite structures to enable coordination across agencies, Child Friendly Alice (sub. DR43, p. 2) noted that on the ground there is little evidence of these coordination forums. Participants also expressed concern that the NT Government does not always provide services that complement other services or meet community need. For example, Kathy Bannister (a team leader for a Communities for Children Facilitating Partner) said that Territory Families provided funding for Grow Well Live Well (discussed below) to implement a collective impact approach in Palmerston. However, the Department of the Chief Minister later announced a number of initiatives in Palmerston without consulting Grow Well Live Well (sub. 29, pp. 6–7).

## **Regional networks are underutilised as a source of information**

Government agencies do not have full information about the services they fund, let alone the services that other agencies fund (chapter 3). To help fill this information gap, regional networks have been established and play an important role in collecting local information for their colleagues in Canberra and Darwin. Such information is intended to help inform the decisions of governments to provide funding for services that meet community needs, with consideration of the services already available. Each of the three main funding agencies has its own regional network.

### **National Indigenous Australians Agency**

The NIAA regional network covers 12 regions across Australia. The Northern Territory is split into three regions — Arnhem Land and Groote Eylandt, Top End and Tiwi Islands, and Central Australia — and about 170 staff are employed across five regional offices. The regional network was established in 2015 by the Department of the Prime Minister and Cabinet (ANAO 2018, p. 7), and was transferred to the NIAA when it became a separate organisation in July 2019.

The network's role is to 'support active engagement with communities and for intelligence gathered by the network to be fed to centralised policy areas to support continual improvements to policy and program design' (ANAO 2018, p. 14). In 2018, an ANAO audit found that the regional network had inconsistent input into policy and program development, with limited authority to make decisions and that the regional network had not developed or implemented a communication framework and so 'risks key stakeholder confusion and consultation fatigue' (ANAO 2018, p. 36). The Australian Government accepted the

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ANAO's recommendations and is addressing them through a review of the regional network — the Recalibration Project — which began in 2018 (ANAO 2018, pp. 11, 61–62). The Recalibration Project sought to redefine the role of the regional network, including positioning it to be involved in policy and program development. Limited information about the project is publicly available, but regional network staff have raised concerns that the changes to the regional network risks negatively affecting their relationships with Aboriginal and Torres Strait Islander communities (CPSU 2019, p. 11).

## Department of Social Services

DSS has a network which includes offices in every capital city and some regional cities. The DSS network is intended to improve the impact and management of its policies, programs and initiatives (DSS 2014d). It has 18 staff in Darwin, but does not have regional offices elsewhere in the Northern Territory (DSS 2018b, p. 10), and it is unclear whether it makes use of the NIAA regional network. Thus, its ability to capture learnings on the ground appears very limited. Many decisions about where to fund services are made centrally, without the benefit of community-level data or indicators of need, although there are some exceptions where local facilitating partners involve communities in deciding which services they receive (chapter 5, box 5.5).

## NT Government

The Department of the Chief Minister's (DCM) regional network covers five regions (Central, Barkly, Big Rivers, East Arnhem and Top End) and comprises about 50 staff. Many other NT Government agencies (including Territory Families) also have a presence within these regions.

The NT Government also has various committees to support the coordination of children and family services within each region (figure 4.2). At a regional level, the Strategic Coordination Committee includes representatives from the Commonwealth Government (NIAA) and the NT Government (Department of the Chief Minister), as well as key regional stakeholders (discussed below). The NT Government also has Regional Coordination Committees — involving regional representatives from many NT Government agencies — which meet with the purpose of aligning government activities to community priorities (NT DCM 2018, p. 25).

DCM has the lead responsibility for coordinating the NT Government's services at a regional level by identifying regional priorities and working with NT Government agencies and non-government organisations to coordinate services and meet those priorities (NT DCM 2018, p. 24). Regional representatives of agencies who fund services for families in the region (such as Territory Families) also provide local input into their agency's decision making. DCM's regional network, and the various regional-level coordination committees, are expected to play a key role in delivering the NT Government's Local Decision Making policy (chapter 1).

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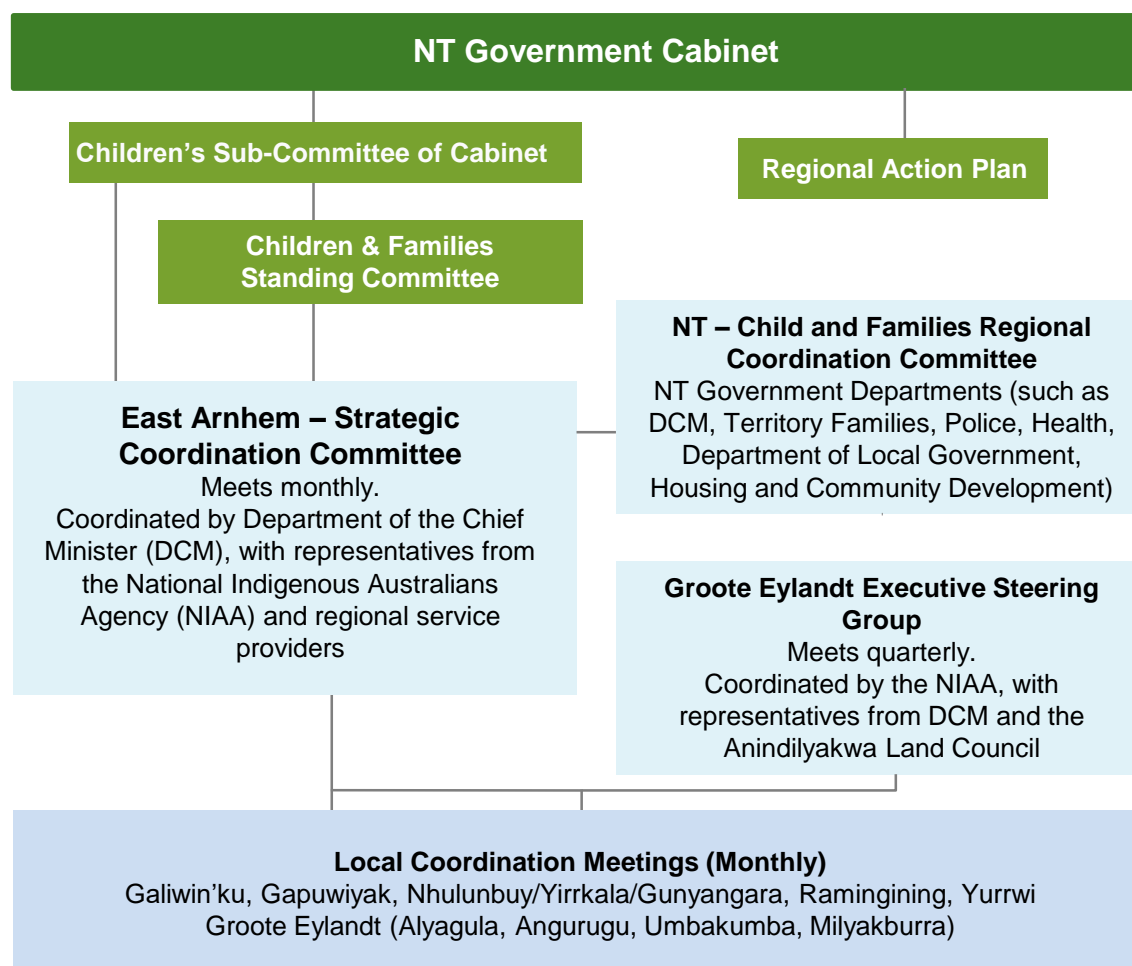
## Information sharing between regional networks

The Commission heard that formal arrangements to coordinate programs and services between the Commonwealth and NT Governments have recently been established for each of the Northern Territory regions. As noted above, Strategic Coordination Committees have been (or are in the process of being) established. For example, the East Arnhem Strategic Coordination Committee comprises representatives from the Commonwealth, NT Government and local Aboriginal organisations and service providers. It meets with the aim of improving coordination across governments to identify service gaps, needs and regional priorities for children and family services (figure 4.2). A similar committee exists to discuss regional economic development. These committees are still largely in the establishment phase, but there are some early signs of coordination delivering positive outcomes. For example, the East Arnhem Strategic Coordination Committee recently undertook work to determine the best location for a new Child and Family Centre in East Arnhem. The decision considered community needs and the services currently available using both Commonwealth and NT Government information (DCM, pers. comm., 25 September 2019).

And, as noted above, ‘Regional Children and Family Committees (RCFCs) are currently being implemented, coordinated by the regional network within the Department of Chief Minister with communities’ issues at the forefront’ (sub. DR35, p. 4).



Figure 4.2 **Coordination committees relevant to children and families in the East Arnhem region**



Source: Productivity Commission, based on information provided by the Department of the Chief Minister.

## The bottom line on regional networks

Regional networks appear to be underutilised as a source of advice and information to central decision makers. The Commission heard from some study participants that the advice of regional network officers is not always sought or is too frequently ignored in making decisions. Regional network officers were sometimes unable to explain why particular funding decisions had been made, such as a decision not to award a grant that a regional network officer had supported.

The Royal Commission also found that regional network officers generally lack the decision-making authority to engage in bargaining with communities about how government funding should be allocated (RCPDCNT 2017, vol. 1, p. 266). The Northern Territory Council of Social Service (sub. 18, p. 4) echoed the concern that without appropriately delegated decision-making authority, governments cannot respond to local priorities. The

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allocation of greater decision-making authority to regional networks is complex, particularly where a Minister (or senior government official) is responsible for signing off on funding decisions based on departmental advice. Although the lack of decision-making authority at a local level is a longstanding concern, implementing mechanisms that formalise the role of regional networks in transmitting advice on community priorities to Ministers or other decision makers (chapter 6) and allowing for relational contracting to support bottom-up delivery and continuous improvement of services (chapter 8) can help address these issues.

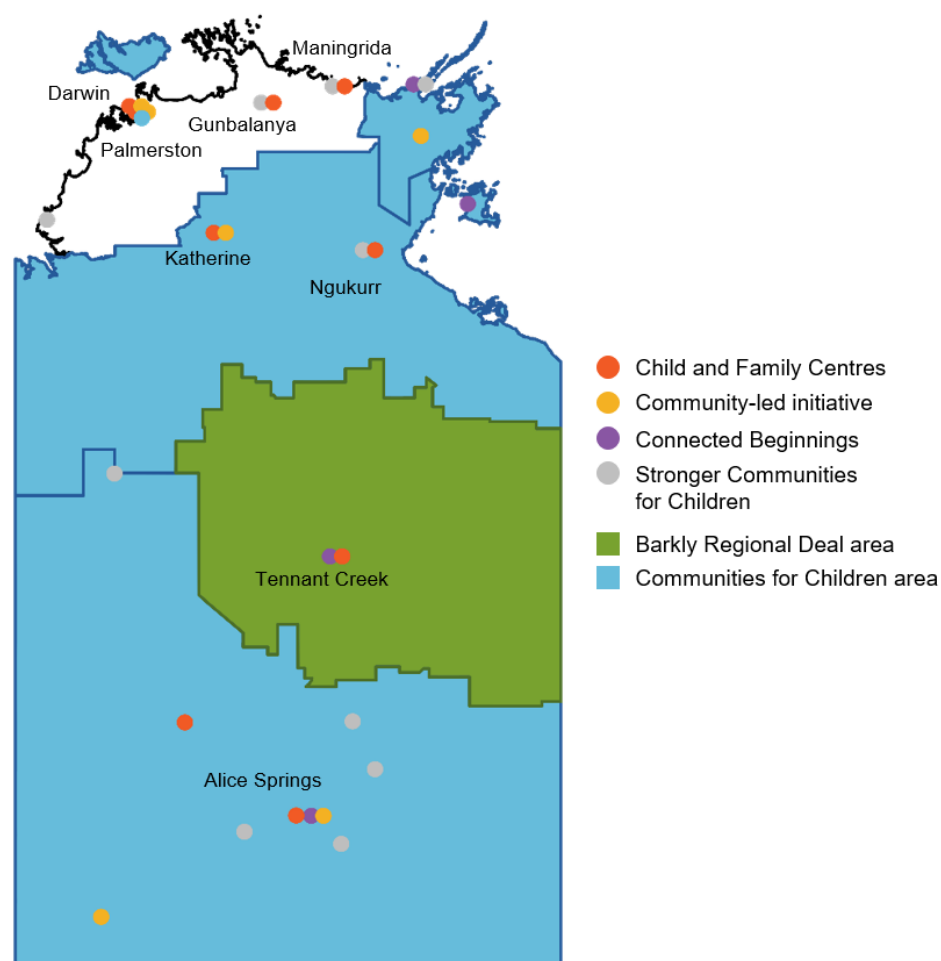
### **There are multiple efforts to integrate services on the ground**

In addition to coordination between and within governments on what children and family services they are funding, there is also coordination (and integration) of the efforts of service providers on the ground. Governments have established or supported a range of place-based initiatives that aim to better integrate services for children and families at the local level (figure 4.3). This involves encouraging families to access services; supporting information sharing across providers and working with service providers to deliver holistic care. (The gold standard of public health delivery is to provide wraparound services to a family, with service providers working together to share information and ensure that the family receives the care it needs (Bruns et al. 2010).) In some cases, these organisations have some responsibility for local planning and funding services that meet local priorities.

There are small differences in how these various service integration programs operate — some are focused on early childhood (such as Connected Beginnings) and others on children generally (such as Communities for Children) — but there is clear duplication in efforts to integrate services. In some places, many different integration efforts are occurring (figure 4.3). For example, in Alice Springs, there are four different bodies tasked with integrating or coordinating aspects of children and family services. Regional network coordinators also have a role in coordinating services in Alice Springs, adding an additional layer of coordination.

Moreover, many of the government-funded programs outlined in figure 4.3 operate on a relatively small scale and some rely on the goodwill of service providers to deliver services that are consistent with the community's priorities. Local coordinators can struggle to manage coordination across all children and family services provided within a community, including those funded by philanthropic or royalty sources as well as those funded by governments. Further, where an initiative to coordinate funding is delivered by one government, with little reference or ability to influence the services funded by another government, it is likely to be ineffective in coordinating services.

Figure 4.3 Initiatives to integrate services in the Northern Territory



<i>Commonwealth</i>	<i>NT Government</i>	<i>Both governments</i>	<i>Community-led initiatives</i>
Stronger Communities for Children (NIAA)	Child and Family Centres (NT DoE)	Barkly Regional Deal	Grow Well Live Well Palmerston
Communities for Children (DSS)			Sanderson Alliance (Darwin)
Connected Beginnings (Cwlth DoE)			Youth Justice Reinvestment Katherine
			Empowered Communities (NPY Lands, North-East Arnhem Land)
			Child Friendly Alice

Sources: Allison (2016); Anglicare NT (2019b); Australian Government et al. (2019a, p. 7); City of Darwin (2019); Child Friendly Alice (sub. 16); Department of Education (2019); DSS data (chapter 2); Empowered Communities (2015, p. viii); GWLW (2016a); NT Government (sub. 31, p. 6); Sanderson Alliance (2019); SNAICC (2018a, p. 7); The Smith Family (2019); Winangali Ipsos Consortium (2017, p. 8).

Some coordinators have no budget, while others have some funding to allocate towards meeting community priorities. But their small budgets mean they have limited capacity to

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respond to community needs. For example, the DSS Communities for Children program funds a facilitating partner in four regions of the Northern Territory to improve systemic linkages and facilitate early intervention and prevention activities as well as fund programs designed to bring about positive outcomes for children aged 0 to 12 years and their families (chapter 5, box 5.5). In the Katherine region, the facilitating partner (the Smith Family) received \$1.3 million in 2018-19 to cover an area of 326 327km<sup>2</sup> — larger than Victoria and Tasmania combined — and a population of 17 822 living across 21 communities (chapter 2) (The Smith Family 2015, p. 4). Because of the large number of dispersed communities within the region, the facilitating partner faces significant challenges in coordinating services. Further, funding is thinly spread across eight different services to maximise the number of communities receiving services (The Smith Family, sub. 4, pp. 10–11).

Duplication of efforts to integrate and coordinate services at a local level can also result in duplication of data collection and community needs assessments. It can also increase the burden that consultation can place on community members. Taking our case study as an example, community members are asked to sit on multiple boards for the many service providers operating in Yuendumu, which takes up a considerable amount of time for community leaders (case study: Yuendumu, appendix B). There are also various government agencies or government-funded organisations that collect information on community priorities and needs, as well as services currently available, with little to no consideration of the efforts of other parties who also collect similar information (chapter 5).

## **Local efforts to share information between service providers**

In response to the lack of coordination of government initiatives and a desire to improve how funding is directed, some local service providers have developed their own initiatives aimed at improving coordination, sharing data and developing community plans of their own accord. There are a number of initiatives in the Northern Territory led by local community organisations that seek to improve the coordination of government-funded services, and some of these initiatives have secured government funding (figure 4.3; box 4.3). However, community organisations are reliant on persuading governments to direct funding in a way that is consistent with local community priorities, and there is little evidence in the Northern Territory that governments have properly engaged with these organisations.

In addition to the community-led initiatives in box 4.3, the Commission heard of various other informal local coordination committees. This sometimes takes the form of informal committees of service providers — including government service providers — that meet on a regular basis to share information, discuss client needs and identify ways that services can be better integrated. For example, Child Safety Coordination Groups run in a number of remote communities and are an opportunity for service providers to share information about clients and target support (Territory Families 2018a, p. 21). Some of the service providers in Yuendumu also work together to coordinate services in an informal way (case study: Yuendumu, appendix B). Such committees try to ensure the services that a client accesses are matched to their needs.

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## Box 4.3      **Examples of local initiatives to improve service coordination**

### **Grow Well Live Well Palmerston**

Grow Well Live Well (GWLW) Palmerston is a collective impact approach to service delivery in Palmerston, started by a group of community organisations and funded by Territory Families. It aims to facilitate community-led action, decision making and activities to improve the wellbeing of children in Palmerston. A group comprised of NT Government and community sector members from 10 different organisations provides leadership to the initiative (GWLW 2016a, p. 2).

GWLW undertook extensive consultation to gauge community perceptions of Palmerston's strengths, concerns and areas of opportunity. The outcomes of the consultation, along with indicators of child wellbeing, were included in the *Palmerston State of the Children Report*, which will feed into the development of a community plan (GWLW 2016a, p. 29). GWLW has contributed to better data sharing between service providers and encouraged families to contribute to discussions about what programs are needed in the community.

### **Child Friendly Alice**

Child Friendly Alice is an initiative driven by local service providers that aims to coordinate a more cohesive, collaborative approach to responding to community-identified needs in Alice Springs. The backbone organisation consists of representatives from:

- Connected Beginnings (Commonwealth Department of Education, Skills and Employment)
- Larapinta Child & Family Centre (NT Department of Education)
- Communities for Children (Anglicare NT)
- Strong Kids Strong Centre (Red Cross).

It recognises that government agencies fund related services in Alice Springs and surrounding areas, and that partnership approaches between the programs funded by these organisations will deliver better outcomes for families (Child Friendly Alice, sub. 16, pp. 1–3).

In 2019, Child Friendly Alice released a Community Profile which included publicly available data and the results of a community survey across multiple service areas. The Community Profile will be used to support the development of community-identified priorities, working groups and a local action plan (Guenther, Brittle and Fleming 2019, p. 36).

It is clear that many service providers on the ground are committed to attempting to navigate the complex system to ensure that vulnerable families and children are able to receive integrated services that meet their needs. This is a difficult task given the complexity of the system and the rigidity of government funding arrangements (chapter 8). Local informal coordination depends on the initiative of service providers and local government workers. It is typically ad hoc (for example, providers co-locating or sharing referrals), strongly reliant on the personalities of staff members, and can be disrupted by staff turnover (case study: Yuendumu, appendix B; Child Friendly Alice, sub. 16, p. 3; NACCHO, sub. 21, p. 10). Further, it does not guarantee that services will provide holistic care for families (Children's Ground, sub. 23, p. 8). Reliance on such an approach in the absence of more formal mechanisms runs the risk that collaboration dissipates when key staff move on. Overall, it demonstrates that governments cannot, and should not, rely solely on local informal

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communication to integrate services for children and families (but where local networks exist, they should be involved in the regional planning process — chapter 6).

### **4.3 Initiatives to improve coordination**

A number of reforms to improve coordination are being undertaken by the Commonwealth and NT Governments in response to the Royal Commission's recommendations. The Tripartite Forum is an important element of these reforms, and was established by both governments in 2018 to drive coordinated policy and funding decision making. Similarly, an NT Children's Reform Group (consisting of DSS, NIAA, DCM and the NT Reform Management Office) meets fortnightly to share information and coordinate efforts (DSS and NIAA, sub. DR50, p. 10). And, as noted above, Regional Coordination Committees are being established in each of the NT Government's six regions. It is too early to determine whether the reforms, including the Tripartite Forum, have improved coordination between and within governments.

At a more local level, the NT Government is seeking to improve the integration and coordination of services through establishing a network of Child and Family Centres. The NT Government is also aiming to give local communities greater responsibility for determining the services that meet local needs through its Local Decision Making policy (chapter 1).

#### **Children and Families Tripartite Forum**

The Royal Commission suggested that the then Aboriginal affairs Bi-lateral Coordination Group needed a remit beyond just Aboriginal Affairs and that the community sector be represented at the strategic policy making level. It recommended: the creation of the Tripartite Forum to address the strategic coordination of policy and services; coordination of engagement with the community and to guide implementation of the NT Government's reform agenda, as well as the Royal Commission's recommendations (RCPDCNT 2017, vol. 4, pp. 78–80) (box 4.4).

The Tripartite Forum was tasked with providing 'advice to the Northern Territory and Commonwealth Governments to guide and support the implementation of the agreed reform agenda arising from the Royal Commission' (NT Government 2018b, p. 3). This includes advice on the development of a joint funding framework to improve the coordination of funding decisions between the Commonwealth and NT Governments (NT Government, sub. 31, p. 11).

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#### Box 4.4      **Children and Families Tripartite Forum membership**

The Children and Families Tripartite Forum comprises an independent Chair and 11 representatives from:

- the NT Government (2 representatives)
- the Commonwealth Government (2 representatives)
  - Usually one from National Indigenous Australians Agency and one from the Department of Social Services.
- the community sector:
  - Northern Territory Council of Social Service (3 representatives)
  - Aboriginal Peak Organisations Northern Territory (a peak body comprising the Aboriginal Medical Services Alliance Northern Territory, the Northern Land Council and the Central Land Council) (3 representatives)
  - North Australian Aboriginal Justice Agency (1 representative).

Source: NT Government (2018b).

A further role of the Tripartite Forum is to oversee the development of a 10-year *Generational Strategy for Children and Families* (NT Government 2018d, p. 60). Progress in developing the Generational Strategy has been slow and is expected to take another two years to complete (NT Government, sub. 31, p. 9).

The Royal Commission recommended that the Generational Strategy include a strategic framework to govern services for families and children based on local service delivery, and include targets, benchmarks and outcome measures (RCPDCNT 2017, vol. 3B, pp. 280–281). The Royal Commission also recommended that the Strategy include plans for the delivery of ‘core services available to all families and services targeting high risk cohorts’ that would be delivered either directly by each Child and Family Centre or through referral (RCPDCNT 2017, vol. 3B, pp. 280–281). Core services are discussed further in chapter 6.

### **Child and Family Centres**

Six Child and Family Centres were initially funded in the Northern Territory through the 2009 *National Partnership Agreement on Indigenous Early Childhood Development* that saw 38 Aboriginal and Torres Strait Islander Child and Family Centres built nationally.

The Royal Commission recommended that the Commonwealth and NT Governments jointly establish a network of no fewer than 20 family support centres (RCPDCNT 2017, vol. 3B, p. 281). In response to the Royal Commission’s recommendations, the Tripartite Forum recommended 27 towns and communities as priority locations for Child and Family Centres (NT Government, sub. 31, p. 6). The NT Government agreed to fund an additional 11 Child and Family Centres (the centres themselves rather than additional services to be delivered

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through them) — meaning a total of 17 Child and Family Centres would operate in the Northern Territory<sup>3</sup> (NT Government 2018d, p. 18).

Child and Family Centres will be ‘coordination and administration hubs’ (NT Government 2018d, p. 20), but will not be funded to directly provide or subcontract children and family services. Instead, Leadership Advisory Boards (LABs) — comprised of board representatives from other local Aboriginal organisations — will provide advice to the NT Government on the activities of the centre (NT Government, sub. 31, p. 6). There is little information on how LABs will provide this advice, or on whether they would provide advice to the Commonwealth at all. It is also not clear how the Child and Family Centres will operate in coordination with other locally based entities tasked with integrating and coordinating services in communities (such as Connected Beginnings and Communities for Children Facilitating Partners) (discussed earlier).

#### FINDING 4.2

In designing and funding services for children and families in the Northern Territory, there is limited coordination between levels of government (the Commonwealth and NT Governments) and within each level of government (for example, the National Indigenous Australians Agency and the Department of Social Services within the Commonwealth Government).

In terms of service delivery, service providers are often left to informally coordinate on the ground, to try to avoid duplication and better meet the needs of the community. Although numerous initiatives exist to coordinate services in specific places, these tend to be partial and fragmented, and at times overlapping.

The reforms outlined in this chapter, along with policies aimed at increasing local decision making (chapter 1), show some promise, but many continue to be progressed by either the Commonwealth or the NT Government, with a lack of clarity about the other’s involvement. There is much that governments can do to build on current reforms and improve coordination of funding to ensure that services provided to communities are consistent with their needs and priorities; and that those services collectively support children and families. The Commission’s proposed reforms to improve coordination of funding between the Commonwealth and NT Governments are outlined in chapter 6.

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<sup>3</sup> Child and Family Centres are located in Palmerston, Gunbalanya, Larapinta (Alice Springs), Maningrida, Yuendumu and Ngukurr (SNAICC 2018, p. 7) and the Big Rivers Child and Family Centre opened in Katherine in February 2020 (NT Government 2020b). The NT Government has confirmed that new Child and Family Centres will also be established in Tennant Creek and the Darwin northern suburbs (NT Government, sub. 31, p. 6). The location of the remaining eight centres is yet to be confirmed.



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## 5 Choosing which services to fund

### Key points

- Government funding for children and family services in the Northern Territory should be allocated on the basis of need. But at present, there is no systematic or rigorous identification of the needs and priorities of children and families in each community, and little transparency about what analysis is being done.
- Each government department undertakes its own assessments of needs or relies on service providers to identify needs when submitting grant applications. Ad hoc needs assessment practices are compounded by a lack of easily accessible information on what services are currently being provided to children and families in each community. As a result, services have been funded without regard to existing services, which contributes to the fragmentation of the service system.
- Much (but not all) decision making about which services to fund is made in a siloed and 'top-down' way by governments, with little local input from families and communities. Service providers are often required to consult with communities on how to design and deliver services, but this typically occurs in a belated or superficial way.
- Governments frequently emphasise the need for programs and services to be evidence based. But this can be very difficult in practice. For many services, the evidence is sparse on how well the service works for children and families in the Northern Territory (especially in remote Aboriginal communities). Funding services with *an* evidence base does not necessarily mean those services will be effective if the evidence is not context specific.
- Combined with limited use of monitoring and evaluation to refine services over time, this means that effective activities may be overlooked in favour of activities that may be effective in other places or contexts, but are less likely to be fit for purpose in the Northern Territory.
- The combination of these factors means that, overall, government funding decisions are resulting in a fragmented service system that is failing to best address the needs and priorities of children and families. Collectively, governments are funding services that do not align with a place-based approach (targeting funding to the needs and priorities of each community) or a public health approach (investing in the most effective measures to prevent harm to children in the long term).

Previous chapters of this report have found a fragmented system for children and family services in the Northern Territory, with significant overlap in expenditure effort between the Commonwealth and NT Governments. This fragmentation is partly driven by overlapping responsibilities and objectives at each level of government (chapter 4), but it is also driven by how individual government departments and agencies (across the Commonwealth and NT Governments) make decisions about which services to fund. This latter issue is the focus of this chapter.

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This chapter provides an overview of the approaches the Commonwealth and NT Governments are taking to funding children and family services in the Northern Territory (section 5.1). The chapter does not evaluate the effectiveness of particular children and family services. Rather, it focuses on the effectiveness of the decision-making *processes* that are being used.

Decision-making processes for children and family services are examined by asking three key questions:

1. What assessments of needs are undertaken? (section 5.2)
2. How are communities involved in selecting and designing services? (section 5.3)
3. How are governments using evidence to guide the selection of services? (section 5.4)

These questions involve two aspects of the service commissioning process — population needs assessment and service design (PC 2017b, p. 239). The remaining aspects of the service commissioning process are considered in subsequent chapters. Chapter 8 covers provider selection and contracting arrangements and chapter 9 explores monitoring and evaluation. Overall issues with current decision-making processes are considered in section 5.5.

## **5.1 How do governments decide which children and family services to fund?**

In assessing the processes governments use to select which children and family services to fund in the Northern Territory, the Commission focused on the programs and departments responsible for the majority of funding for services directly relevant to the prevention of harm to children (chapter 2). The three main funding streams for these services are:

- the Indigenous Advancement Strategy (IAS), run by the National Indigenous Australians Agency (NIAA). (Prior to July 2019, the IAS was administered by the Commonwealth Department of the Prime Minister and Cabinet)
- the Families and Children Activity, run by the Commonwealth Department of Social Services (DSS)
- children and family services funded by the NT Government (primarily through Territory Families).

Government processes were primarily assessed using publicly available material, which for the IAS included grant guidelines, the community-led proposal application kit, and external evaluations (including an audit conducted by the Australian National Audit Office (ANAO 2017)). For DSS, it included the Families and Children Activity guidelines, specific grant funding application kit information, operational guidelines and external evaluations. Publicly available information on NT Government processes was more limited, and included program guidelines, fact sheets and evaluations for a small number of programs. The

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assessment also draws on information and views provided in submissions to this study, and on information provided to the Commission by the Commonwealth and NT Governments.

## **A brief overview of current funding approaches**

In general terms, the Commonwealth and NT Governments design and commission specific activities to achieve their desired outcomes for children and families (chapter 4). These processes are informed by guidelines and assessment criteria (discussed below) that include identifying what activities are needed, collecting and analysing the available evidence, and consulting with key stakeholders and communities. Despite these guidelines and criteria, in practice it appears that decisions about which services to fund are mostly made in a ‘top-down’ manner, with some individual place-based programs facilitating ‘bottom-up’ involvement by communities in deciding which services they receive. When bottom-up approaches are used, these tend to be driven by the identification of needs by service providers. In other words, they are ‘supply’ driven rather than based on needs, priorities and service design by communities (‘demand’ or user driven).

### **The National Indigenous Australians Agency process**

The IAS commenced in 2014 to consolidate Commonwealth expenditure focused on Aboriginal and Torres Strait Islander people (previously spread across eight departments) into the Department of the Prime Minister and Cabinet (PM&C). The IAS replaced 27 programs with five broad-based programs ‘with the sole objective of achieving real results in the Government’s priority areas’ (Scullion 2014).

The IAS invests in programs to ‘deliver outcomes for Aboriginal and Torres Strait Islander peoples in the areas of education, employment, economic development, social participation, and healthy and safe homes and communities’ (Australian Government 2016, p. 2). These outcomes fall under five broad programs: Jobs, Land and Economy; Children and Schooling; Safety and Wellbeing; Culture and Capability; and Remote Australia Strategies. The IAS grant guidelines describe the objectives of each of the five programs and the types of activities and services that can be funded under each, but do not prescribe specific activities and services (NIAA 2019b).

Grant funding decisions under the IAS can follow three main funding processes.

1. The NIAA can invite applications: it may conduct either an open grant round which is open to all applicants, or a targeted grant process that focuses on a particular group of applicants, location or activity. This method is used to allocate grants on the basis of outcomes identified by the NIAA.
2. The NIAA can approach an organisation: it may directly approach organisations to negotiate delivery of an activity or service to meet an identified need. This may involve asking service providers to expand their existing service delivery or asking service providers to establish a new service.

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3. The NIAA can respond to community-led proposals: if a community, individual or organisation seeks support to respond to an emerging community need or opportunity, the NIAA can provide funding at any time to support that response (NIAA 2019b).

The majority of IAS applications are funded through the first two processes. In 2018-19, 9 per cent of the grant applications funded under the IAS in the Northern Territory were community led, and community-led grants accounted for about 15 per cent of funding (NIAA, pers. comm., 30 October 2019). Whichever of the three funding processes is used, the NIAA assesses applications against four assessment criteria (box 5.1) and based on these assessments provides advice to the Minister (or delegate) responsible for funding decisions.

### The Department of Social Services process

Through its Families and Children Activity, DSS funds early intervention and prevention services for vulnerable children and families. It aims to ‘provide integrated services for families to achieve improved child, youth, adult and family wellbeing, increased economic engagement and more cohesive communities’ (DSS 2017, p. 6).

Services are delivered across Australia in locations determined by DSS (except for Intensive Family Support Services, which are only provided in the Northern Territory and South Australia). The Families and Children Activity incorporates six sub-activities, some of which are split into 15 or more service types (DSS 2017) (chapter 2). DSS’s more prescriptive suite of services is in contrast to the IAS which may fund a wider range of activities and services. The suite of services is designed by DSS in consultation with stakeholders.

Funding decisions under the Families and Communities Program (of which the Families and Children Activity is part) follow processes that are similar to those used by the NIAA and include open, targeted and direct selection processes. Criteria for assessing grant applications may differ across specific DSS program areas, but a standard set of selection criteria is provided in its Families and Children Activity Guidelines (box 5.2).

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## Box 5.1 Indigenous Advancement Strategy assessment criteria

The NIAA assesses applications for IAS funding against four assessment criteria: need, quality, efficiency and effectiveness.

**1. Need:** The activity is needed to provide improved outcomes and there is a demand for the activity from the target Indigenous community or group.

a. There is evidence the proposed activity is needed and will support improved outcomes in the target Indigenous community or group.

b. The target community or group supports the proposed activity and has been involved in its design.

**2. Quality:** The organisation that will deliver the proposed activity is committed to and capable of working with the target Indigenous community or group.

a. The organisation has, or can build, positive relationships with Indigenous Australians, community organisations and other key stakeholders in the delivery of the proposed activity.

b. The organisation is able to learn from experience and adapt practices to ensure improved outcomes from the proposed activity.

c. The organisation is committed to the employment of Indigenous Australians in the delivery of the proposed activity.

**3. Efficiency:** The proposed activity will support the intended outcomes in a way that appropriately manages risk, is cost effective and is coordinated with relevant stakeholders in the target community.

a. It is clear how the proposed activity will achieve the intended outcomes with the available grant funding.

b. It is clear how the proposed activity will link with existing activities associated within the target community or group.

c. It is clear how the risks associated with the proposed activity will be managed.

d. It is clear how the organisation will monitor the performance of the proposed activity and manage the financial aspects of the grant funding.

**4. Effectiveness:** The proposed activity can deliver the intended outcomes and sustain the outcomes into the future.

a. There is evidence that the proposed approach has the potential to deliver the identified outcomes.

b. It is clear how the intended outcomes of the proposed activity are to be sustained into the future.

c. It is clear how the organisation will gather evidence to measure the effectiveness of the proposed activity. (NIAA 2019b, pp. 15–16)

The IAS grant guidelines also outline out-of-scope activities. Wording varies by program but involves variations of activities that ‘are clearly the responsibility of’, ‘are the responsibility of’, ‘fall within the scope of’ or ‘duplicate services funded by’ other Commonwealth Government departments or State, Territory or Local Governments. The guidelines do not outline the types of activities that are clearly the responsibility of other departments or levels of government.

*Source:* NIAA (2019b).

Many DSS grant programs have been in place for several years, with some services having been renewed or re-tendered over time. And in February 2020, DSS announced that grant agreements made under the Families and Children Activity that were due to expire on 30 June 2020 would be extended for a further 12 months to 30 June 2021 (DSS 2020).

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### Box 5.2      **Department of Social Services selection criteria**

The guidelines for the Families and Children Activity include four selection criteria, all of equal weighting. The criteria can be amended to cater for particular service requirements.

- Demonstrate your understanding of the need for the funded Activity in the specified community and/or specified target group.
- Describe how the implementation of your proposal will achieve the Activity objectives for all stakeholders, including value for money within the Grant funding.
- Demonstrate your experience in effectively developing, delivering, managing and monitoring Activities to achieve Activity objectives for all stakeholders.
- Demonstrate your organisation's capacity and your staff capability (experience and qualifications) to deliver the Activity objectives in the specified community and/or specified target group. (DSS 2017, p. 24)

In anticipation of the planned end of many funding agreements in 2020, DSS began a national consultation process on a number of programs under the Families and Children Activity in 2018. The consultation involved families and children (clients), service providers, state and local governments, academics, Aboriginal Community Controlled Organisations, Aboriginal and Torres Strait Islander peak bodies, and community members. The process also received feedback from over 500 stakeholders (DSS, sub. 26, p. 5). The outcomes from the consultation, and any changes to DSS programs and processes, are yet to be announced.

### The NT Government process

In contrast to the Commonwealth Government, the NT Government directly provides services for children and families. This includes Territory Families' responsibilities for providing statutory child protection and youth justice services.

The NT Government also funds non-government organisations to provide services through various grant and procurement programs. Each of these programs uses different processes for selecting and funding providers (chapter 7). The criteria used to assess applications therefore differ. An example of an assessment process and selection criteria used by the NT Government is provided in box 5.3.

The NT Government has committed, through its whole-of-government *Safe, Thriving and Connected* and *Starting Early for a Better Future* reform programs (chapter 4), to a public health approach which would rebalance services to focus on universal, preventative and early intervention services to reduce demand on statutory services. These reforms are expected to result in changes to how services are selected and funded, although it is unclear at this stage exactly what these changes will be.

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### **Box 5.3      Selection criteria for the NT Safe, Respected and Free from Violence Prevention Fund**

Applications for the Safe, Respected and Free from Violence Prevention Fund are assessed by a panel comprised of officers from the NT Government. The assessment panel may also include an independent member from the non-government sector. Applicants for funding must demonstrate how they meet at least five of seven principles (noting that principles 1 and 3 must be reflected by all applicants):

1. Women and children's wellbeing is at the centre
2. Shared responsibility, partnerships and local responses
3. Evidence- and needs-based, and outcomes-focused
4. Accessibility, equity and responsiveness
5. A focus on long term social and cultural change
6. Challenging systemic racism and inequality
7. Shared awareness and understanding of domestic, family and sexual violence.

Applications are also assessed on how well they satisfy at least three of the following criteria.

1. Educates the community about domestic, family and sexual violence
2. Fosters positive personal identities and challenges rigid gender roles, gender inequality, sexism and discrimination
3. Partners with community, business, sporting and religious leaders to actively reject domestic, family and sexual violence
4. Promotes and normalises gender equality
5. Encourages protective behaviours and supports children and young people to exercise consent and engage in healthy and respectful relationships
6. Develops the capacity of the community to respond to domestic, family and sexual violence.

Other factors taken into account when assessing applications are program/project innovation; identifiable benefits to Northern Territorians; level of earned income and the level of support (including in kind) from other sources; budget viability and financial management; and past performance of the organisation in relation to meeting its aims and objectives.

*Source:* Territory Families (2018c).

## **5.2      What assessments of needs are undertaken?**

Understanding the level of need for children and family services in different communities provides an evidence base for directing limited funding and resources to the most effective services within a community. A needs assessment is a systematic process that analyses data and information about the needs in a community or cohort of the population and determines which needs should be prioritised for action (AIFS 2019f).

To be effective, a needs assessment should consider all needs of children and families relevant to keeping children safe and well, rather than focusing solely on program-level

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needs (such as the need for parenting programs) as this could lead to potentially more pressing (and interrelated) needs being overlooked.

The three main funding bodies (the NIAA, DSS and NT Government) generally undertake or commission their own needs assessments, with little transparency of what analysis is being done by other agencies. Each agency appears to be conducting examinations of need in isolation, without knowledge of:

- the full range of data on the overall level and type of needs of children and families in the region and within communities (as the data is not available to all government departments)
- community input and views on needs and priorities
- what children and family services are already being provided in a community.

A lack of community consultation and input means that the needs identified are not necessarily accurate or may not reflect the priorities of the community. This can worsen the problems that arise when governments impose services without communities having a genuine say in how those services are selected or designed (discussed later). As noted by Child Friendly Alice:

Most discussion around identifying needs of a community are done through service providers or from government directives and managers of programs who often have a vested interest or believe they know the answer. (sub. 16, p. 5)

And even where communities are involved in consultations, these efforts can be undermined by high rates of turnover amongst government staff.

The NT and Commonwealth governments have a long history of fractured relationships in communities based on the continual change of staff, reduced corporate knowledge, and changing policies and interventions. (NAPCAN, sub. DR34, p 1)

A lack of systematic needs assessment (or the failure to draw on assessments that have previously been undertaken) means that children and family services have become increasingly fragmented, with service gaps and the potential for overlap in effort. It also means that the allocation of funding can be subject to political pressures, personal preferences, ‘what has been done before’ and the intuition of staff (AIFS 2019f). In addition, it can lead to key needs being overlooked. For example, Central Australian Aboriginal Congress identified the need for services for Aboriginal children and families to ‘be resourced to be “trauma-informed”, such that they are able to recognise the different ways that the experience of unresolved trauma can manifest’ (sub. 25, p. 6), and noted that Aboriginal organisations with experience in this area should be involved in needs assessments and service planning.

Governments often rely on service providers to assess needs and priorities as part of grant application processes. For example, governments require some service providers (known as facilitating partners) to develop strategic plans informed by community consultation of needs and priorities through the Communities for Children and Stronger Communities for Children



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programs (discussed later). Some service providers have also undertaken needs analysis of their own accord to inform their service delivery. This approach to needs assessment can result in significant duplication of efforts by governments and service providers, especially when multiple organisations complete their own needs assessments for the same region. It could also potentially lead to assessments that are biased towards the service provider's programs.

In general, the needs assessments undertaken by service providers are not made public. This means that new needs assessments cannot draw on information from previous assessments and instead duplicate the research and analysis. This approach does not result in the continuum of needs being assessed or met, and means that community consultation efforts are duplicated.

The way to achieve better needs assessments was put succinctly by Child Friendly Alice, which recommended a:

... whole of community approach to identifying needs and responding to those needs in a coordinated and holistic way – families and young people should not have to tell their stories 20 times over to many different services/programs. (sub. 16, p. 2)

## **The National Indigenous Australians Agency's needs assessment process**

The NIAA undertakes or requires needs assessments on an application-by-application basis. However, there is little or no transparency about the types of needs assessments being undertaken and what influence these have. There is no evidence of an overall needs assessment to guide program-level decision making being undertaken for children and family services in the Northern Territory, individual regions or for individual communities.

Under the different funding streams of the IAS, the need for a service can be identified by either the NIAA, a service provider or the community. In all cases, the IAS grant guidelines state that applicants must provide evidence of the need and support from the community or group targeted by the proposed activity (box 5.1). However, the criteria provide little guidance on the type or depth of needs assessment that is required, and it is unclear what needs analysis the NIAA undertakes to inform most of its funding decisions.

Historically, PM&C developed regional profiles that contained '... demographic data and statistics about the disadvantage of the region's Indigenous populations and information relevant to the five Strategy programs' (ANAO 2017, p. 33). However, in its audit of the IAS, the Australian National Audit Office (ANAO) found little evidence that the regional profiles were ever finalised or used in the grants assessment process (ANAO 2017, pp. 33–34).

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It is also unclear to what degree needs assessments or overall assessment scores influenced funding decisions in the initial 2014 grants round. The ANAO (2017, pp. 8, 34–35) found that:

- the need score did not always record a supporting rationale that explained the basis of the score or how it directly related to need
- the demand-driven process (now the community-led proposals process) was not supported by a consistent internal process, grants investment strategy, clear budget or guidance on what could be funded
- the basis by which projects were prioritised for recommendation to the Minister for Indigenous Affairs was not clear.

However, the NIAA stated that the findings of the ANAO report are ‘now dated and do not capture or reflect NIAA’s current operations’ and that ‘all four recommendations made in the IAS audit report have been implemented’ (DSS and NIAA, sub. DR50, p. 3) The Commission does not have sufficient evidence on how this process is currently undertaken, and thus is unable to assess what impact the level of need has on how applications are prioritised.

## **The Department of Social Services’ needs assessment process**

DSS does not use a standard systematic approach to assessing needs as part of its decision-making process. DSS stated that under the Families and Children Activity it seeks to target service funding to ‘vulnerable’ (and in some cases ‘at risk’) families and children (sub. 26, p. 4). Although there is no standard process across its grant programs for identifying vulnerable or at-risk children and families, the Commission understands that DSS draws on a range of information sources when selecting service locations. They include:

- the Socio-Economic Indexes for Areas, produced by the ABS, that ranks areas in Australia according to their relative socio-economic advantage and disadvantage
- the Australian Early Development Census, a nationwide data collection that shows the level of development of Australian children as they start school. It measures five areas or ‘domains’ of early childhood development that are closely linked to the predictors of good adult health, education and social outcomes
- insights from DSS regional network staff (chapter 4)
- data captured through the Data Exchange, which is a program performance reporting tool that is designed to allow funded organisations to report their service delivery information and demonstrate outcomes in a standard and comparable way (DSS 2018e).

The approach to selecting priority locations can differ across the range of programs funded by DSS — examples of the approach used for Children and Parent Support Services and the Home Interaction Program for Parents and Youngsters are provided in box 5.4.

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## Box 5.4      **Methods used for assessing needs by DSS**

### **Children and Parenting Support Services**

As part of a competitive grant round in 2014 for Children and Parenting Support Services (early intervention and prevention services, such as community playgroups, supported playgroups, parenting courses, home visiting and peer support groups), DSS allocated half of available funding to 139 priority locations across Australia, including eight in the Northern Territory (DSS 2014b, p. 3). To identify communities with a significant number of children at risk of poor outcomes and therefore a high need for support, DSS identified the communities that were not currently a Communities for Children facilitating partner location with:

- a total population of at least 1000 children
- a high proportion of children under 14 years old (19 per cent of the population or above)
- poor Australian Early Development Index scores
- low Socio-Economic Index for Areas rankings (DSS 2015a, p. 2).

### **Home Interaction Program for Parents and Youngsters (HIPPY)**

HIPPY is a two year, home-based parenting and early childhood learning program that empowers parents and carers to prepare their child for school. The Brotherhood of St Laurence has an exclusive licence to run HIPPY in Australia. The program is delivered in selected disadvantaged communities by existing not-for-profit organisations. HIPPY is currently provided in six communities in the Northern Territory. Of these, two are operated by local Aboriginal Community Controlled Organisations under sub-licensing arrangements (HIPPY Australia 2019).

In 2014-15, DSS chose 50 communities across Australia to receive HIPPY services. To be selected, the community had to meet, among other things, the following criteria:

- a minimum population of 100 Aboriginal and/or Torres Strait Islander 0-4 year olds
- a strong need (and support) for an early childhood program
- a provider was or would be able to effectively deliver the program at the local level.

To meet these criteria, DSS used a range of data and information including:

- Australian Bureau of Statistics 0-4 Indigenous population counts
- Australian Early Development Index results
- Socio-Economic Indexes for Areas data
- Australian Standard Geographical Classification data
- information about other early childhood, education and Aboriginal and Torres Strait Islander programs currently operating in the community (DSS 2015c, p. 8).

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The use of data (for example, socioeconomic, prevalence and demographic data) may help to identify the need for services in a community, but it does not establish whether existing services are already in place to target these needs. Nor does it make use of the community's finer-grained knowledge of their circumstances, or their insight into what is most likely to be effective. Although regional network staff and community consultation could provide greater insight on these matters, there is limited information available on how DSS uses these sources of information except within the Communities for Children (CfC) program.

The CfC program requires community needs to be identified through a local CfC Committee (box 5.5). Despite the CfC program model facilitating community involvement, whether it results in services meeting the identified community needs is questionable. For example, in the Palmerston and Tiwi Islands CfC program, committee members identified service needs that remain unmet (Kathy Bannister, sub. 29, p. 2).

Another issue is that facilitating partners have to fund services with an existing evidence base (discussed in section 5.4), potentially at the expense of locally identified solutions. The facilitating partner also does not have the authority to influence services outside of the CfC program, so cannot ensure that the services provided by other government agencies are consistent with the community's priorities. And, as noted in chapter 4, facilitating partners can have relatively small budgets to provide services across a very large geographic area.

Overall, needs assessments across DSS programs are not consistent and in some cases it is unclear how funding decisions were made as needs analyses are not public. The lack of transparency was highlighted by a team leader from a CfC site.

When I've asked senior DSS officers to share with us the rationale for the targeting of Palmerston [for other DSS programs] and the thinking behind the suite of services I've been told they don't know. This sounds genuine and if accurate says that the agency is not required to be transparent itself although it requires it of contractors. (Kathy Bannister, sub. 29, p. 5)

Another example of the lack of transparency around needs assessments is the Intensive Family Support Service (IFSS) location selection. The IFSS is provided in 26 locations in the Northern Territory, however the basis for the selection of these locations is not clear. It is also unclear to what extent the presence of other similar programs — such as the Intensive Family Preservation Service (IFPS) funded by the NT Government — influenced the selection of IFSS locations. The end result, as identified in the stocktake of expenditure in chapter 3, is that some communities receive both services, some only one, and others receive neither service.

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## Box 5.5      **Place-based program examples**

### **Communities for Children (Department of Social Services)**

The Communities for Children (CfC) program is a place-based program that funds a non-government entity (the facilitating partner) to identify and fund children and family services in specific locations. It is a national program delivered in 52 disadvantaged community sites, four of which are in the Northern Territory: Katherine; Palmerston and Tiwi Islands; East Arnhem and Alice Springs. Facilitating partners (which in the Northern Territory are the Smith Family, the Red Cross and Anglicare NT) oversee broad community consultation, and develop solutions that address locally identified needs. In general, CfC sites focus on improving the development and wellbeing of children from birth to 12 years, but might include children up to age 18 years.

Each CfC facilitating partner site has a local CfC Committee which includes local clients, parents and caregivers, local businesses and service providers. This Committee assists facilitating partners to identify the needs in the community (although those needs are not always met).

An evaluation found that the local CfC Committees were largely effective for local decision making. The team leader working at the Palmerston and Tiwi Islands site reflected that:

The local community members in Palmerston and on the Tiwi Islands say they like being included in CfC local Committees and being enabled to contribute to decisions about funding of CfC activities in their community. Families with the lived experience of disadvantage are noticeably proud of being able to use their otherwise less valued knowledge for their communities. (Kathy Bannister, sub. 29, pp. 4–5)

The guidelines for the CfC program (DSS 2014a) also require the facilitating partner to develop a community strategic plan that outlines the goals and priorities for the community over the life of the grant agreement. The information in the strategic plans includes:

- feedback from community consultation on community needs
- strengths of the community
- barriers to service accessibility
- emerging themes and changes in service areas
- potential gaps in the service sector
- data on key needs (such as the Australian Early Development Index, NAPLAN and ABS data).

The facilitating partner uses these plans and the local CfC Committee to select services to meet these priorities. They are also committed to regular and ongoing engagement with local communities to ensure that activities continue to reflect local needs. However, not all strategic plans are publicly available, and thus it is difficult for communities to assess the quality of the plans and how effective they have been in guiding funding decisions.

### **Stronger Communities for Children (National Indigenous Australians Agency)**

The Stronger Communities for Children (SCfC) program uses a similar model to the CfC program, but is adapted to Aboriginal and Torres Strait Islander communities (with an Aboriginal-controlled organisation taking on the facilitating partner role). It is currently delivered in ten sites in the Northern Territory, involving 12 remote Aboriginal communities. In each location, a community board was established to draw on cultural knowledge and community strengths to identify services that are best able to meet the needs of children and their families. There is no central, publicly available repository for the community plans, and without easy public access to the plans, it is very difficult for communities to know how their needs are being assessed or incorporated in funding decisions.

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## The NT Government's needs assessment process

The NT Government also conducts needs analysis on a program-by-program basis. One of the implications of this is that particular services may be directed to locations with the highest need for that service, but that service may not be the most critically needed. For example, in relying on assessing needs at the program level, the government may decide to fund more statutory services, such as justice rehabilitation, in a location when there may be a higher need there for preventative services, such as youth diversion programs.

Allocation of funding between communities is based on estimated demand for each service. For example, for the IFPS, the selection of major and minor service sites was based on the overall expected demand for the service, and the number of children at risk of being removed and placed into care in each location. The service sites with higher demand were designated as major service sites and were provided with more resources to adequately respond to the level of need than minor service sites (DCF 2015, p. 10).

There are other examples of the approach taken to needs assessments by the NT Government, including for its Families as First Teachers (FaFT) program and youth accommodation and support services. The FaFT program, for example, demonstrates how community input has been used by the NT Government in needs assessments (box 5.6).

However, study participants noted that consultation with communities and data from needs assessments are not always used by the NT Government when making funding decisions. Kathy Bannister provided an example of a decision made by the NT Government in Palmerston regarding a \$260 000 grant from the Children and Families Community Fund. The NT Government, CfC facilitating partner and Grow Well Live Well (an initiative started by community organisations in Palmerston — box 4.3) worked together to identify community needs for the use of these funds. But the information obtained during the community consultations was not used in the way that was expected by those who contributed to it.

... the pathways for administration were not at all clear despite the availability and urgency to acquit the funds in the last financial year ... despite the consultative data, some decisions were made based on aspirations of school principals that does not appear to be supported in the family generated data. (Kathy Bannister, sub. 29, p. 7).

The NT Government recognises the need to implement 'solutions that are tailored to place-based needs' (Territory Families 2017, p. 3) and said that it is currently working to improve its understanding of need in the Northern Territory and to move towards a public health approach to services (sub. 31, p. 2).

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## Box 5.6 Families as First Teachers program

The Families as First Teachers (FaFT) program is an early learning program designed by and for Aboriginal families to support parents to build the literacy and numeracy foundations of their children and improve school readiness. It is delivered in schools by the NT Department of Education.

### Approach to needs assessment

The need for the program was emphasised through the Australian Early Development Census, a nationwide data collection of early childhood development, that indicated that Indigenous children who live in remote areas of the Northern Territory arrive at school with higher levels of disadvantage in almost all indicators.

Extensive consultation at each program site was undertaken prior to program establishment and local teams employed Indigenous Family Liaison Officers to develop and deliver a range of culturally appropriate and place-based programs.

An Indigenous Early Childhood Parent Reference Group was established for FaFT, comprised of Indigenous representatives from across the Northern Territory. The group meets quarterly and advises on program practice to ensure Indigenous views are central to program delivery and that Indigenous aspirations are reflected in program directions. The focus on Indigenous views and aspirations about early childhood and parenting is specifically relevant to the remote NT context.

There is flexibility for the teacher to work with the community to determine needs and fund activities appropriately.

### Community involvement

An Australian Institute of Family Studies (AIFS) profile of the FaFT program noted that extensive consultation with community members and staff was undertaken at each program site prior to program establishment and that parents work with Indigenous Family Liaison Officers to identify activities for program development. For example, in the Yirrkala FaFT program in East Arnhem, two Yolŋu FaFT workers, one in Yirrkala and one in Gunyangara, were found to provide critical community engagement and support for families.

In combination with the provision of culturally appropriate activities, services and resources, and the provision of trained and committed staff, AIFS considered that FaFT delivered positive outcomes for Aboriginal and Torres Strait Islander families and communities. For example, in Yirrkala, 'community members believe that [FaFT] is a strong program that will be of great benefit in the long term' (Rossingh et al. 2017, p. 48).

*Sources:* AIFS (2019c); Rossingh et al. (2017).

The NT Government is also drawing on a broader range of input into decisions about children and family services. For example, it recently worked with the Children and Families Tripartite Forum to identify a potential model and sites for new Child and Family Centres (sub. 31, p. 6) and with the East Arnhem Child and Families Strategic Coordination Committee to determine the best location for a Child and Family Centre in East Arnhem (chapter 4).

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### 5.3 How are communities involved in selecting and designing services?

There is much evidence that policy and program outcomes are better when the intended beneficiaries are directly involved in the design, implementation and monitoring of services (RCPDCNT 2017, vol. 1, p. 256). A lack of community engagement in decision making can result in the funding of inadequate and inappropriate services.

Both the Commonwealth and NT Governments explicitly acknowledge the importance of consultation and engagement. But in practice, communities are often consulted after key decisions are made, rather than having genuine engagement or empowerment from the initial stages of service planning and decision making. For example, Katherine was announced as a location for a new Child and Family Centre without reference to the local needs that such a centre would address (and despite the Child and Family Centres being designed to ‘be unique and driven by the local community’s priorities and needs’ (Gunner and Nelson 2019)).

There is a strong perception that decisions are made top-down by governments, with little or no local input, with services being imposed on communities by others. For example, Child Friendly Alice reflected that ‘any community consultation is not always authentically carried out’ and ‘the majority of intervention is imposed upon the community through government initiatives not necessarily based on what the community want or need’ (sub. 16. p. 5).

These concerns are apparent not just at the initial stages of programs, but also at their conclusion, with funding for programs sometimes ceasing without consultation. An example of this is the Mobile Outreach Service Plus program, which was funded between 2008 and 2016 by the Commonwealth Department of Health and Ageing and delivered by the NT Government. While acknowledging that the program had ‘some major flaws’, AMSANT nevertheless expressed concern about its funding being cut without first seeking community views.

... the lack of consultation with service providers and communities about ceasing this sensitive and important program with no effective alternatives is symptomatic of how governments at times fail to respond to the needs of vulnerable children and families and communities. (sub. 20, p. 8)

Kathy Bannister said that:

... even if an activity, program or strategy is known to work it can be summarily dropped with no consultation with community members who are the people with the most to lose in the community service matrix. Changes are often made at the will of a government, the rationale for which is not explained. (sub. DR44, p. 7)



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The Royal Commission into the Protection and Detention of Children in the Northern Territory (Royal Commission) also observed a significant level of frustration in consultation with communities about decisions affecting children and young people.

The [Royal] Commission's community consultations consistently told us of the intense frustration people felt in being alienated from decisions affecting their children and young people ... Engagement and consultation are often given lip service but have no practical effect on outcomes. (RCPDCNT 2017, vol. 1, p. 248)

Deficiencies in government engagement with remote Aboriginal and Torres Strait Islander communities were summarised in the Productivity Commission's 2017 inquiry into human services.

Consultation with Indigenous people who live in remote communities is inconsistent and disjointed. Participants lamented the frequency of white Landcruisers full of people rolling into town for meetings, often to discuss the same things as the car-load of people from another department who came for a meeting the week before. The frustrations are exacerbated when the people who come to the communities do not have the authority over local planning, engagement or service implementation to act on the issues that community representatives raise with them. (PC 2017b, p. 271)

Some participants to this study also expressed fatigue with consultation occurring within closed government parameters, rather than as part of an ongoing communication and feedback process. For example, Child Friendly Alice submitted that 'communities are tired of consultation because they never hear about the outcomes' (sub. 16, p. 5). Similarly, Children's Ground noted that:

Over decades many First Nations communities have been consulted time and time again ... However, this has often resulted in no feedback, no action or programs and services that were not in line with their priorities and designed for their community or by their community. (sub. 23, p. 11)

There can also be overlap between government (or government-commissioned) consultations and those being conducted by other organisations. For example, when the ARDS Aboriginal Corporation was contracted by the NT Government to develop a communication and education strategy to address volatile substance abuse in some East Arnhem Land communities, others were also seeking to consult on that topic in those places.

In the week that our ARDS team consulted in Mililingimbi, [the Arnhem Land Progress Aboriginal Corporation] and Anglicare were also visiting Mililingimbi on the topic of [volatile substance abuse] (ARDS Aboriginal Corporation 2018, p. 16)

A common sentiment was that governments need to inform themselves about existing initiatives before starting new ones, and need to engage in genuine consultation with communities affected by funding decisions (Law Council and the Law Society Northern Territory, sub. 24, p. 16) — genuine in the sense that it leads to a real impact on funding decisions.

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## **The National Indigenous Australians Agency's approach to community involvement**

The IAS includes an explicit focus on community involvement in service selection and design. The assessment criteria require evidence that the community supports and was involved in the design of the activity, and that the organisation is committed to employing Aboriginal and Torres Strait Islander Australians in the delivery of the activity (box 5.1) (NIAA 2019b, p. 15). The IAS guidelines state the NIAA may use a number of sources of information to assess claims made in applications. These include:

- information about the applicant that is available through the normal course of business for the NIAA
- information about an applicant from any other source, including from within the Commonwealth
- information about community need and outcomes separate from the application (NIAA 2019b, pp. 16–17).

However, the ANAO (2017, p. 34) found that the NIAA did not contact referees to gauge their support for projects in their community, and did not contact applicants or communities to discuss the impact of partial funding on original projects. Submissions to the ANAO (2017, p. 35) and the Senate Finance and Public Administration References Committee's inquiry into IAS tendering processes (2016, p. 14) also indicated that community involvement was limited.

The NIAA regional network and community-led grants process is designed to facilitate community engagement. The community-led process requires projects to be supported, developed and delivered with, or in consultation with, the target community. Regional network advice feeds into the community-led grants assessment process. However, the ANAO found that regional network staff 'have limited decision-making authority, with the Minister for Indigenous Affairs approving the majority of funding decisions' (2018, p. 9). This aligns with a broader pattern of regional networks being underutilised as a source of information (chapter 4).

In 2018, the NIAA also commenced a trial of a new Indigenous Grants Policy, which may result in some improvements to how communities are involved in decision making. The Indigenous Grants Policy requires the involvement of Aboriginal and Torres Strait Islander people in the design and delivery of services and the trial is being conducted for selected programs within the NIAA, DSS and the Department of Communication and the Arts (DSS, sub. 26, p. 8). The requirement to co-design successful grant activities could help to improve the likelihood of services being effective in the context in which they are delivered. A focus on funding local Aboriginal and Torres Strait Islander organisations to deliver the services may also help to ensure that services meet the needs of communities and are designed and delivered in a culturally appropriate and effective way.

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The NIAA also funds the community-led Stronger Communities for Children (SCfC) program (box 5.5). The SCfC program aims to draw on community strengths and cultural knowledge, rather than top-down service planning and delivery. Ninti One (an organisation that supports communities that are in the early stages of implementing the SCfC program) considered that the choices made by local SCfC boards demonstrate their responsiveness to local needs.

In a single year, boards have often chosen to support activities in education, employment, community development, early childhood development, health, nutrition and other service areas. These decisions have been framed by a local community plan that sets priorities. The point we make is that there is evidence in SCfC work in each community of a healthy breaching of the boundaries between services that are often so impenetrable at a macro or departmental level, enabling a more responsive approach to meeting local needs. (sub. DR41, pp. 1–2)

An evaluation of the SCfC program found that it demonstrated how government can do business differently with remote communities, but there is room for improvement. For example, in Ngukurr, many decisions around SCfC-funded activities were not made through the community and board decision-making processes (Winangali Ipsos Consortium 2017, p. 62).

## **The Department of Social Services' approach to community involvement**

DSS submitted that it 'engages with communities at all stages across policy design and implementation to ensure our policies meet the needs of families and children' (DSS, sub. 26, p. 5). But despite this commitment to consultation, its decision making is predominantly top-down, and there appears to be little opportunity for communities to be involved in determining the types of services they most require prior to a funding decision being made.

The contract agreements between DSS and service providers generally require providers to consult with communities about service design and delivery. For example, IFSS providers are expected to undertake community engagement activities and a community engagement strategy was a feature of successful applications for Children and Parenting Support Services grant funding (DSS 2015a, p. 4). Requiring service providers to consult with communities after a decision to provide a service has been made by DSS limits the scope for communities to influence how services are designed or delivered.

Whether community organisations are involved in delivery is also relevant. DSS selection criteria require consideration of applicants' experience in delivering the activity to the specified target group and their plans to employ Aboriginal people, but do not explicitly favour Aboriginal Community Controlled Organisations taking on service delivery.

An exception to DSS' typical community consultation approach is the CfC program, which involves communities in determining which services should be funded. However, as noted

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above, in practice whether this translates into delivery of services meeting identified needs is questionable.

The DSS approach to community involvement is undergoing change. The Families and Children Activity is involved in the trial of the Indigenous Grants Policy (discussed earlier). DSS is reviewing the overall Families and Children Activity design, proposing to move away from a programmatic approach to coordinated services based on the needs of children and families (DSS 2018c, p. 6). It has also recently provided \$2 million to support a place-based collective impact initiative in Tennant Creek, under its Stronger Places, Stronger People program (this commitment is part of the Barkly Regional Deal, box 1.5). This funding will be used to resource a local project team in Tennant Creek to work with local leaders, residents and organisations to develop and progress the community's vision and plan of action for children (DSS, sub. 26, p. 6).

## **The NT Government's approach to community involvement**

When commissioning specific activities, the NT Government process often 'includes the collection and analysis of available evidence, and consultation with key stakeholders and communities' (NT Government, sub. 31, p. 3). With limited exceptions — such as the FaFT program (box 5.6) — it is not clear from publicly available information exactly how the NT Government involves communities in decisions on what children and family services to fund.

One view of the NT Government's approach to consultation was reflected by Kathy Bannister.

The current NT Government from time to time announce a new funding stream or initiative that is slightly in line with community aspiration around these areas however it is clear they are expecting to roll out the initiative without recourse to community consultation. (sub. 29, p. 6)

Since the release of the Royal Commission's report, the NT Government has commenced implementation of a number of reforms that will increase community involvement in decision making. These include:

- a commitment to empower communities to shape their own services via its Local Decision Making policy (box 1.4)
- the Territory Families Aboriginal Cultural Security Framework. This is a commitment for staff and the organisation 'to consult, collaborate and work with Aboriginal people and communities, not just as Government but as a true partner, aware of and responsive to their Culture, history, needs and aspirations' (Territory Families 2019a, p. 5)
- transformation of out-of-home care and the Aboriginal Carers Growing Up Aboriginal Children grant program (box 5.7).

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**Box 5.7      Out-of-home care services and the Aboriginal Carers  
Growing Up Aboriginal Children grant program**

Recognising that the current out-of-home care (OOHC) system in the Northern Territory was not meeting the needs of children and young people in care, Territory Families recently reviewed its model for OOHC and has begun transforming the way OOHC services are designed, funded, contracted and delivered. The changes are planned to occur over three phases from June 2019 to December 2021.

Children, families, care-givers and communities will have greater involvement in decision making and care planning. There is also a commitment to increase service delivery in regional locations and for services to be co-designed and delivered by or in partnership with Aboriginal Community Controlled Organisations (ACCOs).

The Aboriginal Carers Growing Up Aboriginal Children grant program began in 2018. It was co-designed with ACCOs and included a place-based approach to engaging ACCOs to find and support Aboriginal carers for Aboriginal children in OOHC. Initial program funding to ACCOs is dedicated to service design (development of a comprehensive, technically sound and evidence-based service model focused on enabling more Aboriginal children in care to be placed with Aboriginal foster and kinship carers in the Northern Territory) and service delivery pilots.

Some study participants welcomed the NT Government's commitment to transfer the OOHC system to the Aboriginal Community Controlled sector, with some caution about the genuineness of the commitment. For example, NAAJA submitted that:

A complete paradigm shift of this nature is a prerequisite for meaningful change in the area of out of home care. We have observed more recent phrasing along the lines of 'transforming' out of home care, as opposed to 'transferring' out of home care, and hope that this does not indicate a departure from the paradigm shift that has previously been discussed. (sub. 28, p. 9)

Sources: NT Government (sub. 31, pp. 7–8); Territory Families (2019c).

## **5.4      How are governments using evidence to guide the selection of services?**

One consequence of a lack of effective engagement with communities prior to governments deciding what services to fund is that these services may not be effective in meeting the needs of children and families, particularly for remote Aboriginal communities. However, in many cases 'what works' in specific communities can be difficult to know, especially in advance.

Ideally, government-funded services should have a clear program logic and a relevant evidence base. A program logic identifies how services and activities are intended to connect to the expected outcomes — that is, a theory for how an intervention will change behaviour (chapter 9).

Study participants emphasised the importance of using an evidence base for service decisions and funding 'evidence-based' services, but also stressed the need for a shared understanding of what the evidence shows and what is considered 'evidence-based'

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(box 5.8). The Royal Commission also pointed to the underlying tension between funding evidence-based services and funding services that are tailored to local needs.

... there is also a risk in being too prescriptive when it comes to requirements that programs are evidence based ... there is a need to ensure that community driven initiatives or programs tailored to meet specific community needs are not excluded. (RCPDCNT 2017, vol. 3B, p. 192)

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### **Box 5.8      Participants emphasised the importance of both evidence and local adaptation**

#### **Child Friendly Alice:**

Utilising evidence-based models where they can be contextualised for the local needs (place-based). Evidence based programs may need to be adjusted for the local community and adjustments need to come from community feedback / input not just service providers. (sub. 16, p. 3)

#### **Children's Ground:**

What is considered an 'evidence-based program' also needs to go beyond those with international evidence only and the 'gold standard' randomised control trials. Evidence needs to be generated from the ground up with action research and evaluation frameworks that provide the pathways and resources for small local programs to be supported to evaluate and share their findings. (sub. 23, p. 18)

#### **Aboriginal Medical Services Alliance NT:**

Approaches to service delivery must be evidence based and build on the public health and place-based approaches. (sub. 20, p. 16)

#### **Empowered Communities – NPY Region:**

Use all available evidence to underpin decision making. Uphold a shared understanding of what the evidence shows and means. (sub. 15, p. 28)

#### **The Smith Family:**

Having a strong evidence base for program funding that can demonstrate impact in community and ensuring there is adequate provision in the funding to provide for meaningful evaluation as part of the process. (sub. 4, p. 4)

#### **The Royal Australian and New Zealand College of Psychiatrists (RANZCP):**

The RANZCP strongly supports a recovery-focussed and evidence-based model of care throughout the child and family services system, and we believe that funding arrangements need to reflect this in practice. The implementation of a comprehensive place-based approach is crucial to ensure services are able to meet the unique needs of communities in the NT. (sub. 11, p. 1)

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Making decisions about children and family services in the Northern Territory on the basis of evidence can be difficult in practice. Where there is clear evidence that a particular service is effective in the Northern Territory (or in similar contexts), funding should be directed towards that service (if the service meets an identified need). However, if there are strong reasons why the program is unlikely to meet the needs of a particular community, the community should be able to put that view forward (including as part of the regional planning process described in chapter 6).

A report prepared for the Lowitja Institute found that there is an emerging or promising evidence base on the effectiveness of some programs delivered in the early years of childhood for Aboriginal and Torres Strait Islander children and families — this includes

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some maternal and child health services, early learning programs, and positive parenting interventions (Emerson, Fox and Smith 2015). But the report also noted that:

The majority of evidence-based programs have not been tested through [randomised controlled trials] in Australia (let alone in Aboriginal communities or contexts), and even the best-supported programs have not necessarily been independently tested with multiple cohorts or populations, although there are a small number of exceptions to this. (Emerson, Fox and Smith 2015, p. 31)

And there are relatively few children and family services for which clear evidence exists, and funding services with *an* evidence base does not necessarily mean those services will be effective if the evidence is not context specific. A report for the Australian Institute of Family Studies cautioned that the success of programs — in this case home visiting programs — in one community is not necessarily replicated in others.

In general, the favourable results of a plethora of home visiting evaluations in Australia, Europe and the US have led to widespread acceptance of claims that home visiting prevention strategies are effective in reducing the potential for child abuse. However the positive results derived from these evaluations were based on a range of research designs, some of which do not give reliable results ... It may also be difficult to replicate the success of a home visiting program in one community to another geographical area or sub-population, such as applying aspects of successful programs in the US to an Australian context ... the findings from one program model cannot be generalised to another. (Holzer et al. 2006, p. 15)

Although there is now preliminary evidence that home visiting programs have been successful with Aboriginal families (Emerson, Fox and Smith 2015), one factor that may influence the success of home visiting programs in the Northern Territory is that Aboriginal and Torres Strait Islander families may be reluctant to take up offers of individual home visiting (Flaxman, Muir and Oprea 2009, p. 36).

Local adaptation is an important option to help overcome the challenge of a lack of a context-specific evidence base and to help ensure that services meet local needs. However, adapting mainstream services is not always sufficient and there is another evidence gap regarding the effectiveness of local adaptations in the Northern Territory.

For example, the Home Interaction Program for Parents and Youngsters (HIPPY) has a predominantly mainstream evidence base. This evidence shows that a large majority of children who participated in HIPPY increased enjoyment in learning and increased confidence in starting school, and that parents acquired parenting skills and increased the time spent with their children (ACIL Allen Consulting 2018). Although HIPPY has been adapted for Aboriginal and Torres Strait Islander families, there is little evidence about how effective this adaptation has been, and there is some evidence that uptake and completion of the program are lower in very remote Indigenous communities (ACIL Allen Consulting 2018; Emerson, Fox and Smith 2015).

Similarly, NAAJA noted concern with the appropriateness of available parenting programs which were ‘largely described as being based on Western child rearing practices and often not facilitated by Aboriginal people for Aboriginal people’ (sub. 28, p. 7). Aboriginal-led programs that are delivered more informally — in which, for example, participants have a

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yarn or engage in creative activities like pottery, art or screen printing — can provide a more suitable model of parenting support for Aboriginal people.

This suggests that while adapting services to the needs of Aboriginal and Torres Strait Islander communities (and evaluating these adaptations as part of a continuous improvement process) is important, it is only one part of the solution. When the evidence base is very sparse or is lacking altogether, funding locally driven services and supporting the development of a localised evidence base for what works is also essential. Children’s Ground provided this view:

... both levels of government continue to invest in prescribed and packaged solutions. We need to start backing and supporting our First Nations communities to design, deliver and evaluate their own solutions because this will enable the users to hold the child and family service system and funders to account. (sub. 23, p. 18)

Overall, the evidence base for what works in the Northern Territory context (and especially remote Aboriginal communities) is sparse. Given service decisions need to (inevitably) be made in the context of incomplete or imperfect evidence, adaptive learning (also known as ‘continuous improvement’) also has a role to play. There is limited information available on how well service providers are using performance data to refine and improve their activities, though it appears that performance reporting requirements imposed by governments are not facilitating this as well as they could (chapter 9). The result is that governments and service providers cannot be confident whether or not services work, are ineffective, or are causing harm.

## **The National Indigenous Australians Agency’s approach to using evidence**

One of the criteria used by the NIAA to assess IAS grant applications is that there is evidence that the proposed approach has the potential to deliver the identified outcomes (box 5.1). While applicants are not asked to provide an explicit program logic, they are required to state the intended outcomes and how these align to one or more of the IAS program outcomes. The NIAA has also attempted to build the evidence base through evaluations of several of its children and family programs (box 5.9).

Inquiries into the IAS have found that the emphasis on evidence does not always match the reality. The Senate Finance and Public Administration References Committee found that an evidence base connecting the program areas with the intended policy outcomes was lacking when the IAS was initially designed (SFPARC 2016, p. 18). And in 2016, PM&C noted that:

... there are substantial gaps in the evidence base about outcomes and impact. At the moment a very high proportion of what is funded through the [IAS] lacks a good evidence base. We do not have enough good quantitative studies testing the effects that can be attributed to interventions. (ANAO 2017, p. 64).



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### Box 5.9 Evidence base for selected NIAA programs

An evaluation of the **Stronger Communities for Children** program (box 5.5) found that while there can sometimes be a tension between strengths-based and evidence-based approaches, the program gave local boards the flexibility to innovate and design activities that built on community strengths. The evaluation also noted that, in general, there is a lack of evidence available to determine whether or not an activity will work in remote Aboriginal communities (Winangali Ipsos Consortium 2017).

The **Remote School Attendance Strategy** engages local people to work with schools and families to support children to attend school every day (and is mostly rolled out in Aboriginal and Torres Strait Islander communities). An evaluation found that it did not improve school attendance in all families, and acting in isolation it was unable to improve attendance for families experiencing complex life events. However, the evaluation also found that when staff were appropriately trained and knowledgeable about other services, the program worked as an effective referral and coordination point for families (Winangali Ipsos Consortium 2018).

The inadequacies of the process used to assess community needs (discussed earlier) have implications here. It appears that even where funding decisions are being made with reference to evidence and an implicit program logic, there is still limited information about how relevant or effective proposed activities would be for the targeted communities. Recognising that it is not sustainable to continue to fund activities lacking a good evidence base, in 2018 PM&C introduced funding to strengthen IAS evaluation, underpinned by a formal evidence and evaluation framework (PM&C 2018c, p. 7).

### The Department of Social Services' approach to using evidence

DSS places strong emphasis on the need for an evidence base in its program guidelines and funding decisions. This permeates its approach to program design, where programs are developed in advance to address national priorities, then rolled out in selected communities on the basis of various demographic and social indicators — a top-down model.

The guidelines for DSS' Family and Children Activity state that service providers are 'expected to monitor changes in their communities and adjust the services they deliver to meet the changing needs of families and children' (DSS 2017, p. 13). And in consultations on proposed changes to those guidelines, DSS indicated that in future it will ask organisations to demonstrate that their services are supported by evidence when applying for funding (DSS 2018c, p. 9).

DSS' operational guidelines also emphasise the importance of evidence. For example, the guidelines for IFSS state that service providers need to 'offer evidence informed locally adapted and culturally appropriate services' that tailor support to the unique needs of individual adults and children (DSS 2016, pp. 6, 23). However, as discussed in the preceding section on community involvement, any adaptation of services and activities to local conditions largely occurs after a funding decision has been made. Thus, while it is possible

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to adapt the service or activity to the unique circumstances of communities, this adaptation is limited by the parameters of the program established by DSS.

It is difficult to reconcile the flexibility espoused in program guidelines with feedback from participants to this study, who suggested that flexibility is very limited in practice. One example of this is the CfC program, which has evidence-based requirements that do not always align with local needs (box 5.10). This approach creates a tension between fidelity to the existing evidence base and tailoring to local conditions, and can conflict with place-based approaches to service delivery.

#### **Box 5.10      DSS Communities for Children evidence requirements**

The Communities for Children program requires facilitating partners to allocate at least 50 per cent of funding to high quality, evidence-based programs assessed by the Australian Institute of Family Studies (AIFS) as having a relatively rigorous evidence base. AIFS has a guidebook of off-the-shelf evidence-based programs that can be selected. Alternatively, facilitating partners can meet this requirement by funding activities that are not in the guidebook, provided that those activities are assessed by AIFS as a promising or emerging program.

- Promising programs must meet five criteria:
  - a documented theoretical and/or research background
  - a clear theory of change (program logic)
  - activities that generally match good practice in addressing the needs of the target group
  - one or more evaluations have been conducted to establish positive benefits for the target group, with pre and post-testing of participant outcomes
  - staff members who run the program are sufficiently qualified and/or trained.
- Emerging programs need to be on the way to meeting the five criteria in the near future. The original deadline for emerging programs to be approved as promising programs was 30 June 2018, but AIFS will still assess new applications for emerging programs in some situations.

The remaining proportion of funding can be used on promising or innovative activities that have not yet been subject to rigorous evaluation or for which an evidence base does not currently exist.

An evaluation of the Communities for Children program found that only a minority of the facilitating partners adapted approved programs, and that there are difficulties implementing the evidence base requirements in regional and remote communities. The evaluation also found that about a third of the facilitating partners were unsure or did not agree that they would be able to meet the 50 per cent target for evidence-based activities in the required timeframes, and reported that only a limited selection of evidence-based activities would match community needs. There was a suggestion that evidence-based activities might be selected to meet the target rather than meeting the identified needs of the community. Further, meeting the requirements in remote locations was difficult due to the impact of transient populations, workforce skill shortages, and the need to service communities with specific cultural factors.

*Sources:* ACIL Allen Consulting (2016); AIFS (2019d); DSS (2014a).

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## The NT Government's approach to using evidence

Grant guidelines for some of the NT Government's children and families programs require those programs to be evidence based. For example, projects to prevent domestic, family and sexual violence (box 5.3) will only be funded if they 'clearly demonstrate how existing evidence has informed the project design' (Territory Families 2018c, p. 6), but that evidence does not have to be specific to the Northern Territory. Other grant guidelines, such as those for Darwin youth activities, require service providers to demonstrate a commitment to collecting evidence of what works best and makes the most difference to young people (Territory Families 2018b, p. 5).

The FaFT program (which targets Aboriginal families with young children and incorporates the Abecedarian approach to early learning) and the Strong Women, Strong Babies, Strong Culture program (which targets young pregnant Aboriginal women) are examples of programs funded by the NT Government that have been identified as having an emerging or promising evidence base (Emerson, Fox and Smith 2015).

In contrast, youth diversion boot camps are an example of a program funded by the NT Government, despite evidence suggesting that it is not effective. Several concerns have been raised regarding the effectiveness of boot camps.

- In its statement to the Royal Commission, Territory Families recognised that substantial criminological evidence shows that boot camps do not prevent children and young people from reoffending (RCPDCNT 2016, p. 511).
- Program implementation reports for the NT Government's Early Intervention Youth Boot Camp program also note that programs without therapeutic intent are not supported or are ineffective (Raymond and Lappin 2017).
- Bushmob Aboriginal Corporation has also criticised boot camps as being non-therapeutic and inconsistent with expertise within the Northern Territory (Bushmob Aboriginal Corporation 2016, pp. 31, 36).

The NT Government's 2019 *Back on Track: Cutting Youth Crime Plan* incorporates boot camps (Gunner and Wakefield 2019). This highlights the ongoing difficulty of incorporating evidence into funding decisions.

## 5.5 Overall issues with current processes

### Government processes lack transparency

Publicly available information upon which to assess government processes for selecting which children and family services to fund was more limited than the Commission expected. This experience echoes a concern held by many study participants that there is insufficient transparency about the funding decisions that governments are making, and limited explanation of these decisions to affected communities and service providers. It is unclear

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how the advantages of activities for one place are weighed against those in another, with the risk of inequitable funding flows driven by the capacity of service providers to apply for funding, rather than being driven by an assessment of the needs or priorities of communities or likely effectiveness of different services.

There is also limited transparency in other areas, and inadequate sharing of data between departments (including basic information such as which services are being funded where — chapter 3). Government departments are not fully harnessing the data to better target or design services. These deficiencies can be compounded by the reliance on service providers to assess needs, consult with communities and adapt programs to local contexts — often with patchy access to government-held data and limited oversight or verification by departments. It is hard to avoid the conclusion that governments are abrogating some of their responsibilities to understand local needs and to engage communities in determining which services they receive.

## **Silos are counter to the public health and place-based approaches**

Insufficient transparency contributes to a siloed approach to funding decisions, with multiple programs being provided — often in a top-down manner — with little reference to each other and in the absence of a comprehensive understanding of each community's circumstances, needs or priorities. Regardless of the strengths and weaknesses of each individual program, this programmatic approach is resulting in a fragmented service system — as clearly evidenced by the stocktake results in chapters 2 and 3 — with government expenditure poorly targeted and likely failing to best address needs.

Despite the plethora of services being funded in the Northern Territory, some of which are community driven and evidence based, there is a view that children and families are not receiving enough or the right support services. For example, the Child Friendly Alice survey of adults identified 'lack of youth, child and family activities and events' and 'lack of support for children and families' (2019, p. 11) in the top ten factors inhibiting hopes and dreams for children and young people in Alice Springs. Services can also come too late, especially where 'funding decisions are occurring in response to abuse and to mitigate further abuse instead of the early intervention approach required to prevent abuse' (Child Wise, sub. DR37, p. 6). Some individual services may be effective, but the overall mix is not.

Ultimately, this acts counter to a public health approach. A fragmented approach to funding does not necessarily preclude effective service delivery where services are well coordinated and integrated at a local level, but coordination efforts themselves are partial and fragmented (chapter 4). Services appear to be funded with little reference to what is already being provided, undermining attempts to integrate services in ways that better meet the needs of children and families.

The system is also failing to be place-based, with funding decisions based on partial information and evidence. This means that funding is not meeting the greatest needs and priorities of each community, and is not flowing to where it will deliver the greatest social

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return. Often, the result is that necessary services do not exist, and the services that get funded are not tailored to the social, cultural or demographic contexts of the community, and thus are less effective.

As the Royal Commission identified, transformation is necessary.

To adopt a public health approach there needs to be fundamental shift away from a service-driven system where a patchwork of services are funded to address an issue in isolation and towards a child centred system where the unique needs of the families and communities within which they grow up are understood and matched to an effective response. A public health approach will provide the data and evidence to inform, and the strategic structure to integrate and co-ordinate individual services and programs so they work in collaboration and complement each other with a focus on outcomes for children and families. (RCPDCNT 2017, vol. 3B, p. 198)

#### FINDING 5.1

The Commonwealth and NT Governments are making funding decisions about children and family services in ways that are not consistent with either the place-based or public health approaches to preventing harm to children.

Although there are pockets of good practice and improved processes emerging in some areas, it remains the case that:

- the needs of children and families in each community are not assessed in a systematic or rigorous way, and there is no holistic consideration of which services would best meet local needs and priorities
- community input into service selection and design is often belated or superficial
- there is sparse evidence for 'what works' in the NT context (and especially in remote Aboriginal communities).

The end result of these processes is that the system of children and family services in the Northern Territory is fragmented, with government expenditure poorly targeted and failing to best address the needs of children and families.



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## 6 Coordinating funding between governments

### Key points

- To deliver on their shared responsibility of keeping children and young people safe and well, the Commonwealth and NT Governments need to change the way they fund children and family services in the Northern Territory. A new coordinated way of working would include both governments genuinely engaging with communities and coming to a shared understanding of current issues affecting children and families. It would also involve governments making a joint commitment to solutions and having collective ownership of, and accountability for, outcomes.
- A formal process is needed to put this new coordinated way of working into practice. While a formal coordination process could take many forms, best results will be achieved when both governments: share detailed data; agree on what types of services they will each fund and in which locations; and agree to pool funds in specific policy areas and/or locations where there is already a high degree of overlap in funding activity.
- Our proposed coordination process for children and family services involves four key steps.
  1. **Collating data** on outcomes (risk, protective and wellbeing factors), expenditure and service availability for communities and regions across the Northern Territory.
  2. Sharing the data with community members, and working with them to **develop regional plans** that outline the unique strengths and needs of children and families in communities across the region, and give local community members a voice about which children and family services they would like to retain, change or replace. There would initially be between 12 and 20 regional plans, and the plans would, wherever possible, align with local decision making arrangements.
  3. The **Children and Families Tripartite Forum** drawing on the regional plans to **provide advice** to Ministers about funding arrangements for children and family services across the Northern Territory, including advice about funds pooling for particular locations or services.
  4. The relevant **Ministers** of both governments considering the advice of the Tripartite Forum, **agreeing** on which children and family services each is going to fund and in which locations (including pooled funding arrangements), and publishing details of the **agreed funding**.
- This process should be repeated as often as necessary to guide coordinated funding decisions. This may be annually at first, as existing short-term contracts end, new data gradually becomes available and local decision making becomes established in more places.
- Staff in the regional networks of the Commonwealth and NT Governments will play a key role in the process. Regional managers will be responsible for ensuring that the regional plans reflect input from all of the communities in the region, and that every child and family in the Northern Territory is covered by a regional plan. It will be essential to the success of the coordination process that both governments equip their regional managers and staff with the skills, capacity and authority to fulfil their expanded roles.

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There is very little coordination between the Commonwealth and NT Governments for program and funding decisions about children and family services in the Northern Territory. The coordination that exists is typically informal and ad hoc. While attempts have been made to improve coordination, both between governments and across departments and agencies within them, these have been insufficient (chapter 4). There is also no holistic identification of the needs and priorities of children and families in each community, and little transparency about what analysis is being done (chapter 5). As the NT Government put it:

... funding to support children and families in the Northern Territory has not previously been used as efficiently or effectively as it could be, and there is scope to increase and improve the impact from existing resource investment through improved coordination of planning and decision-making. (sub. DR35, p. 5)

This chapter sets out a way to better coordinate the policy and funding decisions of the Commonwealth and NT Governments in meeting the needs of children, families and communities. It outlines options for better coordinating funding decisions (section 6.1) and describes the Commission's recommended option (section 6.2). It then provides an overview of the process by which the Commonwealth and NT Governments could reach agreement on funding for children and family services (section 6.3), before describing the key steps of the coordination process in further detail. Those steps are:

- collating data on services, risk and protective factors, and outcomes for children and families at the community or regional level (section 6.4)
- developing regional plans for children and family services, informed by community-level data and input wherever possible (section 6.5)
- obtaining advice from the Children and Families Tripartite Forum (the Tripartite Forum) (section 6.6)
- reaching agreement on funding for children and family services across the Northern Territory (section 6.7).

Section 6.8 outlines other changes that will be required to support the process, including to the role of Commonwealth and NT Government regional representatives, and to the resourcing and operation of the Tripartite Forum.

## **6.1 Options for coordinating funding decisions**

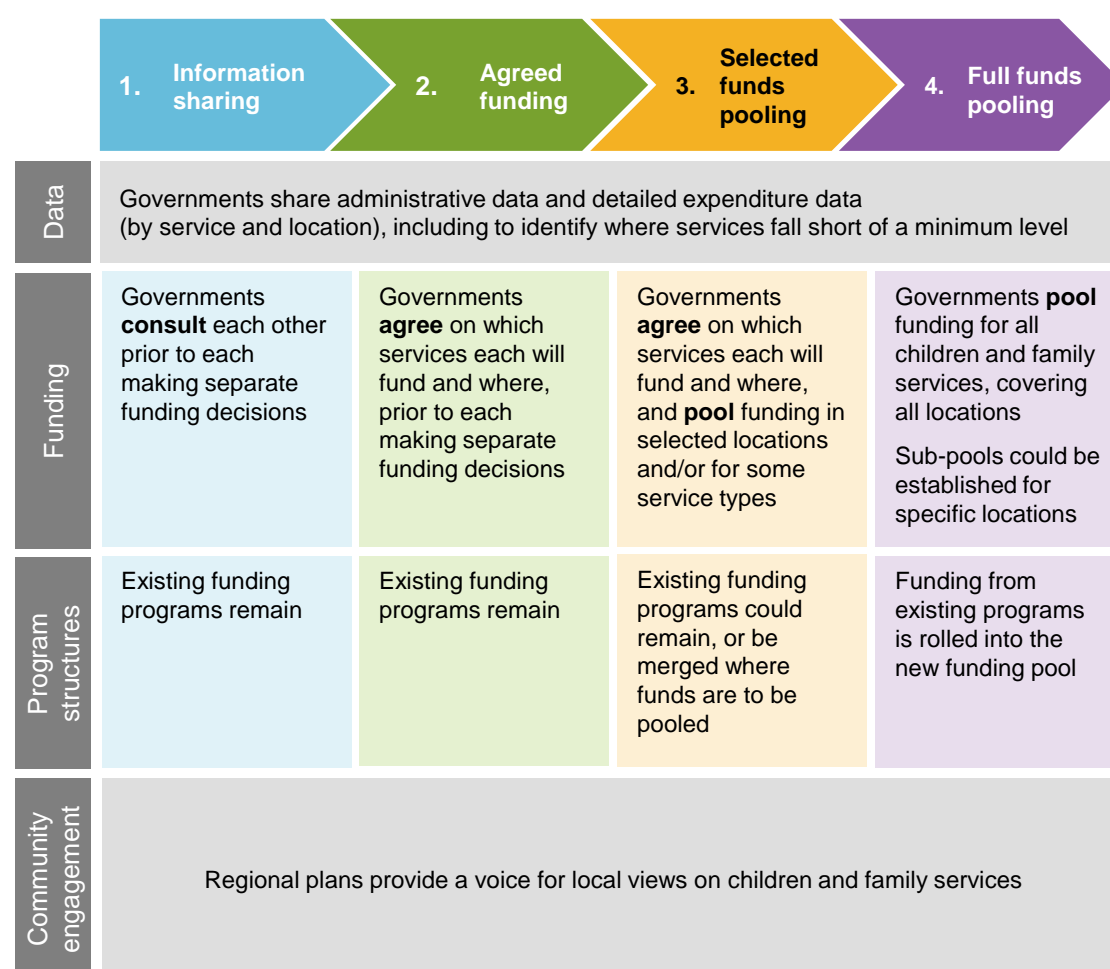
There is a range of options for how the Commonwealth and NT Governments could coordinate their decisions about funding for children and family services in the Northern Territory. The form and extent of this coordination could range from information sharing up to formal pooling of all relevant funds. Four options along this continuum are described below and summarised in figure 6.1.

Of the four options, the Commission is recommending option 3 — agreed funding with selected funds pooling — which involves governments sharing detailed data, agreeing on



what types of services they will each fund and in which locations, and agreeing to pool funds in specific policy areas and/or locations where there is already a high degree of overlap in funding activity. This option would: support clear accountability while reducing service fragmentation; reduce the need to resolve complex areas of overlapping roles and responsibilities between governments; and most easily accommodate pooled funding to support local decision making.

Figure 6.1 Options for intergovernmental funding coordination



Importantly, the four options build on each other. All involve both governments working together. All have a common foundation of enhanced information and data sharing, including information that is fed up through a new regional planning process (this base level is option 1). Options 2, 3 and 4 build on this to bring in progressively more integrated forms of coordination, including requirements for governments to agree on each other's funding commitments (options 2 and 3), moving towards formal pooling of funds to more holistically meet local needs and priorities (options 3 and 4).

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Although these options are designed to coordinate funding decisions, they would also present opportunities for governments to align their policy objectives and programs, including by identifying where particular responsibilities could be allocated to one government or the other. And while the two governments are jointly responsible for preventing harm to children in the Northern Territory (chapter 4), the process of coordinating and aligning funding priorities could naturally result in greater demarcation of responsibility for specific service areas.

Any of these four options would be a marked improvement on how the Commonwealth and NT Governments are making decisions today. In addition to facilitating better coordination *between* each government, they could and should also serve to improve coordination across departments and agencies *within* each government. In particular, they can help to address the lack of coordination between the Commonwealth's National Indigenous Australians Agency (NIAA) and the Department of Social Services (DSS) in selecting which services they respectively fund and deliver (chapter 5).

All of the coordination options could also co-exist with forms of local decision making (chapter 1), where communities choose for themselves which services they want to receive, who will deliver them, and/or how they will be delivered. In some options, this could mean that governments follow the direction of regions or individual communities when making funding decisions; in others, it could mean giving an Aboriginal Community Controlled Organisation its own pool of funding to administer. The degree of control that communities and regions have — including over which types of services — will vary across the Northern Territory depending on their willingness and readiness to take on such responsibilities, as well as the willingness of governments to devolve responsibility and enter into local decision making agreements (chapter 1).

## **Option 1: Information sharing**

A better understanding of what each government is currently funding and the needs of communities is a prerequisite for coordination. Developing a service list (chapter 7) will help both governments and communities obtain an overall picture of which children and family services are being funded by which governments in which locations.

As well as the service list, the information sharing option would require governments to share and make use of the data that each currently holds about children, families, communities and regions across the Northern Territory. This includes demographic data and administrative data across the full range of government services (such as child protection, policing, housing and health).

In addition to this, each government would commit to sharing data on its current expenditure on children and family services in the Northern Territory, disaggregated by service type and location. When summed across the two governments, this would provide baseline measures of expenditure and service availability. This comparison could be made jointly by working through the Tripartite Forum. Sharing expenditure data can also help each government to

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hold the other to account when funding levels change or a minimum level of services is not being provided.

This option would also require governments to share information on each community's needs, although a better process for hearing from communities is required, as current ad hoc needs assessment processes are not delivering a holistic picture (chapter 5). To this end, governments should work with local people to develop regional plans that outline current services and future priorities for children and families in each community in the region (the development of regional plans is discussed in section 6.5).

Sharing these kinds of information can help governments better target their respective funding programs to where additional funding would add value. At a minimum, governments should give each other (and community members) advance notice of what they are going to fund, and consult each other prior to locking in the funding. (Service providers also need more notice about funding decisions — chapter 8). This would give each government a better sense of how and where its funding can best be targeted given what the other is doing, and avoid situations where they are each providing the same type of service in the same place.

For example, the NT Government could share with the Commonwealth Government detailed data on domestic violence incidents by location, together with data on what services it is directly providing or funding to address these. The Commonwealth Government could share clear information on which specific types of family law and counselling services it plans to fund in upcoming funding rounds (and precisely where those services will be delivered in the Northern Territory).

Under the information sharing option, existing funding programs (such as the NIAA's Indigenous Advancement Strategy or the NT Government's Families as First Teachers program) could remain in place. Governments would consult each other in order to make better, more informed decisions, but they would each retain full autonomy over their expenditure.

## **Option 2: Agreed funding**

In this option, governments would go beyond merely sharing information and would establish a joint planning process whereby they agree on what services they will each be responsible for funding, and in which locations. This would allow for a more systematic approach to funding the needs and priorities of communities and regions by facilitating discussion of who is best placed to fund unmet needs, as well as directly dealing with the risks of overlap. It would draw on the improved information and data sharing, and the regional planning process put in place under option 1, but provide more certainty to all parties that coordinated funding decisions would be made.

The Tripartite Forum would play a more central role in the agreed funding model, not just in identifying gaps in services, but also in advising governments on where expenditure should be prioritised and how agreement on what each government will fund could be

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achieved. To give a simplistic example, if governments agree that one community needs a new youth diversion service and another community needs additional family support services, they could also agree that the NT Government will fund the youth diversion service and that DSS will fund the family support service.

Existing funding programs could largely remain in place initially, with each government directing funding through these programs to meet areas of identified need and implicitly ‘signing off’ on each other’s funding decisions. Governments could, however, go further and adopt a common program or a common process for program development (for instance, they might choose to work together to establish a common intensive family support program).

In either case, the Tripartite Forum could lead a process of ‘nominal’ funds pooling, where each government specifies the funding it has available (either in total or for particular service areas, such as for parenting programs) and agrees to be guided by the advice of the Tripartite Forum in how and where this should be spent, subject to the existing program structures and rules. This would not be as flexible as formal pooling (described below), but may be able to deliver a close approximation in some areas.

### **Option 3: Agreed funding with selected funds pooling**

This option takes the previous one as the starting point — both governments share data and agree on which services each will fund in which locations, drawing on more and better data and greater input from communities and regions. It then builds on this by formally pooling funds in some service areas. Governments would need to agree on what specific activities and services are funded through pooling arrangements, and then commit to using a single process for allocating funding — for example, they could provide funding to a single entity (such as a government department) to look after a specific service area, or adopt a single joint process for assessing funding applications and providing grants. Pooling would avoid the problem of service fragmentation and, combined with the regional plans, help to direct funding to where the social returns would be greatest.

As part of the process of agreeing on what they are going to fund, governments would also need to agree on where and how they are willing to pool their funds. The most obvious way to do this is to pool funding for specific communities or regions, with a local entity deciding on how these funds are then spent on particular children and family services. The local entity could be entirely comprised of local community organisations, or could include representation by both governments. Place-based pooling could be aligned with regional or community plans, such that a single funding pool is available for meeting the needs and priorities identified in a plan.

Place-based pooled funding can also facilitate a move towards greater local decision making. This could be done for some or all children and family services in locations where there are local decision making agreements, with a local organisation directing how government funding is used to meet local needs.

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Pooling could also be considered in specific service areas, for example, those where:

- there is considerable overlap in the roles and responsibilities of each government (such as domestic violence or youth diversion programs)
- governments are already pursuing the same objectives through very similar programs (such as intensive family support).

The funding pool for each service area could be administered by an existing body (such as a single government department) or by a new body established for that purpose. Funds in the pool would still need to be allocated to particular services in accordance with the needs and priorities of communities and regions.

Figure 6.2 provides a hypothetical example of what agreed funding with selected pooling might look like in practice. For instance, both governments might agree to pool their available funding for a specific region, to be administered by a local organisation. Of the remaining funding, they might also agree to pool funding for nurse home visits and task a single entity (such as the NT Department of Health) to allocate that funding based on needs identified in regional plans across other locations in the Northern Territory. Funding for other services, such as safe houses or playgroups, might remain in separate programs administered by each government, but with agreement on what specific services each will fund in each location. This agreement could be reached on a program-by-program basis (as shown in figure 6.2) or on a location-by-location basis (with, for example, the NT Government funding safe houses and playgroups in one location and the NIAA funding those services in another location).

This option has similarities with how the Commonwealth and NT Governments have coordinated funding for primary healthcare services through the NT Aboriginal Health Forum (box 6.1). The NT Aboriginal Health Forum example also highlights the importance of continued information flows for the success of the coordination process.

Local funding pools have also been used to fund children's services in other countries. For example in England, Children's Trusts — comprising of government and local authority representatives — undertake joint planning of services for their region, and pool funds where appropriate (Bachmann et al. 2009).

Figure 6.2 Agreed funding with selected pooling: Hypothetical example



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## Box 6.1      **Funding arrangements for the NT Aboriginal Health Forum**

The Northern Territory Aboriginal Health Forum (NTAHF) is a formal partnership between the Aboriginal Medical Services Alliance Northern Territory, the Australian Government, the NT Government and the Northern Territory Primary Health Network.

It was established in 1998 as an advisory body to allow the parties to formally coordinate an approach to the delivery of primary healthcare services at a level that reflects the needs of Aboriginal people and their communities. The parties formally agreed to transparent information sharing and planning efforts, and to coordinate and/or support the implementation of new programs, while retaining autonomy over their own legislative requirements and responsibilities.

Regional planning has played a central role in the NTAHF's deliberations. This has involved: governments sharing data on per capita expenditure on primary health care in each health region, detailed mapping of services in each region, population workforce ratios for general practitioners, nurses and Aboriginal Health Practitioners and comparison of existing services to a 'core services' framework (a set of primary healthcare services that should be accessible everywhere).

This work was used to inform funding decisions prior to 2011. In 1999, the Primary Health Care Access Program (PHCAP) funding model was developed to determine the minimum funding required to deliver the core services in each region. It was based on multiplying national average expenditure per capita (based on the Medicare Benefits Schedule and Pharmaceutical Benefits Scheme) by a remoteness factor, and a morbidity factor. From 2008 this model was built upon for the Expanded Health Services Delivery Initiative (EHSDI) which was funded as part of the NT Emergency Response. This added some additional loadings to the funding model including a fluency in English language factor and a cost of service delivery factor. The outcomes that these funding models required were then compared to existing per capita funding levels (across both governments) to prioritise additional funding to regions that fell below the minimum expenditure level. Funding was then allocated to health clinics in each region on a 'capitation' basis — a form of block grant designed to fund all the primary health needs of a specific population, instead of providing funding on a fee-for-service basis.

This funding process was advisory in nature, and used to equitably allocate funding according to needs. Governments used the advice to direct money from existing programs towards areas of need. As such, there was a process of 'nominal' funds pooling rather than formally pooling funds within a specific entity. Much of the additional funding was provided through Commonwealth programs designed to improve access to primary health for Aboriginal populations initially through the PHCAP and then EHSDI.

Attempts have been made to set up formal funds pooling at a regional level (covering all government departments and programs), but this has not eventuated. However, there have been trials of formal pooling in the Katherine West and Tiwi health regions under the Aboriginal and Torres Strait Islander Coordinated Care Trials (which ran from 1997 to 1999 and from 2002 to 2005). Evaluations found that these trials significantly improved access to health services, although they also highlighted considerable unmet health needs.

The NTAHF has also developed a set of NT Aboriginal Health Key Performance Indicators to monitor primary health care processes and outcomes, and developed a process for transitioning government-run primary healthcare services to Aboriginal community control.

*Sources:* Allen and Clarke (2011); AMSANT (2014, p. 3, 2019); Australian Government, NT Government and AMSANT (2015); J. Boffa (Central Australian Aboriginal Congress, pers. comm., 13 October 2019); Dwyer (2015, pp. 24–25); Parker (2007); PricewaterhouseCoopers (2007).

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## Option 4: Full funds pooling

A fully pooled funding model — with a single body making decisions about which services to fund — would be the closest form of coordination, and also the most radical change from current practice. In this option, both governments would transfer the funds they each have available across their programs to a central pool. As with option 3, the pool of funds could be managed by an existing body (such as a single government department) or by a new body established for that purpose. Governments would then decide, guided by advice from the Tripartite Forum, how to best allocate these funds to meet the needs of communities and regions across the Northern Territory. Within this funding pool, sub-pools could be carved out for communities and regions that are ready and willing to manage their own funding as part of local decision making agreements.

Existing funding programs would cease to operate in the Northern Territory, with their funding rolled into the new funds pool. This would create complications in some cases, such as Commonwealth programs that deliver funding on a nationwide basis, or where services overlap with existing arrangements in health or education. Governments would also need to commit not to override the arrangement by funding services outside of the pooling arrangement.

## 6.2 Choosing between the coordination options

All four of the options described in the previous section would represent a significant improvement to current practice, and all would be significant policy changes for both the Commonwealth and NT Governments. As the options fall along a continuum of increasing coordination, governments could agree to start with relatively modest forms of coordination but then increase the nature and extent of coordination over time.

Few study participants commented specifically on what exact form of coordination governments should pursue over time. Some (including AMSANT, sub. 20, p. 9; NMHC, sub. 17, p. 6; NACCHO, sub. 21, p. 9) suggested that models of pooled or bundled funding should be explored for children and family services. Specifically, AMSANT (sub. 20, p. 9) favoured a process of ‘nominal funds pooling’, whereby governments commit to funding arrangements and amounts without needing to set up a formal mechanism to hold and administer funds.

There are several criteria that can guide governments in agreeing on a form of coordination.

- **Reduced fragmentation** — does the option reduce the risk that service delivery remains fragmented, duplicated or poorly targeted because government funding priorities are not adequately aligned (meaning that children, family and community needs are not met or the right mix of services is not being provided in each region)?



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- Clear accountabilities, including shared accountability — does the option make it clear who is responsible for what, thus allowing for greater accountability for funding decisions?
  - Compatibility with local decision making — how easily could decision-making responsibilities be handed over to local communities and regions that are ready and willing to take on these responsibilities?
  - Incentives — are there incentives for each government to stick to the arrangements rather than unilaterally walking away, shifting costs or playing the blame game?
  - Transition — are costs of transition likely to be manageable? This includes the potential administrative and financial costs involved with altering or terminating existing funding programs, as well as the costs of changing entrenched ways of working, weighing the costs and benefits of this.
  - Integration with other services — how straightforward would the interactions be between the option and other government services that are out of scope of the arrangements (such as primary healthcare services)?

Table 6.1 provides an assessment against these criteria. All options have disadvantages as well as advantages. At the ends of the spectrum, information sharing alone does not appear sufficient to address the problem of governments pursuing different objectives, and full funds pooling is likely to be too ambitious and disruptive to implement, at least in the medium term.

On balance, there would be considerable merit in the Commonwealth and NT Governments agreeing on what services each is going to fund and in which locations. There would also be benefit in commencing formal funds pooling in specific locations or for selected services, initially on a small scale, to gain a better understanding of the practicalities, risks and challenges that pooling would give rise to. As such, the Commission considers that governments should commit to pursuing an approach of ‘agreed funding with selected funds pooling’ (option 3).

Agreed funding with selected funds pooling offers several clear benefits. It would:

- support clear accountability while reducing service fragmentation
- reduce the need to resolve complex areas of overlapping roles and responsibilities between governments, where both can commit to applying funds pooling
- most easily accommodate pooled funding to support local decision making where communities are ready and willing, and thus be compatible with a longer-term move towards greater local decision making
- have transition costs that are likely to be manageable.

**Table 6.1 Assessment of intergovernmental coordination options**

<i>Option</i>	<i>Advantages</i>	<i>Disadvantages</i>
<b>1. Information sharing</b>	<ul style="list-style-type: none"> <li>• Greater transparency of existing expenditure reduces incentives to shift costs to the other government</li> <li>• Avoids unintended service overlaps and helps identify gaps</li> <li>• Low transition costs</li> <li>• Limited consequences for out-of-scope services</li> </ul>	<ul style="list-style-type: none"> <li>• Fragmentation may remain if governments each fund the same types of services, or neither funds high-priority services in some places</li> <li>• Providers still need to navigate multiple funders (administrative burden)</li> <li>• Local decision making would be contingent on governments following the advice of communities</li> </ul>
<b>2. Agreed funding</b>	<ul style="list-style-type: none"> <li>• Reduces fragmentation by avoiding service overlaps and better targeting gaps</li> <li>• Each government has flexibility to change its priorities (provided the other agrees)</li> <li>• Would not necessarily impinge on out-of-scope services</li> <li>• Could support accountability if responsibilities are clear</li> </ul>	<ul style="list-style-type: none"> <li>• Risk of deadlock if governments have different priorities or do not agree on decisions</li> <li>• Risk of governments bypassing the process to fund new initiatives/projects</li> <li>• Providers still need to navigate multiple funders</li> <li>• Local decision making would be contingent on governments following the advice of communities</li> </ul>
<b>3. Agreed funding with selected funds pooling</b>	<p>As above, plus:</p> <ul style="list-style-type: none"> <li>• Can avoid service fragmentation in specific (problematic) areas</li> <li>• If funds are pooled on a location basis, can accommodate local decision making in specific communities</li> <li>• Precedent in Aboriginal primary health</li> </ul>	<p>As above, plus:</p> <ul style="list-style-type: none"> <li>• Potential complexity of using different funding arrangements for different service types</li> <li>• Some transition costs depending on extent to which funding processes are integrated/merged</li> </ul>
<b>4. Full funds pooling</b>	<ul style="list-style-type: none"> <li>• In principle, can avoid service fragmentation</li> <li>• Binds each government to a common policy and funding approach</li> <li>• If funds are pooled on a location basis, can accommodate local decision making in specific communities</li> <li>• Reduced administrative burden on service providers</li> </ul>	<ul style="list-style-type: none"> <li>• High transition costs/risks (including with Commonwealth funding being carved out of Australia-wide programs)</li> <li>• Risk of governments bypassing the pool to fund new initiatives/projects</li> <li>• Potentially complex interactions with arrangements for other services (such as primary health)</li> </ul>

With time, and subject to the lessons of the initial phases, funds pooling could be expanded to more service areas and/or locations. Over the longer term, this option could serve as a stepping stone to something closer to full funds pooling and significantly greater local control over services, funding, evaluation and outcomes. Both governments have already agreed (as part of the Barkly Regional Deal — chapter 1) that the Barkly region ‘will be a priority location to commence implementation’ of the coordinated funding framework (Australian Government, NT Government and Barkly Regional Council 2019a, p. 21). This region could thus be a contender for pooled funding in the first instance.

The details of how the Commission recommends that agreed funding with selected funds pooling could work in practice are considered in the following sections.

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## 6.3 Putting the preferred option into practice

The Commission is proposing a way for the Commonwealth and NT Governments, in conjunction with local regions, to agree on funding arrangements for children and family services. By following this process, the Commonwealth and NT Governments would have genuine community engagement, come to a shared understanding of current issues affecting children and families and their needs and priorities, make a joint commitment on solutions, and have collective ownership of, and accountability for, outcomes.

The process would have four main steps (figure 6.3).

1. Collating community- and regional-level data on services, outcomes (risk and protective factors) and current expenditure on children and family services.
2. Developing regional plans for children and family services, informed by community-level data and input wherever possible.
3. The Tripartite Forum providing advice to Ministers about funding arrangements for children and family services across the Northern Territory.
4. The relevant Ministers of both governments agreeing on which children and family services each is going to fund and in which locations, and publishing the details of agreed funding.

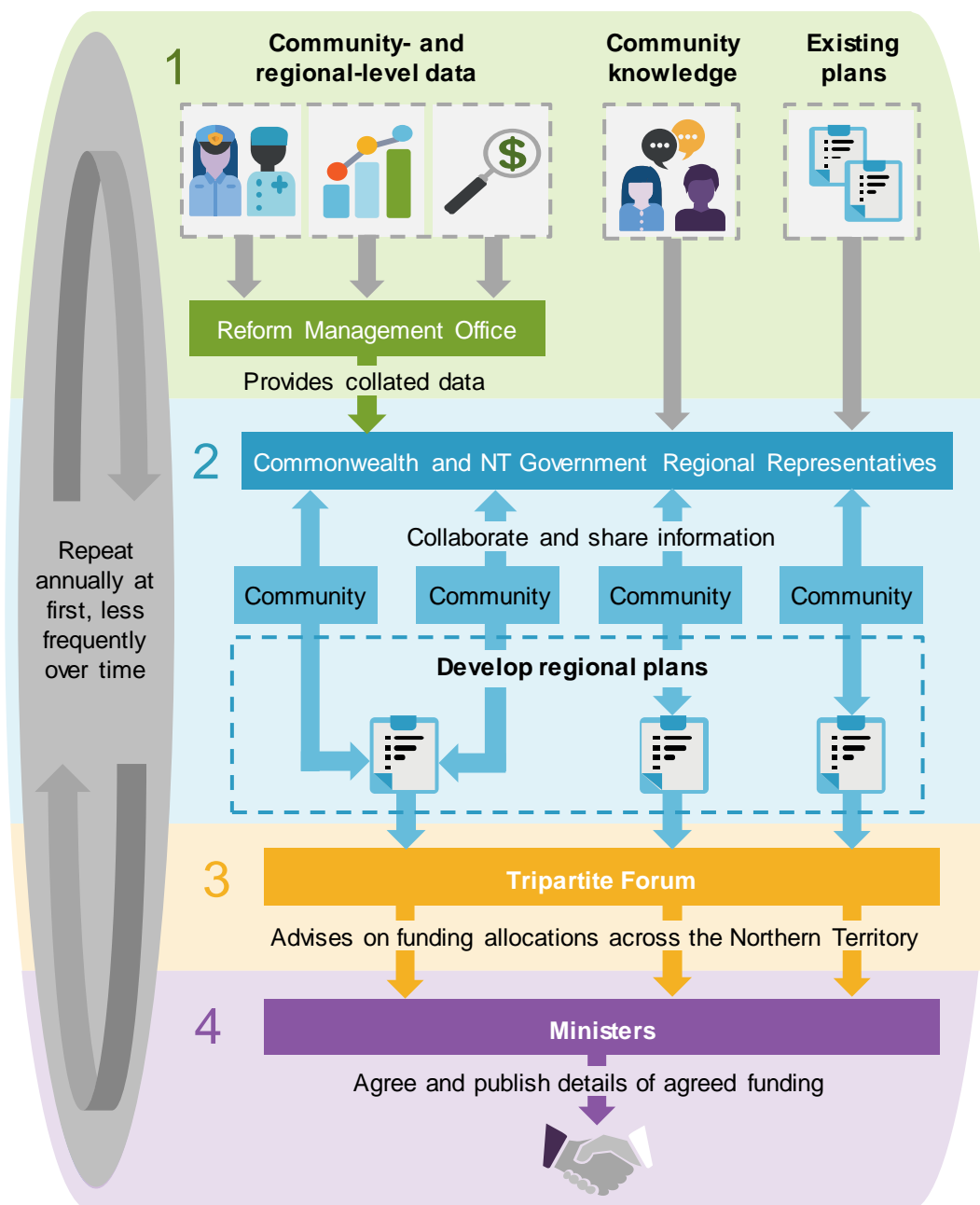
Each of these four steps is described in more detail in the sections that follow.

There will also be benefit in the Commonwealth and NT Governments coming to a formal agreement about coordinating funding for children and family services. Ways in which the two governments might formalise such an agreement are considered in chapter 10.

Following the release of the draft report for this study, participants expressed broad support for the Commission's proposed process of coordinated funding, and the four steps this involves (including Child Friendly Alice, sub. DR43; DSS and NIAA, sub. DR50; NT Government, sub. DR35; NTCOSS, sub. DR42; SNAICC, sub. DR45; Tripartite Forum, sub. DR49). Several participants did, however, have reservations about some of the practical issues associated with implementing the process. Key issues included resourcing the process (particularly where it relates to use of regional government staff), learning lessons from previous community planning initiatives, and the challenges of ensuring that governments commit to the coordination process over the long term. Some of these practical issues are considered in the following sections, and chapter 10 discusses ways to embed an incentive for governments to remain committed to reforms.

Information about each stage of the process should be made public. This includes publishing more community- and regional-level data (chapter 7), regional plans, the Tripartite Forum's advice, and statements from Ministers about the children and family services that they have agreed to fund.

Figure 6.3 A process for the Commonwealth and NT Governments to agree on funding for children and family services



In order for the advice from the process to be up-to-date when funding decisions are made, the process, or parts of the process, will need to be repeated annually, at least in the first instance. The need to repeat steps 3 and 4 of the process annually reflects that currently, many funding decisions are made on an annual basis, using annual budgeting and reporting cycles.

Ensuring that steps 1 and 2 of the coordination and planning process are refreshed on an annual basis need not be onerous — if new data has not been published or local priorities

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have not changed, ensuring that regional plans are up-to-date and providing advice based on those plans may be quite straightforward.

The Tripartite Forum pointed out that ‘many current funding arrangements for both governments have committed funds already allocated for coming years and will need time to transition into new arrangements’ (sub. DR49, p. 3). Indeed, because it will take time for this transition to be completed, it is important that regional planning commences as soon as possible, and no later than mid-2021 (noting that governments should agree to a joint funding framework by the end of 2021 — chapter 10).

The regional plans will initially use the best information available, and will be built on and refined over time, so that coordinated actions for children and families can be taken as soon as possible. This immediate start would help to address concerns about coordination and planning being used as substitutes for action.

SNAICC sees a level of risk if the development of community-level plans and funding decisions are a barrier to immediate and continued action to implement reforms that communities have been calling for for decades, and that have been detailed in the recommendations of successive inquiries, particularly in relation to child protection and juvenile justice. (SNAICC, sub. DR45, p. 6)

Another benefit of repeating parts of the coordination and planning process on an annual basis is that it will allow for iterative improvements to be made to the process. It will also, through experience, help to build the capacity of all of those involved.

## **What constitutes a region?**

In order to be of value in guiding government funding decisions, engagement needs to accurately reflect the situation and priorities of each distinct region, taking into account the social, cultural and economic ties that exist across populations.

While it would be tempting to say that each community, town or settlement should be considered as a separate region for planning purposes, this may be unworkable or inefficient if sufficiently granular data is not available, if social and cultural networks (and population movements) span a broader geographic area, or if services can only be provided effectively across a wider area. But it is clear that regions in urban areas such as Darwin will be much larger in terms of population, while remote regions will cover a much larger geographic area.

In considering the question of ‘what is a region’ for the purposes of decision making for the delivery of children and family services, and where regional boundaries should be drawn, one possibility is the six regions used by the NT Government (Top End, East Arnhem, Big Rivers, Barkly and Central Australia regions, with Darwin recognised as a metropolitan centre). But these regions span such wide geographical areas and diverse populations that they are too large to provide a true community voice on the needs and priorities of children and families. If they were used for regional planning, local communities are unlikely to recognise their needs and aspirations in such aggregated plans.

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The Commission therefore recommends starting the regional planning process based, where possible, on the locations for which local decision making agreements are either in place or are being developed. At present, this involves agreements or commitments covering:

- the Groote Archipelago (which includes the communities of Angurugu, Umbakumba, Milyakburra, Anindilyakwa satellite communities and Alyangula)
- the Yolŋu Region in North-Eastern Arnhem Land
- the Tiwi Islands
- the West Daly (Thamarrurr) region (which includes the communities of Wadeye, Nganmarriyanga, Peppimenarti, Emu Point and Wudikupildiya)
- the Mutitjulu Community (an Aboriginal community located at the base of Uluru)
- Alice Springs Town Camps (although regional planning arrangements for Alice Springs would likely need to draw on both the Alice Springs Town Camps Local Decision Making Agreement and local government arrangements (NT Government 2019h, 2019i).

Other cities and larger towns — such Darwin, Palmerston, and Katherine — would each have their own regional plan. The boundaries of the relevant city councils (for Darwin and Palmerston) and town council (for Katherine) could be used to define those regions. The Barkly region (which includes Tennant Creek) could have a single regional plan, to align with the Barkly Regional Deal.

Regional plans would also need to be developed for other locations that are not yet covered by local decision making arrangements. In these locations, government regional network staff, through their existing relationships with communities and organisations, should have a hands-on role in engaging with people to define the region and the organisations and people that represent the communities in the region. In these regions, there may be a large number of distinct communities whose needs and preferences will need to be reflected in the regional plans.

Aligning planning for children and family services with local decision making arrangements wherever possible was broadly supported by study participants. For example, NTCOSS said that it:

... recommends that the development of Community Plans need to be led by local or regional ACCOs or local decision making groups. In order to help ensure community control, this process must be aligned with Local Decision Making processes, and community plans need to be owned and championed by local leadership. (sub. DR42, p. 4)

And other participants suggested a similar approach, based on major towns and regions.

Planners could consider using major towns: Darwin, Palmerston, Katherine, Tennant Creek, Alice Springs plus regions with cultural and linguistic connection e.g. Tiwi Islands ... , West Arnhem Land ... , East Arnhem land ... , Warlpiri triangle, Arandic remote communities of Central Australia, Pintubi-Luritja-Pitjantjatjara region in Central Australia. (Kathy Bannister, sub. DR44, p. 4)

Once cities, large towns and the existing local decision making areas are factored in, taking a regional approach to planning for children and family services would likely mean developing between 12 and 20 regional plans, with multiple plans within each of the NT Government's six regions. This number would grow over time, as more communities move towards local decision making.

As noted above, the social, cultural and economic ties that exist across populations should define the contours of regions. There are many possible options that could shape the 12 to 20 regions — one possibility is illustrated in figure 6.4.

**Figure 6.4 An illustrative example of regions that could be used for regional planning of children and family services**



Factors that may influence the self-identification of communities and regions include: language, cultural and family groups; population mobility patterns; and distances between physical communities. Local views on where the regional boundaries lie should be paramount in the process. This is essential because Aboriginal peoples in different locations

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are connected by dreaming stories ‘which are somewhat related to geography however not in ways seen by non-Aboriginal peoples’ (Kathy Bannister, sub. DR44, p. 3).

While the process will inherently involve some element of ‘drawing lines on maps’ — to ensure that every child and family in the Northern Territory is covered by a regional plan — regions should not permanently be locked into the boundaries used in previous versions of the plans if these are no longer fit for purpose.

## **6.4 Step 1: Collating data about regions and communities**

Better collection and use of detailed local data on services, risk and protective factors, and outcomes for children and families is central to making the funding coordination process work, and underpins the regional planning process.

The first stage of the funding coordination process is for ‘snapshots’ of data about the communities in each region to be collated and provided to regional network staff of both governments, with the ultimate aim of then sharing and testing the data with communities. This would typically mean providing it to the most senior representative of the NIAA and the NT Department of the Chief Minister in each region, as well as to the Regional Children and Family Committees in each of the NT Government’s six regions (chapter 4).

The availability of data that could provide insight into the wellbeing of children and families, as well as the prevalence of risk and protective factors for child harm, at the regional or community level, is considered in chapter 7. This could include a range of demographic data (such as the size and age of the population, and their living situations), as well as measurable outcomes from health, education, justice, and child protection services.

In the short term, the data that is available will provide only a partial picture of the wellbeing of children and families, with a range of known gaps and deficiencies. But the overriding imperative of assembling data about local communities and regions is not to develop a comprehensive picture of children and families in each location (though this is an admirable long-term goal), but rather to provide a broader range of baseline information to trigger discussion and to measure improvements in outcomes over time. Imperfect data can still be useful for initiating conversations about local needs and preferences, which can then be reflected in regional plans, and the incompleteness of data should not prevent governments from commencing the process of engaging with communities.

To overcome the difficulties involved, a single government agency needs to be responsible for assembling the available data and presenting it in ways that are meaningful for community members. A number of factors need to be considered when deciding who should be given this task (box 6.2).



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### **Box 6.2      Who should collate data for the regional plans?**

A range of agencies could be tasked with collating, analysing and presenting data in formats that are easy for community members to access and understand. Several factors could inform the choice of responsible agency. Ideally the responsible agency would:

- have the authority to coordinate the gathering of data on outcomes and expenditures from multiple government departments across all levels of government
- have the capacity to assess the risks and benefits associated with data release (noting that some of the relevant data has long been held by governments but has not previously been shared with community members)
- have a limited role in direct service provision to children and families (so as to be seen as an impartial intermediary)
- understand and support the Northern Territory's transition to local decision making, and the way in which this transition will transform the working relationship between Aboriginal communities and the NT Government.

This points to a central agency in the NT Government.

Given its role in coordinating and monitoring the implementation of reforms to children and family services, the Commission considers that the Reform Management Office (RMO) within the NT Government is best placed to have responsibility for assembling data to inform regional planning. This would include collating data relevant to children and family services in each region from both public and internal government sources; providing it to regional network staff of both governments; and assisting regional network staff to present it to community members in ways that are meaningful to them (chapter 7). This would align with the RMO's role in providing support to the Tripartite Forum and its existing links with the Commonwealth Government. The RMO would require additional authority and resourcing to support these additional data collation and presentation tasks.

Other government departments — from both the Commonwealth and NT Governments — will still have an important role to play in providing all of the relevant data that they hold to the RMO in a timely manner and an appropriate format. In particular, data custodians would need to highlight any constraints on the data, for example collection size, quality issues or missing data, that may have impacted the data and therefore its analysis.

## **6.5      Step 2: Developing regional plans**

The second stage of the funding coordination process is for regional representatives of the Commonwealth and NT Governments to work with communities to develop regional plans. The plans would allow people from each community in the region to express their views about the strengths and needs of their children and families, what children and family services they would like to retain and those that should be changed.

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## Community voice is essential for regional plans

The regional representatives of the Commonwealth and NT Governments will take the lead in working with communities in their region to develop regional plans, and will be ultimately responsible for delivery of the plans. But in doing so, the regional representatives should work with each community to develop regional plans that are accepted and supported as widely as possible, and that make use of and build upon existing community groups and plans wherever possible. Without broad support and recognition of existing networks and previous work, there will likely be less engagement by children and families in the services that are delivered across the region.

There is much evidence that policy and program outcomes are better when the intended beneficiaries of services are directly involved in their design, implementation and monitoring. A lack of community engagement in decision making can result in inadequate, inappropriate or disjointed services being funded (chapter 5).

Study participants considered increasing community voice about children and family services, especially in remote Aboriginal communities, to be essential in designing services that are better tailored to communities and that are more likely to be used, and hence be more effective.

The provision of funding needs to include a lens and process to ensure that services go beyond Aboriginal controlled [organisations] and are controlled by Aboriginal communities — hearing all voices. In funding allocations and frameworks, the extent to which Aboriginal and non-Aboriginal services are community controlled needs to be assessed at all levels of the service leadership, management, delivery and evaluation. Governments and services need to create the conditions for all service providers to be inclusive of and led by all language, family and clan groups within a community. (Children’s Ground, sub. 23, p. 10)

The concept of community plans ... aligns with the clear research findings that Aboriginal and Torres Strait Islander leadership, knowledge and engagement are critical to positive results for communities. (SNAICC, sub. DR45, p. 5)

Study participants also emphasised the importance of involving service users in service planning. This includes listening to the voices of children and young people.

... children and young people are experts in their own lives, and their experiences and knowledge [are] critical to service design and delivery ... children and young people not only have the right and capability to shape the decisions that affect their lives, but that their voice is essential for effective service delivery and the attainment of long-term development outcomes. (Save the Children Australia, sub. 30, p. 1)

I think it is important that families with the lived experience of disadvantage are involved in their regional planning in order to properly inform data and planning. (Kathy Bannister, sub. DR44, p. 4).

The concept of local and regional planning as a tool to increase community voice in government funding decisions is not new. Indeed, there have been many such plans over the years, especially in Aboriginal and Torres Strait Islander communities. Examples include

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shared responsibility agreements with various remote Aboriginal and Torres Strait Islander communities in the early 2000s (HREOC 2005), the regional planning undertaken by the Aboriginal and Torres Strait Islander Commission's regional councils (ATSIC 2003), and local implementation plans (box 6.3).

### **Box 6.3      Learning from local implementation plans**

In 2009, the National Partnership Agreement on Remote Service Delivery introduced a new remote service delivery model. As part of the model, local implementation plans (LIPs) were developed for 29 remote Aboriginal and Torres Strait Islander communities across Australia, of which 15 were in the Northern Territory. The LIPs were an agreement between the Australian, State or Territory and Local Governments and the people within the community. They outlined local priorities and the commitments of government to achieve those actions.

The effectiveness of the LIPs was mixed — while they were largely effective in identifying community priorities, they were less effective in generating change or increasing accountability. They were also overly complex, with almost 4000 actions initially identified across the 29 communities. Other lessons from the LIPs include that:

- there was pressure to finalise plans quickly (to address service issues) that may have affected community engagement
- the focus on tangible changes (such as new government infrastructure, and coordination and engagement mechanisms) may have come at the expense of less concrete aspirations such as improving governance or enhancing leadership capacity within communities
- the large number of actions in the LIPs involved a heavy reporting burden, which may have reduced focus on key priorities.

Many stakeholders also considered that responsiveness to community needs could have been improved by greater devolution of decision making to regional and local levels.

*Sources:* Australian Government (2014); PC (2017b).

Several key features differentiate the regional plans proposed by the Commission from previous community and local plans. Instead of being developed at a single point in time or for a finite period, the proposed regional plans will form part of an ongoing, repeated planning and coordination process. With their focus on children and family services, the plans will be shorter and more limited in scope than those that covered all aspects of government service provision. The smaller number of key priorities should make it easier for those priorities to gain traction and be achieved. The development of the plans will also be informed by more detailed local data and led by regional network staff with greater authority.

In many places, there are existing plans that could be used as the foundation for regional plans. For example, groups in Katherine and Palmerston have developed youth action plans that set out a shared vision for improving the wellbeing of young people in those towns (Katherine Youth Interagency Group 2019; Palmerston Youth – Local Action Group 2019). These plans have many of the features of the Commission's proposed regional plans, including their strong local focus and community input. But there are also several key

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differences — most notably, the Commission's proposed regional plans would be informed by more detailed local data and would cover services for infants, younger children and their parents, as well as for youth. The arrangements in place for developing youth action plans could be built on to develop regional plans for all children and family services.

Similarly, community reference groups have been established in 14 sites across the Northern Territory as part of the Communities for Children and Stronger Communities for Children programs (box 5.5). The community plans developed as part of these programs could be used as an input for regional plans.

More generally, it is essential that existing community groups and plans are made use of and built upon where possible. This will help to reduce the burden of consultation, which can be considerable in many remote communities.

Due to the level of consultation fatigue experienced by some Aboriginal community members, it is important that recent plans are taken into account to avoid reinventing the wheel if constructive discussions have already been undertaken. (NAAJA, sub. DR38, p. 2)

There may be variation in the capacity and willingness of community members to be involved in the planning process, so it is important that government assists communities through this — but the process should also be open to different approaches.

Increasing community voice is not a simple task and any expectation that Indigenous people should speak with one voice is unrealistic as well as unhelpful. Like other Australians, people living in remote communities often have strongly differing views about what is best, and this complicates engagement and service delivery. However, the impossibility of achieving consensus need not diminish the value of community voice. (PC 2017b, p. 276)

Over time, as local decision making becomes better established, it is hoped that community members will take ownership of the process and that the role of governments' regional representatives will be reduced to providing communities and regions with the data held by governments, and ensuring that regional plans are provided to the Tripartite Forum.

Unless specifically requested by the community, the regional representatives should avoid setting up new forums or reference groups to use for consultation about children and family services. In many cases, the organisations that represent communities for the purposes of local decision making can represent them for the purposes of regional planning of children and family services. And in other cases, there will already be an existing community organisation (such as a regional council or an Aboriginal Community Controlled Organisation) or a community group (such as a school board or Child and Family Centre reference group) that the region considers can represent its voice. For example in Katherine, the NT Department of the Chief Minister worked with local Aboriginal leaders and Aboriginal Community Controlled Organisations to establish the Katherine Child and Family Community Advisory Group. The Community Advisory Group determined the service model and governance and leadership arrangements for the new Katherine Children and Families Centre and selected Kalano Community Association to operate it. These arrangements could be used for consultation and regional planning in the Katherine region.

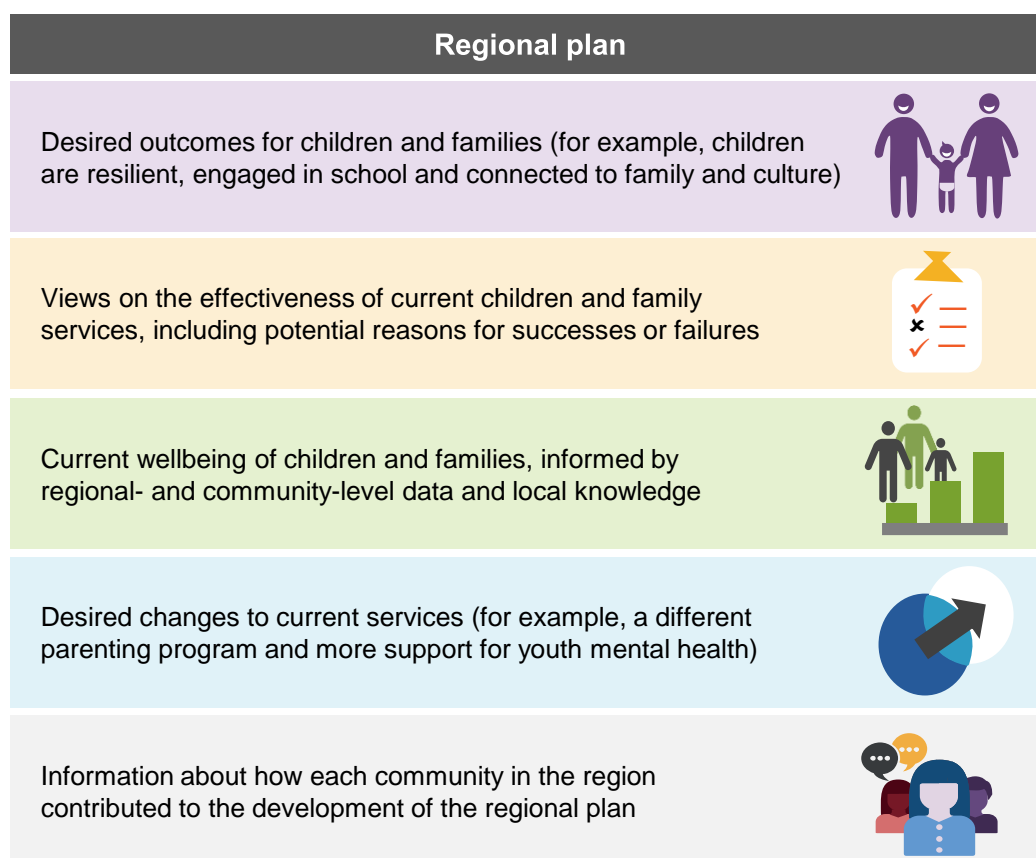
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## What should be included in the plans?

The regional plans will be **relatively brief documents, of around 20 pages in length**. This should be sufficient to allow each community's views about the children and family services in their community to be reflected in the regional plan. Ideally, each plan would provide an overview of the wellbeing of children and families in the region; express communities' views on desired outcomes for children and families and on current services; suggest potential changes to the mix of services and supports; and outline how communities have been involved in the development of the regional plan (figure 6.5).

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Figure 6.5    **Key features of regional plans**



The first element of the regional plan is for the community to review the snapshots of community- and regional-level data (section 6.4) and service list (recommendation 7.3) to identify areas in which children and families are doing well, and potential areas of need that are not being adequately met. As noted above, members of each community will be able to provide guidance on whether the data accurately reflects the realities of their community and the reasons why the data shows what it does.

The second element of the regional plan is for communities in the region to identify what they want the lives of children and families to be in the short, medium and long term. For

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example, a desired outcome might be for all children to be resilient, successfully engaged in school and connected to family and culture. Ideally, these outcomes should be measurable, either qualitatively or quantitatively. Having measurable outcomes will allow progress to be tracked over time, and thus inform future funding decisions.

The third element of the regional plan involves considering which services are operating effectively, and which have scope for improvement. This may involve requesting changes to the services being delivered (for example, requesting that the parenting support service be a mobile service that operates in different locations in the region rather than from a fixed location). Or it may involve a change to the service provider that is delivering the service (for example, changing from a government service provider to an Aboriginal community controlled organisation). The advice could also provide insights into preferred service design and delivery methods. This element could also involve each community in the region highlighting the services they consider the most successful at achieving outcomes in their community, and the reasons underlying that success. For example, a community might consider a breakfast program at school run by local people as a key reason for improving children's school attendance because the program is delivered in an appropriate way that engages children.

The fourth element of the regional plan would be suggestions for potential changes to the mix of services and supports for children and families. These changes can build on existing strengths of communities and regions — for example, those with strong cultural ties might prioritise initiatives that help children to engage with their culture over behavioural interventions in schools. The aim would be to identify priority service areas that could then inform funding decisions. But this does not necessarily require the identification of specific services. It may be that local people identify priority areas (such as support for youth mental health) with the nature of the service/activity to be determined later, or developed as part of a relational contracting approach (chapter 8).

The regional representatives of both governments will play a key role in ensuring that there is an understanding that inclusion of a need or service gap in regional plans is not a funding commitment, but will help to guide distribution of any additional funds that may become available.

Finally, the regional plans would contain information about how each community in the region contributed to the development of the plan. This should include details of the people and organisations who participated in consultations, contributed data, shared stories or otherwise helped to shape the regional plan. This will help to deliver the type of accountability envisaged by Child Friendly Alice.

There needs to be accountability built into these processes that demonstrates the steps the local or regional network leaders have undertaken to ensure they are fully informed and across existing reference groups, place-based activities and priorities already identified in communities. The investigations could be evidenced by local mapping tools and engagement with network groups etc. There needs to be evidence that the effort is deep and genuine. (sub. DR43, p. 2)

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## Which services should be included in the regional plans?

### Scope of the plans

In considering which services the plans should cover — and how far the scope of children and family services should extend — the Commission encourages the adoption of a public health approach. This entails addressing underlying risk factors that increase the likelihood that a child will experience abuse or neglect, or where problems do occur, intervening as early as possible to address the root causes of the problem and minimise harm (PC 2019b).

To this end, regional plans should cover all children and family services, and could eventually be broadened to cover other community needs (such as housing or health services, as these are inextricably linked to the protection and wellbeing of children and families). Including broader needs in the plans over the long term could encourage governments to think more holistically about how they provide services, especially in remote areas.

A broad public health approach was overwhelmingly favoured by study participants.

Public Health theory tells us that investment in prevention and early intervention is critical alongside tertiary investments. (Anglicare NT, sub. 8, p. 1)

While there are programs that more directly target the reduction of harm against children, there are many programs that intersect within a public health and wellbeing model that are of overall importance ... To overcome entrenched exclusion ... there needs to be ‘whole of’ solutions, not single issue or reductive program service delivery. (CatholicCare NT, sub. 7, pp. 5, 13)

Improvements in key determinant areas – including trauma and cultural disconnection, inadequate and overcrowded housing, disengagement from welfare, and alcohol misuse – are essential to improving outcomes for children and families in the NT. (AMSANT, sub. 20, p. 2)

Community members are best placed to assess the success or failure of current services and the adequacy of the existing mix of services in their community. A clear articulation of what services the community considers are working, what services need amending and what services need to change is a critical input into making better funding decisions.

The importance of working *with* communities was emphasised by many participants to this study as essential for reforming how services are provided — and, crucially, shifting the focus away from addressing perceived deficits with families and communities towards a more concerted effort to help them build on their own strengths. This will mean governments changing focus, towards facilitating and enabling communities to make more decisions themselves. It also means that governments will need to learn to step back and let communities and regions define the scope of their own actions and try different approaches, while offering support when some of these fail.

### How will core services inform the plans?

The comparison of existing and ‘core’ services (chapter 4) could provide an initial list of potential service gaps, and assist in identifying and prioritising any needs that are not

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currently being met. However, there are challenges in defining core services in the context of children and family services (box 6.4).

#### **Box 6.4      ‘Core’ children and family services**

Following on from a recommendation of the *Royal Commission into the Protection and Detention of Children in the Northern Territory*, the Children and Families Tripartite Forum (Tripartite Forum) has been tasked with developing plans for the delivery of ‘core services available to all families and services targeting high risk cohorts’ (RCPDCNT 2017, vol. 3B, pp. 280–281). The Tripartite Forum has agreed that a core services framework will be important in ensuring the equitable allocation of resources and services across the Northern Territory (NT Government 2019e), but has not yet agreed upon a recommended list of core services.

There are challenges in extending the concept of core services — originally developed in the health sector — to children and family services.

The needs being addressed by children and family services are complex and difficult to specify or measure in a reliable way. This differs to primary health services, which have long been funded and provided based on clear evidence of how particular health issues are most effectively treated using specific diagnostic or service categories. These categories set agreed expectations about which services are ‘core’. For example, there is universal agreement that an 18 month old should visit a health clinic for a well child visit (baby health check) and to receive certain vaccinations. Health services are funded to provide these services. In children and family services, the needs of each 18 month old are more diverse, and the interventions required to support that 18 month old within their family and community will differ depending on their individual needs.

There can also be wide variation in the types of services that are effective at addressing particular issues, both within and between communities. In the case of youth engagement services, for example, a football program might be essential for the wellbeing of one cohort of youth or in one community. However, for other cohorts of youth or in other communities, different services will be required in order to provide the connection, support and engagement that were provided by the football program in the first community.

And even where a service has been well chosen to meets the needs of a particular cohort or community, its effectiveness will depend on the way in which it is implemented at a local level. For example, during consultations in a range of remote NT communities, the Commission heard very different views about how well the same service was working in different communities. In some communities, the service was viewed as an essential and effective component of the suite of children and family services, but in other communities this was not the case.

With these sorts of examples of inconsistent implementation of the same service in mind, it is difficult to reconcile the concept of core services with local decision making, which aims to provide communities with ‘more control over their own affairs, including service delivery based on a community’s aspirations and needs’ (NT Government 2020a). Defining a list of core services would mitigate against communities’ ability to make choices about which services are most important to, and effective for, them.

Taken together, these factors suggest that while it might be possible to identify a small number of core services that should be available everywhere — such as child protection services — in most cases the precise services will be much harder to define, and it may be more practical to identify core service *areas*, rather than specific services.



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The concept of core services would be of most assistance as a framework to support the regional planning and funding coordination process if:

- *core services comprise service areas rather than specific services.* For example, the operation of a safe house is a type of service that falls within the broader service area of support for victims of domestic and family violence, and it is the latter that could be considered as a core service area
- *community members have input into how core services are delivered.* For example, early childhood parenting support might be considered by some to be a core service for vulnerable children and families. There are many models of early childhood parenting support — including home visits, supported playgroups and parenting classes — communities should be able to use the regional planning process to have input into the selection of the best model for them.

## 6.6 Step 3: Obtaining advice from the Tripartite Forum

The third step of the funding coordination process is for the Tripartite Forum to provide advice to the Commonwealth and NT Governments about funding arrangements for children and family services across the Northern Territory. This advisory role would align with the Tripartite Forum's existing role of providing advice to the Commonwealth and NT Governments to guide and support the implementation of the agreed reform agenda arising from the Royal Commission (chapter 4).

In order to provide informed advice to Ministers, the Tripartite Forum would draw on the regional plans, the expertise of its members and other additional information that could affect the provision of children and family services across the Northern Territory. This contextual information would be provided by the RMO (as part of its role in providing secretariat support to the Tripartite Forum) and might include information about policy developments in related areas (such as housing or public health), as well as changes to Commonwealth and NT Government policies that affect service provision more broadly (such as changes to procurement frameworks).

The Tripartite Forum's advice should focus on the distribution of expenditure and needs across the Northern Territory. Key features could include guidance on:

- *the overall distribution of funding between regions.* This could have regard to the needs identified in regional plans, and to any core services or core service areas that the Tripartite Forum considers should be available to children and families
- *the distribution of funding between service categories.* For example, the Tripartite Forum might identify that services for children in the middle years are scarce when compared to the needs of those children, and in comparison to early childhood and youth services
- *what services or types of services show potential for improving outcomes for children and families.* This information could be drawn from the regional plans, the results of monitoring and evaluation (chapter 9) and the Tripartite Forum members' own

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knowledge of service delivery (noting that appropriate measures should be in place to address potential conflicts of interest — section 6.8). For example, the Tripartite Forum might highlight a parenting service that has integrated a weekly visit from a child health nurse as part of its regular program which has led to improvements in the early identification and treatment of health needs

- *opportunities for funds pooling for particular locations or services.*

On this latter point (and as discussed in section 6.2), there would be benefit in commencing formal funds pooling in specific locations or for selected services, initially on a small scale, to gain a better understanding of the practicalities, risks and challenges that pooling would give rise to. The Tripartite Forum could provide advice in the selection of suitable regions and service areas.

For example, it might identify intensive family support programs as an ideal candidate for early implementation of funds pooling. As noted in chapter 3, both the Intensive Family Support Service (funded by DSS) and the Intensive Family Preservation Service (funded by Territory Families) provide practical parenting education and support to parents, and the similarity of these programs would facilitate pooled funding arrangements. Indeed, the Commonwealth and NT Governments ‘have commenced discussions to ensure there is a coordinated approach to family support service programs, funding agreements, selection of service providers, service outputs and evaluations’ (Tripartite Forum, sub. DR49, p. 3).

## **6.7 Step 4: Making funding decisions**

The final stage of the funding coordination process is for Ministers to make decisions about funding arrangements for children and family services across the Northern Territory.

The relevant Ministers are ultimately responsible for funding decisions that are then carried out by their departments and agencies, which means agreement between Ministers is necessary to coordinate funding. Likely relevant Ministers are the:

- Commonwealth Minister for Indigenous Australians
- Commonwealth Minister for Social Services
- NT Minister for Families
- NT Minister for Children.

Treasurers and the NT Chief Minister may also have a role to play, either in coordinating their respective governments or as decision makers in certain cases.

The way in which Ministers reach agreement about funding arrangements for children and family services across the Northern Territory could take a number of forms. For example, Ministers might choose to meet face-to-face the first time they work through the funding coordination process, and then to liaise without meeting in person in subsequent years.

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Alternatively, they might choose to delegate the authority to departmental staff members to coordinate with other departments and make funding decisions.

Regardless of the way in which agreement about funding is reached, the important thing is that the Ministers publish the details of what they have agreed to fund. A statement of agreed funding could become a schedule to a joint funding framework (chapter 10).

Publishing details of the agreed funding would encourage accountability of the Ministers and funding providers to act in accordance with the agreement and not to fund services outside the agreement. It would also improve communities' ability to plan for service delivery and identify alternative funding sources if required, such as royalties or philanthropic funding, for services that are not being funded by the governments.

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#### RECOMMENDATION 6.1 REGIONAL PLANS AND COORDINATED FUNDING DECISIONS

To deliver on their shared responsibility for funding children and family services in the Northern Territory, the Commonwealth and NT Governments need a new way of working together. This should include both governments genuinely engaging with NT communities, coming to a shared understanding of the issues affecting children and families, and jointly committing to solutions, with collective ownership and accountability for outcomes.

To put this new way of working into practice, the Commonwealth and NT Governments should establish a formal process to coordinate funding.

1. Both governments should collate regional- and community-level data on outcomes (risk and protective factors), expenditure and the availability of children and family services (which would be assembled by the Reform Management Office in the NT Government, as per recommendation 7.1)
2. The regional representatives of both governments should share the data with communities, and in collaboration with communities develop a regional plan that:
  - outlines the strengths, needs and priority issues of children and families in each of the communities in the region
  - gives communities a voice about which children and family services they would like to retain, change or replace.
3. Drawing on the regional plans, the Children and Families Tripartite Forum should provide advice to both governments about funding arrangements for children and family services across the Northern Territory, including advice about funds pooling for particular locations or services.
4. The relevant Ministers of both governments should consider the advice of the Children and Families Tripartite Forum and then agree on which children and family services each is going to fund and in which locations, and publish details of the agreed funding.

This process should be formalised in an intergovernmental agreement (recommendation 10.1). It should be repeated annually at first, as existing short-term contracts end, new data becomes available and local decision making becomes established in more places. Over time, the process should be repeated when there are significant changes in government or community priorities, or when new funding becomes available.

## 6.8 Supporting the coordination and planning process

Putting the coordination process described in this chapter into practice will require changes on the part of all of those involved — from users of children and family services in small remote communities, to senior staff in the head offices of government departments. It will depend on better collection and availability of data on risk and protective factors, on the

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availability of different types of services, and on outcomes for children and families at the community and regional level. And it will also depend in large part on those who play key roles being equipped and empowered to fulfil them. This is particularly the case for the Tripartite Forum and regional staff of the Commonwealth and NT Governments.

## **Putting regional representatives at the centre of the coordination process**

The managers and staff who work in the regional networks of the Commonwealth and NT Governments are underutilised as a source of information and advice for central decision makers. Their expertise and local knowledge is not always sought and is too frequently ignored in making funding decisions (chapter 4). Regional network staff are also well placed to work with service providers and communities in a relational contracting approach (chapter 8).

### **Building on the skills and expertise of the regional network**

Regional network staff are well placed to facilitate the development of the regional plans and to provide advice to the Tripartite Forum and governments to inform funding decisions about children and family services (sections 6.4 and 6.5). The Commission is recommending that regional network staff take on additional roles in:

- sharing the data that governments hold about each community in the region with that community, verifying with them that the data accurately represents the local situation, and incorporating the community's own knowledge
- working with communities to develop regional plans that outline current services and future priorities for children and families.

The most senior government managers in each region (NIAA's Regional Managers and the Department of the Chief Minister's Regional Executive Directors) would be jointly responsible for ensuring that this occurs, as well as for providing the regional plans directly to the Tripartite Forum, without the need for any further approvals in Canberra or Darwin.

In order to effectively fulfil these roles, regional network managers and staff will need to have:

- skills in community engagement, including an understanding of the cultures and the communities they are engaging with
- capacity in terms of the time and resources to work with communities across the region
- autonomy to deliver impartial advice, including the authority to deal with issues that arise at a regional level.

These attributes are interrelated, and each is necessary to support the others. A staff member who has the authority to deal with an emerging issue (such as to find an alternative location

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for a playgroup that needs to move from its current facility) will subsequently find it much easier to engage with a community and obtain input into regional planning than an official who did not (or could not) address such an issue.

Ensuring that appropriately skilled and experienced staff are employed to manage and work in the regional networks — and remain in those roles for long enough to develop and sustain the relationships that are essential to their effectiveness — will require additional investment from both governments. This could include renewed investment in local staff, such as Government Engagement Coordinators and Indigenous Engagement Officers, who provide a ‘valued in-community presence ... for their understanding of local issues and needs and their ability to draw community attention to funding opportunities’ (ANAO 2018, p. 38). It could also include creating new senior roles, such as those envisaged by a recent review of the Australian Public Service (APS).

The review sees merit in trialling an APS Community Partners model ... with positions established and assigned to each of the communities where the place-based approach is being trialled. These Community Partners ... will be a highly specialised, highly valued role across the APS, most likely at SES level, with individuals carefully chosen and carefully developed. (PM&C 2019b, p. 127)

## Embedding a culture of intra- and inter-governmental cooperation

Cooperation within and between governments has long been suggested as a way to improve government service delivery, particularly in remote areas, but it continues to be challenging to put into practice.

Working collectively and flexibly to solve place-based problems will be challenging for [public servants] used to working in isolation. (PM&C 2019b, p. 126)

When the Commonwealth adopted the *Public Governance, Performance and Accountability Act 2013* (PGPA Act), it introduced a positive duty on government agencies to think beyond their boundaries when managing the agency’s resources and pursuing its purposes, and to consider the implications of their actions on public resources generally (Alexander and Thodey 2018). However, an independent review of the PGPA Act was:

... not able to conclude that cooperation with others has increased following, or because of, the introduction of the PGPA Act. However, the PGPA Act includes positive provisions to support cooperative arrangements and government working in a more joined-up fashion. It has removed many of the legal blockers to cooperation, but it has not shifted some of the underlying cultural blockers. (Alexander and Thodey 2018, p. 45)

Similar concerns apply to the NT Government, where the *Public Sector Employment and Management Act 1993* requires agencies and their staff to work cooperatively with each other, but cooperation is not always evident in practice.

Changing this culture will require Ministers and senior officials of both governments to go further in their efforts of *support* and *require* both intra- and inter-governmental cooperation

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at the local level. By signing an intergovernmental agreement that formalises the mechanism for cooperation on funding between the Commonwealth and NT Governments, Ministers will signal their commitment to working together to keep children safe and well. Joint Ministerial decisions and the participation of senior officials at the Tripartite Forum will also help to model a culture of partnership. Other changes to support enhanced cooperation could include:

- making the regional managers of both governments jointly responsible for involving communities in regional planning and providing the regional plans directly to the Tripartite Forum
- explicitly requiring regional managers and staff to build relationships with other agencies, both within and across governments, and tracking this in performance agreements
- seeking opportunities for the Commonwealth and NT Governments to share office space and co-locate staff
- publishing the names and contact details of regional managers and senior staff on agencies' websites and in other relevant places (such as the Commonwealth Government's central directory, [directory.gov.au](http://directory.gov.au)).

#### RECOMMENDATION 6.2 **REGIONAL NETWORKS THAT SUPPORT COORDINATION**

The Commonwealth and NT Governments should:

- ensure that staff in their regional networks have the skills, capacity and authority to work with communities to develop regional plans and to undertake relational contracting (as per recommendation 8.3).
- work to enhance coordination within and between government agencies at the regional level (including by adding relationship building in performance agreements and publishing staff contact details).

Governments should make their regional managers jointly responsible for working with communities to develop regional plans, and ensure that regional managers have the authority to provide regional plans directly to the Children and Families Tripartite Forum.

## **An enhanced role for the Tripartite Forum**

An expanded advisory role ...

The Tripartite Forum was established to provide advice to the Commonwealth and NT Governments to guide and support the implementation of the agreed reform agenda arising from the Royal Commission (chapter 4). The Commission is recommending that the Tripartite Forum also play a key role in advising the Commonwealth and NT Governments about coordinated funding arrangements for children and family services across the Northern

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Territory. This new advisory role would be ongoing, extending beyond the implementation of the current reform agenda.

To this end, the Tripartite Forum's terms of reference should be amended to give the Forum responsibility for providing advice on funding arrangements for children and family services across the Northern Territory. The terms of reference should make clear that, in formulating its advice to governments, the Tripartite Forum should draw on regional plans, the expertise of Forum members and other additional information that could affect the provision of children and family services across the Northern Territory. The advice should focus on the distribution of expenditure and needs across the Northern Territory, as well as identifying opportunities for funds pooling for particular locations or services.

The expanded role for the Tripartite Forum would align well with, and in many ways mirror, the role played by the NT Aboriginal Health Forum (NTAHF) in relation to primary healthcare services (box 6.1). The NTAHF model was strongly supported by stakeholders, including CAAC (sub. 25, p. 12), NACCHO (sub. 21, p. 9) and AMSANT:

Our experience from participating in the NTAHF demonstrates that positive outcomes in equitable needs-based service planning and system reforms result when members are able to engage in robust discussion and decision-making supported by appropriate evidence, rather than just sharing information. We would also note our experience that having the Secretariat support for NTAHF sit outside of government has been beneficial for facilitating a more productive dynamic. (sub. 20, p. 9)

The Tripartite Forum (sub. DR49) supported the recommendation to expand its terms of reference to include providing advice on funding arrangements to the Commonwealth and NT Governments. Others participants who supported this included NTCOSS (sub. DR42) and the NT Government (sub. DR35).

In recommending that the Tripartite Forum play a greater role in advising the Commonwealth and NT Governments about funding arrangements for children and family services it will be important to manage potential conflicts of interest, both real and perceived. The Forum already has policies about declaration of interests and management of conflicts of interest, which cover matters such as excluding a representative from discussion of agenda items where that person's interest represents a perceived or actual conflict (NT Government 2018b).

It will be important for the Tripartite Forum to consider the appropriateness of its existing conflict of interest policies in light of its expanded role. One way to provide even more assurance about the management of conflicts of interest would be to publish additional information about the membership of the Forum and about members' other interests. This could include publishing:

- the names of current members
- a brief description of other roles currently held by members, including their paid employment and honorary positions



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- the Tripartite Forum's 'managing conflicts of interest protocol'.

The Tripartite Forum already has the ability to establish working groups that contribute to achieving the Forum's purpose. The use of working groups may be beneficial in managing the increased workload, and in performing other related activities, such as disseminating information about local successes that could serve as examples for other communities in the Northern Territory. To the extent that working groups are comprised of a subset of members, they could also assist in the management of conflicts of interest, as members with certain interest in an issue could be excluded from working groups on that issue.

Another way to mitigate potential conflicts would be for members to be clearer about how they consult with the people and organisations they represent. For example, Kathy Bannister suggested that 'peaks involved in the Tripartite Forum [should have] a clear and transparent consultation strategy rather than speaking for all regions and all ACCOs/NFP without reference to up to date views' (sub. DR44, p. 9). Greater public clarity about the way in which Tripartite Forum members will undertake consultation would help to ensure that community sector members are seen to represent the views of the sector.

#### ... with commensurate resourcing

Another important aspect of the success of the Tripartite Forum in fulfilling this new role will be its resourcing. Additional staffing, funding or other resources will be required, especially if members of the Forum consider that it requires enhancements to, or different arrangements for, secretariat support.

Several members of the Forum suggested that this would be the case. NTCOSS considered that expanding the role of the Tripartite Forum would require additional resourcing (sub. DR42, p. 4) and NAAJA said that:

... if such an advisory role is to be performed with the rigour and critical analysis required, there will need to be specific resourcing to support this. (sub. DR38, p. 1)

DSS and NIAA said that:

... the small size of the Tripartite Forum may not be commensurate with the scale of work that would be required to review community plans and provide advice on funding arrangements. Any increased role for the Tripartite Forum may require additional resourcing and secretariat support. (sub. DR50, p. 22)

The NT Government noted that it:

... established and continues to fund the Reform Management Office to provide secretariat support to the Tripartite Forum, including arranging meetings, developing policy positions and managing correspondence. To ensure the ongoing effectiveness of the Tripartite Forum ... , a review of the support mechanisms for the forum would be warranted and should include resourcing and staffing from the Commonwealth Government. (sub. DR35, pp. 5–6)

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As it currently stands, the Commonwealth Government is a member of the Tripartite Forum of equal standing to the NT Government, but does not contribute to Forum operations on the same basis. This imbalance should change. The Commission considers that the Commonwealth and NT Governments should make equal contributions to support the operations of the Tripartite Forum.

The Commonwealth's contribution to the operations of the Tripartite Forum could take a range of forms. It might include seconding staff to the RMO to work in the Tripartite Forum Secretariat, as well as making a financial contribution to RMO operations commensurate with the expanded role of the Forum. The essential element is that the Commonwealth Government forge an equal partnership with the NT Government to support their joint interest in the successful operation of the Tripartite Forum.

Another important consideration in the successful operation of the Tripartite Forum is the capacity of its government members. The Forum's advice to Ministers needs to be authoritative, and this authority depends on government staff of sufficient seniority regularly attending meetings and participating in Forum deliberations. To deliver on their commitment to the Tripartite Forum, both the Commonwealth and NT Governments need to ensure that there is continuity in the staff members who represent them on the Forum, and that those staff members are sufficiently senior.

**RECOMMENDATION 6.3 AN EXPANDED ROLE FOR THE TRIPARTITE FORUM**

The Commonwealth and NT Governments should expand the terms of reference of the Children and Families Tripartite Forum to include providing advice on funding arrangements for children and family services across the Northern Territory, including advice about funds pooling for particular locations or services (as per recommendation 6.1).

The Commonwealth and NT Governments should ensure that the Tripartite Forum:

- is adequately resourced by both governments in line with its expanded role
- has arrangements in place for effectively managing conflicts of interest.

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## 7 Data for children and family services

### Key points

- There is significant scope to harness existing data about children and families across the Northern Territory. Better use of data is vital for understanding the needs of children and families and for coordinating and targeting government expenditure at services that improve the wellbeing of children and families. It can also play a major role in empowering communities to make informed decisions.
- Community-level data should be made much more accessible — with greater sharing both within government and between government and communities. The data needs to be presented in a meaningful way while preserving data quality and privacy.
- The Northern Territory Government's Reform Management Office has a key role to play in supporting better use of data. It should:
  - assemble regional- and community-level data on outcomes (protective and risk factors) relevant to keeping children safe and well, and on expenditure and the availability of children and family services in the Northern Territory
  - collate the data to create short reports — community snapshots — that reflect the best available information across the domains of child wellbeing, and that are understandable and meaningful for community members and local service providers
  - provide the regional managers of both the Commonwealth and NT Governments with the community snapshots for communities in their region.
- It is essential that information in the community snapshots is validated by local representatives and supplemented with community knowledge about how well local children and families are faring. Regional managers should take the lead in sharing and discussing the snapshots with communities in their region, as part of the development of regional plans for children and families (as proposed in chapter 6).
- Better record-keeping in relation to where and what services are provided is also needed to facilitate tracking of how expenditures translate into services on the ground, and to enable more coordinated decision making. Commonwealth and NT Government departments should develop and adopt:
  - a common method for describing and categorising children and family services
  - a common method for recording location data, which is sufficiently granular to reflect different service catchment areas.
- The improved expenditure data should be used by the NT Government as a basis for putting together a single and cohesive public service list that covers all of the Northern Territory. The list should include details about: the service provided; the provider; when the service is available; and how the service can be accessed.

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## 7.1 Why data is important for funding decisions

Better use of data is central to the Commission's proposal in chapter 6 for the Commonwealth and NT Governments to genuinely engage with communities, come to a shared understanding of the issues their children and families face, and jointly commit to solutions. In that chapter, the Commission recommended a four-step process to enable the Commonwealth and NT Governments to coordinate funding (recommendation 6.1).

- Step 1 entails collating community-level data on outcomes (risk and protective factors), expenditure, and the availability of children and family services.
- Step 2 involves sharing the collated data with community members, to inform the development of regional plans that outline the unique strengths and needs of children and families across the region, and give local community members a voice about which children and family services they would like to retain, change or replace.

The data and information provided in steps 1 and 2 will underpin the quality of the advice provided to Ministers by the Children and Families Tripartite Forum (Tripartite Forum) (step 3) and inform decisions about what services each government will fund in which locations (step 4). Better use of local data would also support a continuous improvement approach to evaluating children and family services — this is examined in chapter 9.

Access to reliable data is vital for empowering service users, communities, service providers and governments to make good decisions. In the absence of necessary information, communities and service providers are hampered in their efforts to develop and target services to children and families.

To tell the public health community that it is their responsibility to respond to the problem of child abuse and neglect, but not equip them with the information to carry out this mission is at best a contradiction, at worst sabotage. (Broadley, Goddard and Tucci 2014, p. 21)

There is significant scope to harness available data about children and families in the Northern Territory. More easily accessible and understandable data can act as a catalyst to empower communities and service providers to advocate for, and adapt to the needs of, children and families, and make more informed decisions. It would also shine a light on the activities of government and improve its efficiency and accountability (PC 2017a, p. 61).

## 7.2 Current data on children and family outcomes

A range of data is already available that can provide insight into the wellbeing of children and families, but often this data is reported across multiple sources and in different ways, so it can be difficult for potential users to access and interpret. A structure for reporting data, using a child-centred wellbeing framework, can help data users make sense of disparate sources of data and understand how it relates to *outcomes* for children and families.

Much work has already been done to define the domains of child wellbeing and to consider how they could be measured and reported on. For example, the Australian Research Alliance for Children and Youth (ARACY) has developed an evidence-based framework for child and youth wellbeing (box 7.1).

### Box 7.1 A framework for child and youth wellbeing

The Australian Research Alliance for Children and Youth's framework for child and youth wellbeing was launched in 2013. Often referred to as The Nest, the framework places the child or young person at the centre, and surrounded by circles of influence from family relationships to community. The Framework is comprised of six domains. In order for a child or young person to be safe and well, they need to: 1: be loved and safe; 2: have material basics; 3: be healthy; 4: be learning; 5: be participating (including involvement with peers and the community); and 6: have a positive sense of identity and culture.

Each of these six outcomes are intrinsically linked, and there is overlap and interconnections between them. For example, if a child or young person has access to the internet, this could be attributed to them having material basics, but internet access also facilitates learning and supports participation in education and training.



Sources: ARACY (2018); De Vincentiis et al (2019).

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Similarly, SNAICC has consulted on and developed the Aboriginal and Torres Strait Islander Child and Family Services Wellbeing Framework. The Framework was designed to articulate wellbeing outcomes based on Aboriginal and Torres Strait Islander values and beliefs and covers eight wellbeing domains — safety, health, culture and connections, mental and emotional wellbeing, home and environment, learning and skills, empowerment, and economic wellbeing. These wellbeing domains derive from a range of sources, including the ARACY wellbeing framework (sub DR45, pp. 6–20).

The ARACY framework was recently used in the Northern Territory with the release of the *Story of Our Children and Young People* report (box 7.2), which includes baseline data on 48 indicators, reported for each of the NT Government’s six regions (Barkly, Big Rivers, Central Australia, East Arnhem, Greater Darwin and Top End) (box 7.2). It uses both quantitative and qualitative data to provide a more complete understanding of children’s wellbeing.

- Quantitative data was collated across the domains of wellbeing, including some data that had not previously been published at the regional level. For example, data on crime, justice and child protection had not previously been published at the regional level.
- Qualitative data was used to provide a broader context of wellbeing in the community. The qualitative data was collected through 20 case studies and cultural stories.

The ARACY framework has also been used by others. For example, Child Friendly Alice used the framework to inform its community profile for Alice Springs.

The [Alice Springs community] profile tells a story about the many strengths and also the many challenges facing this community, with still too many children experiencing vulnerability and facing hardships ... [The] profile is unique in its nature, valuing and highlighting community voices alongside statistical data. It is a tool for the community, providing information about local conditions with local data, offering opportunities for planning, service delivery and improving outcomes for children. (Guenther, Brittle and Fleming 2019, p. 3)

The publication of regional-level data in the *Story of Our Children and Young People* is a positive step towards increasing the amount of publicly available information on the wellbeing of children and young people in the Northern Territory. And while it is a good starting point, it is not sufficiently detailed to facilitate community input into the regional plans described in chapter 6. Communities need tailored information about services and risk and protective factors for children and families in their community.

A range of relevant data is publicly available at the local level in the Northern Territory (using ABS units<sup>1</sup> or local government areas) (table 7.1). But there are gaps and deficiencies

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<sup>1</sup> The ABS’s Australian Statistical Geography Standard provides a framework for reporting statistics across different geographical areas across the whole of Australia. Some units within that Standard are designed to reflect ‘functional areas’ — for example, Statistical Areas Level 2 (SA2s) are designed to reflect functional areas that represent a community that interacts together socially and economically and Statistical Areas Level 3 (SA3s) often reflect the functional areas of regional towns and cities. Depending on the town or community, data reported at these levels can be used to help understand community wellbeing. That said,

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in this data: it does not cover all domains of wellbeing; does not always use the same definition of community; and is published in various places by different agencies. The key data gaps at the local level typically relate to sensitive data, such as child protection and policing statistics, as well as protective factors and cultural strengths, such as children's sense of belonging, cultural identity and spiritual wellbeing. Further, even where data is available at the local level, it is not always available in sufficient detail (or in an easily accessible way) to enable communities to participate in regional planning or to inform local needs and solutions.

### Box 7.2      **The Story of Our Children and Young People**

As part of its response to the Royal Commission the NT Government, in partnership with Menzies School of Health Research, published the *Story of Our Children and Young People* report. The Story has been instrumental in collating and considering wellbeing across the Northern Territory as a whole and for the six NT Government regions. The NT Government states that the Story of our Children is a publicly available resource for the whole community –government, non-government, communities and families and will lay the foundation for future planning and action to improve outcomes for children, young people and families (sub. DR35, p. 6). It is the first in what will be a series of biennial stories intended to track progress and provide a vehicle for local stories to be told (De Vincentiis et al. 2019, p. 1). In combination with the original ARACY framework, the *Story of Our Children and Young People* also included metaphors to provide Aboriginal meanings to each of the six wellbeing domains.

- *Being loved and safe* is represented by the coolamon — a coolamon is a large bowl like carrier made from the wood of a tree. The baby in the Coolamon is surrounded by other children, adults and wider family. The baby is safe, loved and cared for by all generations.
- *Having material basics* is represented by trees — trees can provide essential items for making housing, canoes and tools for hunting and are a source of bush food and medicine. They also bring family and community together, gathering under trees for shade, meetings and other purposes.
- *Being healthy* is represented by hunting and gathering — hunting and gathering represent a connection to land and culture that ensures a healthy lifestyle, physically, developmentally and mentally. Plants and animals provide important food sources to maintain a healthy diet.
- *Learning* is represented by oral tradition — elders and grandparents sit with children and young people to pass on knowledge. Key principles and ideas are taught over time and are passed down from one generation to another.
- *Participating* is represented by a spear, boomerang and dilly bag — these items show active participation in Aboriginal community life.
- *Positive sense of identity and culture* is represented by the kinship system — everything in Aboriginal life is connected to and given its place in the kinship system. Elders across many cultures present in the Territory are passing on cultural knowledge to younger generations.

Source: De Vincentiis et al (2019).

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no statistical area structure perfectly captures all 'communities' in the Northern Territory — see section 7.3 for further discussion.

**Table 7.1 Examples of data that is publicly available at the local level**

<i>Wellbeing area</i>	<i>Information</i>	<i>Data items</i>
<b>Community level</b>		
Learning	Parents' involvement with child's education	Proportion of children who have parent(s)/caregiver(s) who are actively engaged with the school in supporting their child's learning <sup>a,c</sup>
	Attendance of children at school	Student attendance rate and proportion of students attending 90 per cent or more of the time <sup>d</sup>
Participating	Participation in the community	Young people volunteering (15–19 years) <sup>k</sup>
Positive sense of identity and culture	Connection to culture	Languages spoken at home, including various types of Australian Indigenous Languages <sup>l</sup>
Being healthy	Physical health and wellbeing development	Proportion of children deemed on track, at risk and vulnerable <sup>a,c</sup>
	Social and emotional development	Proportion of children with highly developed, well developed or emerging strengths <sup>a,c</sup>
Having material basics	Income of households	Median total household income (\$ weekly) <sup>e</sup>
	Number of people per household	Average household size <sup>e</sup>
	Number of people per bedroom	Average number of persons per bedroom <sup>e</sup>
	Communication and technology	Internet access at home <sup>k</sup>
<b>Local government area</b>		
Learning	Early childhood learning	Children enrolled in a preschool program <sup>b,f</sup>
	Senior school retention rate	Full-time participation in secondary school education at age 16 <sup>b,k</sup>
Being healthy	Antenatal health	Smoking during pregnancy <sup>b,g</sup>
		Low birth weight babies <sup>b,g</sup>
		Infant mortality rate per 1 000 live births <sup>b,h</sup>
	Child health	Children fully immunised at 1, 2 and 5 years old <sup>b,i</sup>
Having material basics	Socio-Economic Index	Index of relative Socio-Economic Advantage and Disadvantage <sup>j</sup>
		Index of Education and Occupation <sup>j</sup>
		Index of Economic Resources <sup>j</sup>
	Financial stability	Children aged less than 15 years in jobless families <sup>b,k</sup>

<sup>a</sup> This data is from the Australian Early Development Census and is not available for every community individually but is released for sufficiently small areas to be meaningful for communities. <sup>b</sup> Compiled by Public Health Information Development Unit.

Data available from: <sup>c</sup> Australian Early Development Census. <sup>d</sup> Australian Curriculum, Assessment and Reporting Authority; My School. <sup>e</sup> ABS General Community Profile. <sup>f</sup> ABS Preschool Education. <sup>g</sup> NT Department of Health. <sup>h</sup> ABS Births. <sup>i</sup> Australian Childhood Immunisation Register. <sup>j</sup> ABS Socio-Economic Indexes for Areas. <sup>k</sup> ABS Census of Population and Housing. <sup>l</sup> Census TableBuilder, ABS.

Sources: ABS (2017b, 2018b, 2019b), ACARA (2019); AEDC (2018) and Public Health Information Development Unit (2020).



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## 7.3 Making better use of data

The Commonwealth and NT Governments need to make better use of the data that is already collected at the regional and community level to more systematically plan services and allocate funding based on needs. Greater accessibility and more understanding of this data at the community level is also needed to support the development of regional plans.

Three key actions are needed to make better use of data for children and family services across the Northern Territory. They are:

- assembling existing regional- and community-level data on child and family wellbeing outcomes to create ‘community snapshots’ and sharing these in a way that meets the needs of communities and service providers
- using community knowledge as data and evidence to improve the understanding of children and families’ wellbeing and to validate existing quantitative data
- applying appropriate techniques to maintain data quality and privacy, particularly where data is shared at the community level.

For communities to have meaningful input into the funding coordination process (step 2, chapter 6), the assessment of wellbeing also needs to be supplemented by information about the expenditure on, and availability of, children and family services in their community (discussed in section 7.4).

### Sharing data in a way that meets people’s needs

Community-level data is needed to develop local solutions ...

Community members, service providers and Aboriginal organisations have expressed their desire to access community-level data to help them engage with government and the decision making process (box 7.3). For example, in a submission to the Commission’s project on developing an Indigenous Evaluation Strategy, Maggie Walter emphasised that:

Data is needed and should be made available for community governance, so that communities and groups can decide their own needs for programs. (Walter 2019, p. 4)

But much of the data that is collected is not being shared with the community, leading to a level of frustration. For example, Empowered Communities – NPY Region said:

Gaining access to accurate information regarding child and youth outcomes across the NPY [Ngaanyatjarra Pitjantjatjara Yankunytjatjara] region is very difficult. (sub. 15, p. 16)

And NAAJA pointed to the current dearth of available data, noting that communities would ‘require access to data or other information so as to formulate plans and priorities for their own local community through a justice reinvestment lens or child protection focus’ (sub. DR38, pp. 2–3).

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Service providers in Yuendumu also highlighted the lack of available data as being a key reason for the absence of a comprehensive needs analysis in that community. Some providers would like access to de-identified police data (such as on the number of break ins) and health data (such as the incidence of rheumatic heart conditions) at a community level to enable them to be more responsive to changes in community circumstances (case study: Yuendumu, appendix B).

The Commission's own experience in gathering government service data for the stocktake (chapter 2) and the Yuendumu case study (appendix B) confirmed that the current process of accessing data can be difficult and time consuming.

### **Box 7.3      Some participants expressed a desire for more local data**

#### **Child Friendly Alice:**

More effort needs to be made to ensure community level data is influencing the services that are funded and what they are funded to do. By providing community members with data and information on how children and families are faring, and then seeking community input on how to respond to those needs or issues we are likely to get better engagement in the service responses by the hardest to reach families. (sub. 16, p. 5)

#### **Save the Children:**

Access to accurate and timely community-level data is essential in supporting government and providers to target services appropriately. (sub. 30, pp. 1–2)

#### **Australian Research Alliance for Children and Youth (ARACY):**

ARACY strongly supports the recommendation that child-centred, outcomes-focused data be collected on children and families, and further recommends that this data be reported in a way that is accessible to children and families. (sub. DR36, p. 6)

#### **SNAICC:**

The development and publication of data to better measure the situation of Aboriginal and Torres Strait Islander children is critical for tracking progress against the things that matter most for improving safety and wellbeing for Aboriginal and Torres Strait Islander children. (sub. DR45, p. 6)

#### **Coalition of Peaks:**

... access to local data should be a ... reform priority ... Access to data helps us make informed decisions on the development, implementation and evaluation of policies and programs for our communities. It ensures we are equal partners with governments and can make shared decisions on issues that are important to us. (2020, p. 7)

Across Australia, there are many examples of local initiatives that are using data and community input to inform assessments of needs, priorities and outcomes for children and family services at the community level. For example, in Palmerston, the Grow Well Live Well initiative is working together under a collective impact model to improve how children and young people grow up in Palmerston (chapter 4).

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The initiative uses data from a range of published sources, in addition to community perspectives to address complex social issues. Grow Well Live Well has found that:

... understanding what people think is important. However, combining perceptions with statistical data can be more powerful. (GWLW 2016b, p. 33)

Another example of where data collection and analysis has been a crucial component of successful initiatives to support children and young people is the Maranguka Justice Reinvestment project in Bourke (box 7.4).

#### **Box 7.4      Using data in the Maranguka Justice Reinvestment project**

Bourke is a remote town of around 2000 people, located 800 km north-west of Sydney on the Darling River. Approximately 35 per cent of the town is Aboriginal or Torres Strait Islander. Bourke has faced persistent socioeconomic disadvantage and high crime rates.

Community members began discussing ways of reducing crime and incarceration in 2007. In 2013, the Bourke community approached Just Reinvest NSW, and the Maranguka Justice Reinvestment project was born (Maranguka can be translated from Ngemba language as 'caring for others'). The project is based on a collective impact approach — which recognises that a single service is ineffective in addressing complex social issues, and instead that service providers across different sectors must work collaboratively.

The collection and use of detailed data is a vital element of the project. Just Reinvest NSW had many conversations with the community to determine what data was needed. The community wanted data across the life course of children and young people to understand where problems occur and why they might occur (for example, trajectories through the justice, health and education system and the events that led to entering the justice system). Collecting this life course data from government agencies was a difficult task, requiring negotiations with multiple government agencies. Getting it done in a timely manner required the support of people within government tasked with removing data blockages.

The data has been a powerful tool for change in the community. For example, the data showed many children were picked up by police at night — when none of the youth engagement services were operating. Through conversations with the youth engagement service providers, arrangements were changed to ensure that youth engagement services are available in the evenings.

Data is also used to track progress against a number of key indicators that were agreed by the community. Preliminary results have shown a positive change in many of these indicators.

*Sources:* ABS (2016 Census QuickStats, Bourke State Suburb, October 2017); Just Reinvest NSW (pers. comm., 30 October 2019); KPMG (2016, 2018); Smart (2017).

But collective impact approaches such as these have struggled to obtain relevant data from governments. Research into how collective impact initiatives in Australia use data cited that:

Whilst some of the data requested was inaccessible because of privacy concerns ... a lack of trust on the part of government agencies [was] a key reason why data was not shared. Indeed, it was suggested that once access was gained and departments were able to see that the initiatives were

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using the data in a positive manner, further requests for data were far easier. (Gill and Smith 2017, p. 45)

The apparent reservation in sharing data in itself has created a level of distrust and disempowerment in communities.

People are deeply suspicious of data about them being investigated and findings on them coming out. The main reason behind this is that they [governments] do not understand data at the community level and governments act like huge vacuum cleaners that just suck up information from organisations that have to supply data, but the community never get anything in return. (Walter 2019, p. 5)

... and government policies increasingly support data release ...

Governments have made repeated commitments to support better data use and release. For example, in 2015, the Australian Government committed to:

... optimise the use and reuse of public data; to release non sensitive data as open by default; and to collaborate with the private and research sectors to extend the value of public data for the benefit of the Australian public. (Turnbull 2015, p. 1)

And in the Northern Territory, there is recognition of the need to improve the availability of data about children and family services.

There are some areas where the data is not available to tell the story ... It is important we continue to seek relevant local indicators for the wellbeing of children and young people that can guide services and measure progress. (De Vincentiis et al. 2019, p. 89)

The Commonwealth and NT Governments have been working to improve their management and release of data (box 7.5). While these reforms show promise, it is too early to assess the extent to which they will make it easier for communities and service providers to access data that is detailed enough to support community snapshots.

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### Box 7.5      **Government data reforms**

As part of the review into Australian Government data activities in 2018, the Commonwealth Government announced and has begun implementing:

- a National Data Commissioner that will support a new data sharing and release framework and oversee the integrity of data sharing and release activities of Commonwealth agencies
- a legislative package that will streamline data sharing and release, subject to strict data privacy and confidentiality provisions. A key function of the new framework will be to authorise the sharing and release of data (instead of the existing regimes which restrict sharing and release).

In the Digital Territory Action Plan, the NT Government has committed to:

- improve the coordination of services across government by enabling the secure sharing of key digital data between agencies
- develop a data governance framework for NT Government data in consultation with stakeholders across government.

And the Australian Institute of Health and Welfare:

... is currently undertaking a range of projects to look at health and welfare outcomes of Aboriginal and Torres Strait Islander populations at lower levels of geography which will allow a focus on small population groups. (AIHW 2019b, p. 5)

Sources: AIHW (2019b); DPMC (2018d, p. 3); NT Government (2019a, pp. 8–9).

... but data needs to be curated for its purpose and audience ...

Having community-level data available is valuable but it is also important to communicate the data in ways that are accessible, and tailored to suit the intended purpose and needs of communities and local service providers.

ARACY agrees that data be reported and/or adapted in order to be accessible to families and communities, and emphasised that this should include accessibility including to children and young people. (ARACY, sub. DR36, p. 3)

Community members, especially those with low education levels, should not be presented with tables of data but with representations of data that are meaningful and can be related to. (Kathy Bannister, sub. DR44, p. 10)

In the context of developing the 12 to 20 regional plans for children and family services, this means creating short reports — snapshots — for communities within each region to help prioritise the needs and understand the strengths of each community. The Reform Management Office (RMO) within the NT Government should have responsibility for assembling data to create the community snapshots, and providing the snapshots to the regional network staff of both governments and with any community representative who is interested in accessing the data (chapter 6). In doing so, the key objective is not to develop a comprehensive picture of children and families in each location (though this is an admirable long-term goal), but rather to provide a broader range of baseline information to trigger discussion and to measure improvements in outcomes over time.

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The snapshots would likely include a range of information that is necessary to provide a fuller picture of the wellbeing of children and families in that community (box 7.6). The information in the snapshots would serve to complement, and be validated by, community knowledge about how children and families are faring (discussed below).

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**Box 7.6      What information could feed into community snapshots?**

**Baseline data** on each of the six domains of child wellbeing (box 7.1) at a community or local government level would feed into community snapshots. The data would likely include:

- any data on community strengths and protective factors, such as the diversity of languages spoken at home and the proportion of children with well-developed emotional and social skills
- socio-economic data, such as household income and the average number of people per bedroom
- rates of crime and incidences of domestic violence
- child protection notification and substantiation rates
- health and education data, such as educational attainment and attendance and the proportion of children who's physical health and wellbeing is deemed developmentally on track.

**Existing services and assets**, including information on what services are currently being delivered and any information on usage rates that could suggest whether current services are under or oversubscribed. This can be supported by data from the service list (section 7.4).

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The development and sharing of community snapshots will need to overcome issues relating to access and release of data. Some key data relating to children and families continues to be held internally by governments. One reason for this could be that government agencies are exercising excessive caution with respect to data release, without fully considering the costs and benefits of putting more information in the public domain. As noted by the Australian Institute of Health and Welfare:

In some cases, agencies are adopting standards of confidentialisation that exceed what would otherwise be required by compliance with relevant privacy laws ... frequently, these standards are applied without any real attempt at balancing the levels of risk against the research benefits of releasing finer-grained data' (AIHW 2017, p. 18).

An overly cautious approach to considering whether data should be publicly released may be driven by concerns about the potential consequences for communities. Participants to this study raised considerable concerns about the release of local data relating to children and families, particularly sensitive data that shows involvement with the justice and child protection systems (box 7.7). Some participants noted that such data is often presented as a problem and is deficit based rather than strengths based, and could be misused to marginalise and stigmatise whole communities. There are also concerns that the data could be used to create 'league tables' or other data sets that put communities in competition with each other.

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## Box 7.7      **Concerns about release of community-level data**

Following the release of the draft report for this study, several study participants expressed concern that data would be released for 'small' population areas, and that this could result in the identification of individuals.

... a community such as Imanpa has a small population of around 150 people and only around a dozen children aged 0-4 years old. It would be very easy to identify families who may have had contact with child protection when there are only 10 families with children under 14 years of age. (AMSANT, sub. DR48, p. 3)

Data should not be released that would lead to the identification of individuals and where that identification could cause harm. There is legislation in place that prevents data release that may compromise individual's privacy. And data would only be made available at a geographical area where it was clear that privacy would be maintained.

Study participants generally agreed that community access to data was important, however they cautioned about the impact on communities reputation if the data was misused or was deficit focused.

ARACY is conscious of the risk of stigmatizing communities when reporting community-level data. (sub. DR36, p. 3)

... to ensure that these data are not used to further marginalise and stigmatise Aboriginal people and their communities, NTCOSS recommends against publishing or otherwise making the data public. (sub. DR42, p. 3)

The risk with data sharing with community is that it is often presented as a problem and deficit based rather than strength based. (Kathy Bannister, sub. DR44, p. 10)

There is a risk of stigmatising communities as a whole when releasing this data. We would encourage a strength-based framing of data to avoid focusing on deficits or stereotyping of communities, particularly based on racial or other grounds. (Save the Children, sub. DR47, p. 7)

Similar concerns were raised in both the *Story of Our Children and Young People* and Child Friendly Alice's publications, specifically around further stigmatisation of Aboriginal and Torres Strait Islander people if the data was disaggregated into Aboriginal and non-Aboriginal outcomes. In response to these concerns neither report provided a breakdown by Aboriginal and non-Aboriginal outcomes (De Vincentiis et al. 2019, p. 3; Guenther, Brittle and Fleming 2019, p. 13)

Some other study participants expressed concern that publishing lists of data could be used to rank communities by outcomes, and suggested alternative ways of sharing data.

... [The Children and Families Tripartite Forum] proposes that data should be shared with communities for the purposes of planning, monitoring and ensuring accountability for improving coordination and delivery of children and family services ... data should only be shared on a 'need to know' basis ... The Tripartite Forum does not support community level data being reported publicly. This has the potential to create unnecessary and unconstructive competition between communities across the Northern Territory without recognising the diversity of each community's culture and history and lead to the potential stigmatisation of communities. (sub. DR49, p. 3)

Despite the best efforts of governments to ensure [data] is presented clearly, these complexities carry a risk that the data could be misunderstood or misapplied. Some alternatives could be releasing targeted analysis of the data instead of the data itself, or providing data to organisations with the capability to translate it meaningfully to communities. DSS and NIAA are concerned about the creation of league tables and other data sets that put communities in competition with each other. There is a potential to stigmatise whole communities where sensitive data shows levels of involvement with the justice and child protection systems. (DSS and NIAA, sub. DR50, pp. 20–21)

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Any release of community-level data inevitably carries with it a risk that the data could be misinterpreted and used inappropriately to compare communities. Comparisons, such as public league tables, do not recognise the diversity of each community's history, culture and circumstances, and should not be used to guide policy and funding decisions.

The risks associated with the release of community-level data can be at least partially mitigated if data release is carefully managed and done in collaboration with the community itself. The Child Friendly Alice Community profile is an example of where the release of sensitive data has been effectively managed. Child Friendly Alice sought approval from the NT Government to release sensitive data (relating to child protection, crime and justice indicators) for the Alice Springs community (box 7.8). It does not appear that any of the sensitive information has been misused since the profile was publicly released.

Ultimately, the choice to make community-level data publicly available involves balancing the risks against the benefits of releasing more granular detail. The risks may appear particularly acute because they are concentrated in the short term, while the benefits of change will take longer to realise. But the decision *not* to share data also has costs. If community representatives do not have access to local data their ability to participate and engage in the prioritisation of services for their community could be reduced. Providing data to communities helps to ensure they are on equal footing with governments and equips people with the information needed to make decisions on the outcomes they value the most.

On balance, the Commission considers that the benefits of access to community-level data outweigh the risks, as long as the data is presented in a meaningful and accessible way, using appropriate techniques to maintain data quality and privacy. At a minimum, this would involve sharing community snapshots with regional managers of each governments' regional networks, and with any community representatives who are interested in accessing the data. It would not involve the NT Government publishing the data or snapshots on websites or sharing individual community profiles with other communities — while in principle such release could be desirable, the potential risks are likely to outweigh the benefits at this time.



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## Box 7.8      **A profile of the children and families in Alice Springs**

Child Friendly Alice is a community collaboration in Alice Springs that aims to ensure that every child has the best possible chance in life to grow up healthy and strong. It is comprised of:

- Communities for Children funded by the Australian Government Department of Social Services — Anglicare NT is the facilitating partner
- Connected Beginnings, Department of Education, Northern Territory Government, funded by the Australian Government
- Larapinta Child and Family Centre, Department of Education, Northern Territory Government
- Strong Kids Strong Centre and Red Cross Australia.

In 2019, Child Friendly Alice produced a Community Profile, a Technical Report and a range of infographics to provide insight into the wellbeing of children and families in Alice Springs. The aim of producing the information was to provide a baseline of data that can be used to measure how children in Alice Springs are faring. It enables the community, government and service providers to compare data over time and to allow comparisons between achievements in Alice Springs, the Northern Territory and Australia as a whole.

In order to assess wellbeing, Child Friendly Alice adopted the Australian Research Alliance for Children and Youth wellbeing framework (box 7.1). They also adopted a criterion that the data presented should 'do no harm' — two sets of information were brought together to achieve this.

- One was the voices of people living in Alice Springs that told a story about what was good and what needed improving in Alice Springs — this information was obtained through surveys and was presented as a summary at the start of the report of the top ten priorities of what is good in Alice Springs, what is not so good and how things could be improved. Throughout the report responses were summarised for each wellbeing area and specific quotes were used to provide context for indicators.
- The other was quantitative measures of the six wellbeing areas — 35 indicators were included from data collected by government departments, research organisations and other experts. This included data on languages spoken by children and young people, emotional maturity, feeling safe walking home at night and domestic violence incidences. The data was presented for all children and families and was not disaggregated by Aboriginal and non-Aboriginal groups, in an effort to ensure the data did not negatively represent minority groups.

The two data sets were combined to tell a story about children and young people in Alice Springs and were presented in three different formats:

- a short infographic summary of the six wellbeing areas (five pages)
- a community profile report that presents the data, context and key survey responses across the six areas of wellbeing (40 pages)
- a technical report that contains comprehensive data and detailed community survey responses across the wellbeing areas as well as information surrounding the methodologies adopted and limitations of the data (168 pages).

To raise awareness and encourage the use of the reports the community profile was launched through a public community event. Community forums were also held as an opportunity to review the contents of the profile, discuss potential ways forward and for the community to provide further feedback on the report. The reports are publicly available from the Child Friendly Alice website.

*Sources:* Child Friendly Alice (2019), Guenther (2019) and Guenther et al. (2019).

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The NT Government's RMO should develop and provide the snapshots to the regional network staff of both governments so they can work with the communities to address their specific concerns and make the data meaningful for community members and local service providers. This may include:

- use of infographics and pictures that represent the data in accessible ways. For example, Grow Well Live Well Palmerston used three 'traffic light' colour codes to indicate areas where the data shows that Palmerston has comparatively more challenges (red), comparatively more opportunities (green) or where data does not clearly indicate more or less opportunities or challenges (yellow) (GWLW 2016a). Similarly, Child Friendly Alice's community profile (box 7.8) described the key message of each statistic and chart using bold colours and simple language (Guenther, Brittle and Fleming 2019). Child Friendly Alice also produced a brief (5 page) report comprised of infographics
- comparisons between the community and similar sized communities in the Northern Territory as well as the region and Northern Territory average. For example, more children attend school in this community than the average for communities of a similar size; however attendance needs to rise to meet the average attendance rate in the Northern Territory
- particular data items requested by the community, wherever possible. For example, a community may request and obtain data on the proportion of the community who speak Aboriginal or Torres Strait Islander languages at home. But if they also request data on the number of children who have a disability, this information might not be available. A proxy measure — such as the number of children who need assistance with core functions due to a disability or long term health condition — might be available.

In future years, the snapshots could also include analysis of the data trends stating whether outcomes have improved, stayed the same or deteriorated since the data was last reported.

... and the data should be improved over time

The community snapshots will initially use the best information available, and will be built on and refined over time, so that coordinated actions for children and families can be taken as soon as possible. Imperfect data can still be useful for initiating conversations about community needs and preferences, which can then be reflected in regional plans. The incompleteness of data should not prevent governments from commencing the process of engaging with communities.

The development of the community snapshots, especially for the first year, could be relatively time consuming as the specific data would have to be identified, sourced and collated. The snapshots should not overwhelm communities with data but give an insight into wellbeing across the six domains. Where possible the RMO should make use of existing initiatives, such as in Palmerston and Alice Springs, that already collate and transform data into understandable and meaningful summaries for the community.

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While the aim is for the snapshots to include information about the six domains of child wellbeing (box 7.1), the amount of data that is available is likely to vary across each of the domains, at least in the short term. In particular, not all existing data will be available at a geographical scale that represents communities or service catchment areas. The data may need to be aggregated in ways that enable as close an approximation as possible. The data will be complemented in the snapshot with community knowledge, to both validate statistics and elaborate on the wellbeing of children and families.

## **Using community knowledge to make more informed decisions**

### **Community validation of data**

It is essential that data used to inform decisions accurately represents the experiences in the community. Some study participants were concerned that the data would not accurately represent the reality of children and families wellbeing.

Data about communities is often multifaceted and complex and deals with sensitive topics. Despite the best efforts of governments to ensure it is presented clearly, these complexities carry a risk that the data could be misunderstood or misapplied. (DSS and NIAA, sub. DR50, pp. 20)

... data taken from sources such as the ABS need to be augmented and contextualised, as this data is often inconsistent with people's perception and experience of their own community(ies), and inconsistent self-reporting at the time of Census may impact on the accuracy of these data sources. (NTCOSS, sub. DR42, p. 4)

The Commission considers that communities are best placed to provide context to the data. Without community input, there is the potential for data about services to be misleading, especially where information about the provision of a particular service does not account for availability of substitute services.

To give a simple example, one potential indicator of the accessibility of health services in remote communities is the proportion of Aboriginal and Torres Strait Islander children accessing child health checks funded through Medicare item 715 (which includes the Aboriginal and Torres Strait Islander child health assessment). However, child health checks for young children are also provided by maternal and child health services funded by the NT Government. So while a lower number of Medicare funded health checks could reflect poorer accessibility or use of preventive health services for children, it could also suggest that maternal and child health services are more readily available, and so reflect better accessibility or use of preventive health services.

It is only by talking with communities about the on-the-ground realities behind data such as this that its true meaning can be made clear. As another example, Kathy Bannister noted that in Palmerston:

... it looked as if there were many bus transport options in Palmerston based on the data on the number of services but community members were able to point out that a lack of cross-suburb

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services and violence at the interchange discouraged use and rendered public transport inadequate at that stage. (sub. DR.44, p. 10)

Without the communities validation of the bus transport data the current service level would have appeared sufficient and the issue would continue to go unaddressed.

Asking communities to validate and comment on key data in the community snapshots will give greater assurance that the data underpinning funding decisions is accurate. If validation does not occur, it could lead to needs being misidentified or certain outcomes being over- or under-estimated, with a consequent impact on funding decisions. People who reside in, or work closely with, the community have the detailed knowledge that is needed to provide an accurate assessment of what is actually happening in the community.

Validating the community data with interested community members and service providers will involve sharing the snapshots with a range of groups that represent the community, or that have an interest in children and family services. The nature of these groups will vary between communities, but could include the organisations that represent communities for the purposes of local decision making; existing community organisations (such as a regional council or an Aboriginal Community Controlled Organisation); or community groups (such as a school board or Child and Family Centre reference group) that the community or region considers can represent its voice (chapter 6). Involving these groups in validating the community snapshots, and in regional planning more broadly, will have the added benefit of helping to build shared responsibility for keeping children safe and well.

## Community knowledge as data

It is important that each community's own knowledge and understandings of how well their children and families are tracking is also considered to be data about that community. This is because:

Engaging with local communities can increase situational awareness and provide insights that may not otherwise be represented in the data. (Young, Campo and Verhulst 2019, p. 52)

Community knowledge can be captured in a range of ways, including through consultation, community meetings or a community survey. Some communities already have stores of information to draw on, such as the survey conducted in Alice Springs for Child Friendly Alice (Guenther 2019) or the reports of workshops on child protection and youth justice reforms conducted in NT towns and remote communities in 2018 (AMSANT 2018). And in 2019, young people in Katherine and Palmerston expressed their views on the key issues affecting them as part of the development of youth action plans (Katherine Youth Interagency Group 2019; Palmerston Youth – Local Action Group 2019).

Communities' knowledge is particularly valuable in identifying and monitoring aspects of wellbeing that are hard to accurately quantify, such as the strength of child and parent relationships in the community. This information is important for planning and service prioritisation as it helps to focus efforts on areas that are intrinsically important to local

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children and families wellbeing. For example, in Broome, Western Australia, the Yawuru people worked with researchers to articulate their own conceptions of wellbeing founded on mabu liyan (the Yawuru concept of a good life).

Connections to family and community, to the land, to culture and traditions, are all fundamental to how Yawuru feel about themselves, and their sense of a good life. Yet all too often, the sorts of indicators of social and economic development used to inform policy-making, or to evaluate policy or community initiatives, fail to represent such values in any meaningful way (Yap and Yu 2016, p. 8).

Examples of indicators used to measure the wellbeing of Yawuru people include perceived strength of their family connection, the types of cultural knowledge acquired as a child, and whether people felt able to access country for practising traditional culture. The services delivered could focus on the communities strengths and be prioritised according to the areas that are identified as being fundamental components of Yawuru wellbeing.

Similarly, communities are best placed to provide insights into the reasons for outcomes and are able to suggest practical solutions based on their knowledge of how the community is likely to respond. The Driver Licensing Program developed as part of the Maranguka Justice Reinvestment project demonstrate the value of community insights when validating the data (box 7.9).

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### **Box 7.9      Community knowledge used to develop successful solutions**

As part of the Maranguka Justice Reinvestment project in Bourke (box 7.1), data was presented during community conversations led by local facilitators, showing that Bourke had the highest number of offences of people driving while their licence had been disqualified or suspended.

The community identified a range of barriers to obtaining and maintaining a driver licence including:

- literacy problems and difficulties passing the driver knowledge test
- limited access to licensed drivers to supervise learner drivers
- limited access to registered and insured vehicles
- the costs associated with obtaining a licence, owning and maintaining a car
- difficulties associated with the graduated licensing systems
- difficulties obtaining proof of identity documents, particularly birth certificates and change of name registrations.

A solution was developed to provide individual case management to offenders that would help address these barriers. The Driver Licensing Program included opportunity to undertake automotive mechanic training, a more permanent and appropriately resourced driver licensing and education program, and support to facilitate access to identification documents.

Over the period 2015–2017, the Driver Licensing Program resulted in:

- 236 people obtaining a driver licence
- a 72 per cent reduction in the number of young people proceeded against for driving without a licence.

*Sources:* Just Reinvest NSW (2015, 2018, 2019).

## **Ensuring data standards are maintained**

### **Quality of data at smaller geographical levels**

Another potential barrier to the use of data at the community level is the quality and reliability of the data, particularly where data is drawn from national surveys. As noted above, it is important to verify that the data is adequately representative of the target population. This can be dependent on the willingness or ability of the relevant population to participate in data collection. People in minority groups or living in remote areas may be underrepresented in survey data if:

- they have difficulties completing or returning survey forms. Reasons for the difficulties can include literacy issues, language barriers, lack of internet access or being absent from their usual address at the time of data collection.
- it is not possible to be certain of obtaining a representative sample of the relevant population. In conducting a national or Territory-wide survey only a proportion of the population typically participates in the survey. In some cases it cannot be ascertained whether it is an accurate representation of the population in small areas.

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It is important to use a range of data sources to understand the wellbeing of children and families across the community (box 7.10). Different population groups within the community may have different propensities to interact with administrative services, locally provided services and to provide data directly to the government. By using multiple data sources, more of the population may be captured.

### Box 7.10 Using a range of data to get an understanding of wellbeing

A range of data can be useful for understanding the needs and outcomes for children and families. They include:

- **administrative data.** This type of data is primarily collected for the purposes of recording an individual's interaction with a government agency or delivering a service to them. Information from birth and death records, and data recorded during hospital admissions are types of administrative data.
- **provider data** relating to a provider's own functions including the cost, quantity, quality of services provided, and data that it collects about users. For example, the Department of Social Services (DSS) requires providers to record information about the people who use DSS-funded services in its Data Exchange.
- **data obtained directly from service users or the community**, commonly through surveys. This type of data is directly relevant to the user's outcomes and can also provide insights about changes in user behaviour. For example, the Census of Population and Housing conducted by the ABS contains questions on income, education, employment status and family composition. Community knowledge can also be collected directly from people living and residing in the community. It can be gathered on a range of subjects or areas where it would be deemed beneficial to either supplement existing data or to fill data gaps. For example, both the *Story of Our Children and Young People* and Child Friendly Alice gathered information, stories and case studies from community members to support the assessment of wellbeing.
- **linked datasets** can provide more comprehensive insights from existing datasets. It is the process of matching records on the same individual contained in different data sources, so that when combined more insights can be gathered about those individuals (PC 2017a). For example, the Australian Government's Multi-Agency Data Integration Project (MADIP) links administrative data on Australian Early Development Census, income support payments and other Commonwealth programs. Similarly, the NT Government has a linked datasets, SA-NT DataLink, that includes data on perinatal trends, primary health care collections, emergency department activity, student activity and the National Assessment Program – Literacy and Numeracy (NAPLAN). These data sets allow governments and researchers to examine the accumulation of protective and risk factors facing individual children in different locations. This information would be useful in identifying needs and prioritising service delivery.

Advancements in data techniques and linkages will help to get the most out of data.

In addition to standard demographic information (age, gender, [Culturally and Linguistically Diverse] etc.) the Data Exchange can enhance data by using Statistical Linkage Keys to link other social policy datasets, such as welfare payments which clients may receive or the socio-economic areas where they live. This provides insights into service usage and client interactions with other services on a de-identified basis. (DSS and NIAA, sub. DR50, p. 18)

Sources: SA-NT DataLink (2020) and adapted from Productivity Commission (2016, p. 90).

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## Maintaining the privacy of individuals at smaller geographical levels

Although some study participants requested community-level data, they also raised concerns around individuals' privacy if community-level data was to be publicly released.

We would also encourage reviewing data to ensure that it is sufficiently de-identified, so that it is both useful for programming but also avoids providing specific information or identifiable information regarding individuals or families. (Save the Children, sub. DR47, p. 7)

Our primary concern is the need for strong protection of the rights and privacy of Aboriginal people in relation to their data. AMSANT is concerned that community-level disaggregation of data relating to children and families (particularly in relation to matters of health and child protection), and making these data publically available, places the privacy of vulnerable children and families at risk of being identifiable. (AMSANT, sub. DR48, p. 3)

NACCHO stresses the importance to ensure anonymity of Aboriginal and Torres Strait Islander people, particularly in small communities where de-identified data points can easily be re-identified. (NACCHO, sub. DR46, p. 4).

Releasing data at small geographical levels should involve an assessment by the government of the ability to maintain people's privacy and the benefits of sharing the data.

De-identification is about risk management, nothing more and nothing less; accepting that there is a residual risk in all useful data inevitably puts you in the realms of balancing risk and utility. (O'Keefe et al. 2017, p. 5)

Appropriate data techniques can be used to maintain people's privacy while still obtaining many of the benefits of data release (box 7.11).



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### Box 7.11      **Techniques to maintain data confidentiality**

The first step to maintain confidentiality is the de-identification of data. This means removing or altering any information that identifies an individual or is reasonably likely to do so (Office of the Information Commissioner Queensland 2019). De-identification generally involves two steps: removing personal identifiers, such as name and address and removing or altering other information that may permit the identification of an individual (for example, due to the presence of a rare characteristic) (OAIC 2014). Additional techniques can also be used to maintain confidentiality if there is concern that de-identification alone is insufficient. The techniques can be categorised into two main groups: data reduction methods and data modification methods.

**Data reduction methods** maintain confidentiality of respondents by selecting appropriate aggregations or presentation of data. Two of the main techniques are:

- **Combining categories:** This method involves combining several response categories into one, or reducing the amount of classificatory detail available in a table. Combining or collapsing categories is used when a handful of responses have a small number of small cells. For example, if there were only a small number of children aged 3 who were subject to child protection investigations, instead of releasing data by individual ages the data could be aggregated to be released by five year age categories.
- **Suppression:** Data suppression involves not releasing information for unsafe cells. If a table contains totals, it may be possible to calculate the value of a suppressed cell by subtracting the value of other cells from the total. At least one additional cell may also need to be suppressed to prevent identification. For example, if there were only a small number of children aged 3 that were subject to child protection investigations, the data for 3 year olds would not be released and another age may need to be suppressed so that the total number cannot be calculated.

**Data modification methods** maintain respondent confidentiality by altering the identifiable data in a small way without affecting aggregate results. The primary technique involves data rounding of small cells to not impact the meaning significantly but the original value cannot be known with certainty. For example, if there were 4 children aged 3 who were subject to child protection investigations, the data could be rounded to zero (being the nearest multiple of 10). The community would know that there was between zero and ten children subject to investigations but not the exact number.

*Source:* Australian Government (2018b).

Some aggregated data relating to typically sensitive matters, such as rates of child protection notifications and substantiations or the incidence of domestic violence, is important in understanding the wellbeing of children and families and directing resources to where needs are greatest. This was acknowledged by the Northern Territory Chief Minister in the *Story of our Children and Young People*.

Some of the data is confronting, but it serves to make us more determined to improve the lives of all our children and young people in the Northern Territory. (De Vincentiis et al. 2019, p. i)

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For data that the community considers sensitive, and that cannot be released at a community level because of re-identification or concerns that it may lead to marginalisation or stigmatisation of communities — even with appropriate risk mitigation techniques applied — efforts should still be made to provide:

- information regarding trends in the data over time. For example, rather than including precise metrics of child harm (such as the number of child protection notifications or substantiations), the snapshot could include information on the broad change in direction of reported child harm incidences — such as, ‘the rate of notifications is lower [or higher] than last year’. This information would assist the community in understanding whether a particular outcome has improved, stayed the same or worsened over the time period.
- comparison with unidentified similarly characterised communities, the local region and the Northern Territory. For example, the community snapshot could indicate whether the incidence of reported child harm is lower or higher than in a similar sized community (and the region as a whole). This would reduce the identification concerns and still contribute to community’s understanding of how the community is faring in terms of child safety relative to other similar communities. This would help the community understand levels of need and where to focus efforts.

#### **RECOMMENDATION 7.1 BETTER USE OF DATA FOR CHILDREN AND FAMILIES**

The Commonwealth and NT Governments should collate regional- and community-level data on outcomes (risk and protective factors) and on expenditure and the availability of children and family services. They should share this data with communities (as per recommendation 6.1).

To achieve this, the Reform Management Office (RMO) in the NT Government should:

- assemble data from both public and internal government sources (provided by relevant government agencies) to create snapshots for each community that:
  - reflect the best available information across the six domains of child wellbeing
  - are understandable and meaningful for community members and local service providers
  - include data items requested by the community, wherever possible.
- provide the regional managers of both governments with the community snapshots for the communities in their region.

Regional managers should use the local knowledge held by each community in the region as evidence about how well children and families are faring, and to validate the data in each community snapshot. This information should inform the development of regional plans for children and families (as per recommendation 6.1).

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## 7.4 Improving information about services

In addition to data on risk, protective and wellbeing outcomes for children and families, better data is needed on expenditure on services at a community level, and the services that are being funded by that expenditure. Data on expenditure and service availability would help to inform funding decisions and, importantly, provide better information on communities' service needs.

### Improving information about services for decision makers

Overall, the data that government departments keep about expenditures is insufficient to capture information about what services are being provided by funding recipients, and where. This hinders the ability of decision makers to fully understand the service landscape — and hence make fully-informed and coordinated decisions about what to fund.

Better record-keeping in relation to where and what services are provided will facilitate tracking of how expenditures translate to services provided. In conjunction with information about who funds and delivers services, this will provide a stronger foundation for coordinated decision making about service delivery (chapter 6).

To enable this, Commonwealth and NT Government departments need to improve and harmonise the way in which they record information about the services they fund. In particular, the Commission considers that expenditure data could be vastly improved through two key changes.

First, government departments should develop and adopt a common method for describing or categorising the types of services that are being funded. This is important for different government departments being able to identify potential areas of overlap and gaps in services — which is not currently possible because departments currently use different methods for categorising the services they fund (finding 3.1). As discussed in chapter 3, the Commission developed a set of service categories for classifying what services were funded by various government departments, which were broadly based on the categories used in the GrantConnect database maintained by the Commonwealth Department of Finance. These categories could be used as a starting point for developing a common method to be used by government departments.

Second, government departments should develop and adopt a common geographical unit for reporting where funded services are provided. The unit adopted should be sufficiently granular so as to allow different service catchment areas to be distinguished from each other. Usually, a service catchment area refers to the geographic area over which a serviced population is distributed. But, in this case, given the sheer size of the Northern Territory, it should also reflect how far it is reasonable to expect a user to travel in order to access services as needed. This would allow government departments to more accurately identify which

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geographical areas are (and are not) receiving particular services, as well as the set of services that are available in a particular area.

As a matter of practicality, the chosen geographical unit should be based on structures that already exist (for example, ABS Structures), as they can be adopted ‘off the shelf’, circumventing the need to develop a new geographical unit from scratch (DSS and NIAA, sub. DR50, p. 19). It would also allow similar data recording practices to be adopted in other jurisdictions in the future (if desired).

Based on the data provided to the Commission (chapters 2 and 3), it appears that the relevant government departments are, for the most part, currently using geographical units that can be mapped into the ABS Australian Statistical Geography Standard. Within that standard, Statistical Area Level 2 (SA2) units are best able to reflect the boundaries of a service catchment area, as they are ‘designed to reflect functional areas that represent a community that interacts together socially and economically’ (ABS 2018a). For example, the service catchment area for Tennant Creek roughly corresponds to the SA2 named ‘Tennant Creek’.

But, in some cases, SA2s do not accurately reflect a service catchment area. For larger towns, SA2s can be much smaller than the service catchment area — for example, the service catchment area for Darwin would likely be better captured by the two SA3s of ‘Darwin City’ and ‘Darwin Suburbs’ (which are, together, made up of 30 SA2s). And for communities below a certain size, the relevant SA2 is too large to capture the way people within that community interact socially and economically — for example, Yuendumu shares an SA2 with Anmetjere, but these are two distinct communities that are more than 200 kilometres (and about three hours) apart from each other by road.

For this reason, the most practical way to develop a unit that reflects service catchment areas is to use SA2s as a starting point. In some cases, multiple SA2s will need to be amalgamated to form a service catchment unit (such as in Darwin); in others, an SA2 will need to be split into two or more units (potentially made up of multiple SA1s) that more accurately reflect the service catchment area in question.

Regardless of what unit is adopted to represent service catchment areas and to define service categories, it is important that these units are adopted and applied consistently by all relevant Commonwealth and NT Government departments. It is envisaged that these new reporting practices would be applied prospectively, to future expenditures. This will mean that, going forward, governments will be better able to track the types of services that are being funded — and are available — in specific service catchments, which will facilitate more informed and coordinated decision making about future funding.

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#### RECOMMENDATION 7.2 HARMONISE RECORD-KEEPING PRACTICES

The Commonwealth and NT Governments should work together to:

- agree on a common unit for reporting location data at a level of granularity that reflects service catchment areas, based on the ABS Statistical Area Level 2 (SA2) structure (and amalgamating or disaggregating SA2s as necessary)
- develop a common method for describing and categorising children and family services.

This method should be adopted by all relevant government departments for the purpose of keeping records and reporting about government expenditures, as they relate to services for children and families. The improved expenditure and services data should be used by the NT Government as a basis for putting together a single and cohesive service list that covers all of the Northern Territory (recommendation 7.3).

### Improving information about services for the community

Information about what services are provided in specific communities cannot be readily obtained through expenditure records, because those records contain incomplete information about where services are provided and because the way in which that information is reported varies considerably (chapter 3). The Commission also heard that families and local service providers are often unaware of the services that are available in their community — meaning that such information is not necessarily a matter of ‘local knowledge’.

There were conflicting views regarding community members’ knowledge of services being delivered by local service providers in the community. Some organisations thought that people had a good awareness of what services were available and when, others thought there was very little awareness ... There was consistent feedback that there was very little awareness of services provided by visiting service providers and therefore people were not accessing those services. (case study: Yuendumu, appendix B)

Inadequate information about service availability has been identified as an ongoing issue in numerous studies and inquiries prior to this one (PC 2017b; RCPDCNT 2017). It was for this reason that the Royal Commission recommended that the NT Government ‘create and maintain a Services Register containing information about the services available in communities’ (RCPDCNT 2017, vol. 3B, p. 39). In particular, the Royal Commission recommended that this be done in conjunction with service mapping.

[Service mapping] would also identify services which exist but are underutilised, geographically inaccessible, not consistently available, or subject to entry criteria which limit their potential value ... The [Royal] Commission recommends that the results be maintained in a Service Register, listing currently funded programs and services available in each area. Funding, contract duration and evaluation information should also be included in the Register. The Register should be updated as services change, to ensure its continued value as an input to planning. The results could also inform a public online service directory. (RCPDCNT 2017, vol. 3B, pp. 249–250)

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In response to this recommendation, the NT Government, through Territory Families, has taken steps to improve information about available services, including:

... partnering with the Northern Territory Council of Social Services (NTCOSS) and investing \$200,000 to publish an online service directory that allows staff and communities to explore the services available in their local area. (Territory Families 2018a, p. 21)

The NT Government also maintains the BushTel website, which includes a Community Directory that lists services available in communities in the Northern Territory.

The BushTel website was launched in 2006 as part of the Northern Territory Government's initiative to provide information on remote communities including social, cultural and statistical information that would assist in achieving outcomes in the bush and allow for informed decision making. The BushTel site has been essentially unchanged since its launch with around 2000 users per month. In 2015, the NT Government committed to upgrading the system. The new BushTel takes advantage of advances in contemporary government systems and data sources to provide reliable and contemporary community information to those need[ing] it for planning and decision making. (NT Government 2019d)

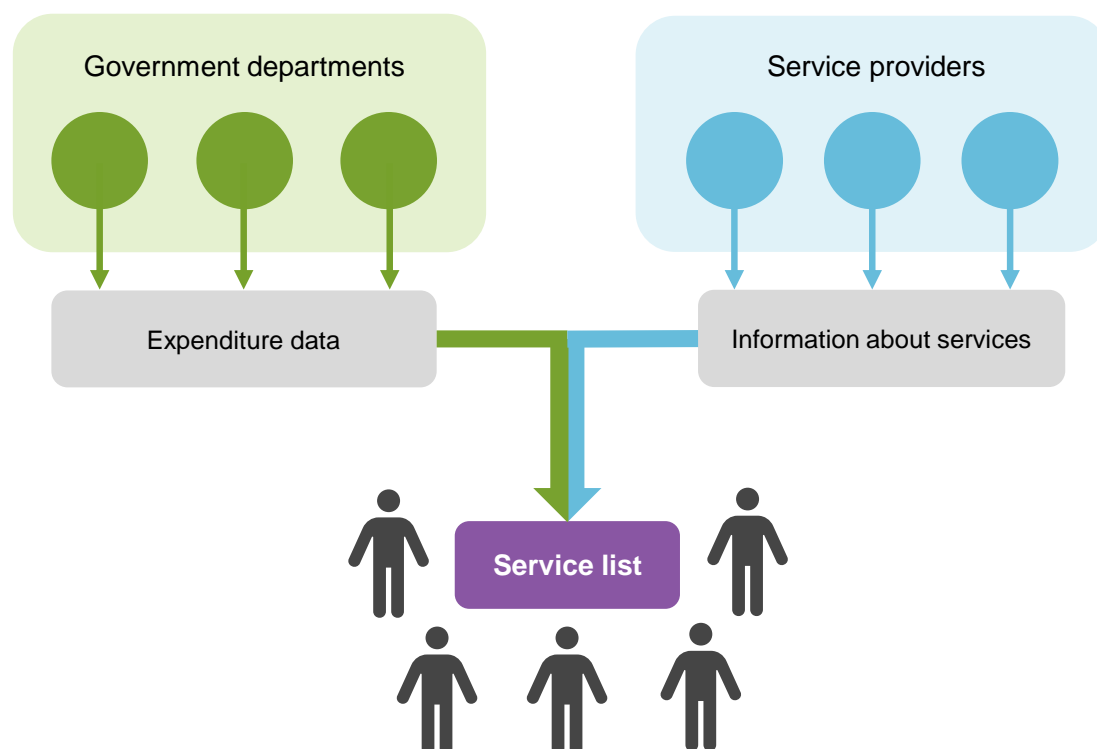
And, over the past few years, there have been some attempts to put together service lists for particular regions in order to document the availability of services. In particular, the Commission is aware of multiple organisations being funded to collect information about what services are provided in specific regions. However, these service lists are not put together in a coordinated manner and, as such, cannot be aggregated to derive a complete picture of current service provision in the Northern Territory.

The need for a single and cohesive list of services was still evident in this study. During consultation, the Commission heard that a service list could bolster community awareness of service availability, as well as assisting service providers in understanding the service landscape outside their own organisation. A service list could also help government agencies identify what services are being funded in communities by other departments.

Improved expenditure data (recommendation 7.2) could lay the groundwork for a single and cohesive service list that covers all of the Northern Territory (figure 7.1). In particular, improvements in how information about services is kept would allow that information to be leveraged for the purpose of identifying what types of services are available. And improvements in recording location data could also be used to determine what services are available in a particular town or community.

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Figure 7.1    **Putting together a service list**



To meet the needs of service users, the service list will also require input from providers — such as information about: the nature of services provided; when the service is available (days and hours of operation), including whether the service is provided on a permanent or visiting basis; where the service can be accessed; and any other requirements for attending (costs of attending, whether an appointment or booking is required). There could be a role for contract managers from relevant government departments (as part of their relational contracting with service providers) (chapter 8) in managing the collection and entry of that information.

An important feature of this proposed approach (which is not a feature of existing service lists) is that information about services is linked to government data about expenditures. This will allow decision makers to track how allocated funds are manifesting as services on the ground — linking government expenditure to service provision. Linked data could also facilitate monitoring and reporting in relation to what services are being provided and where (chapter 9). This is not possible if a user-facing service list is put together and maintained in isolation from government expenditure data.

Of course, to gain a complete picture of service availability, the list would also need to be supplemented with information about services funded through other means — such as through local governments, royalties or philanthropic efforts. There could be a role for local or regional organisations to collect and maintain that information, in a manner that is consistent with the information kept by the Commonwealth and NT Governments.

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Based on information provided by participants, the Commission considers that the current BushTel platform could be expanded and developed to fulfil the role of the service list described in this section. At present, the platform contains profile information for all communities (including outstations) in the Northern Territory. These profiles include demographic information, a community directory that lists services and businesses, as well as information about visiting services — including what the service is and the planned date of the visit. The Commission understands that further upgrades are planned to enhance service information for each community, with the intention that different government agencies and service providers will be able to contribute to the upkeep of that information.

One of the key advantages of the Bushtel platform is that it is owned and managed by government. This gives government better control over the accuracy of the information held on the platform. Moreover, government ownership means that there are likely to be fewer barriers to implementing real-time updating of the service list in response to changes in funding, strengthening the link between expenditure data and service information.

#### **RECOMMENDATION 7.3 A PUBLIC CHILDREN AND FAMILY SERVICE LIST**

The NT Government should compile and maintain a single and cohesive service list that covers, at a minimum, children and family services funded by the Commonwealth and NT Governments in the Northern Territory. The service list should make use of and be linked to government data about expenditures.

The service list should have a public-facing interface that allows members of the public and service providers to easily identify the services that are available in each community.

At a minimum, the service list should contain information about:

- the type(s) of service(s) provided
- who is eligible to receive the service
- the service provider (name and contact details)
- when the service is available (days and hours of operation), including whether the service is provided on a permanent or visiting basis
- where the service can be accessed
- other requirements for attending (costs of attending, whether an appointment or booking is required).

Over time the service list could be expanded to include services funded through other means such as royalties and philanthropic sources.



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## 8 Funding and contracting

### Key points

- There is significant scope to improve funding and contracting arrangements for children and family services in the Northern Territory, which would provide better outcomes. The current approach:
  - creates uncertainty for providers, due to short-term funding, and limited transparency and timeframes around funding opportunities and application processes. This limits providers' ability to effectively design and deliver programs, develop trust with users, and invest in workforce capability, including retention of skilled staff
  - of short-term contracting is a poor fit to address the complex and long-term issues that many children and family services are funded to provide
  - is output focused with inflexible conditions that limit providers' ability to make decisions on how best to achieve outcomes for children and families over the longer term
  - can pose a barrier to collaboration between providers and to the entry of Aboriginal organisations that may be better placed to deliver services to Aboriginal communities.
- A fundamental shift in how children and family services are funded and contracted is needed — moving away from a short-term, transactional approach, towards a longer-term, outcomes-focused funding approach, where governments and providers work collaboratively with communities, to improve service delivery outcomes. This involves several key changes.
  - Setting default contract lengths of a minimum of seven years, and improved transparency and forward planning by governments of grant opportunities, which would afford service providers the stability of funding required to plan and invest for the future.
  - Funding the full cost of providing children and family services (taking into account the higher costs of service delivery in remote areas, capital investments needed to support effective service delivery, and the costs of monitoring and evaluating service delivery outcomes).
  - Ensuring selection processes take into account the characteristics and capabilities of providers that contribute to achieving outcomes for children and families (such as cultural competence and connection to communities).
  - Ensuring that funding and contracting arrangements support partnerships with, and capacity building of, Aboriginal organisations, where such organisations are expected to deliver better outcomes for children and families over the long term. Where the partnership is intended to result in the transfer of control to an Aboriginal organisation, contracts should include a requirement for handover within realistically defined timeframes.
  - Adopting a relational approach to contracting, where government departments (through their regional network) and providers engage in regular, collaborative reviews of service outcomes and continuous improvement. Governments will need to ensure their regional networks have the skills, capacity and authority to undertake relational contracting.

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There is considerable scope to improve the way providers of children and family services are contracted and funded. Current approaches are impacting how effectively services are delivered and how government and community objectives are achieved. There is a disconnect between the approach governments take to funding children and family services and what is required by service providers to meet the often complex and long-term care needs of children and families.

This chapter outlines key issues with current funding approaches (section 8.1), namely:

- funding uncertainty created by short-term funding agreements and limited transparency and timeframes around funding opportunities and application processes
- output-focused and inflexible contract conditions, which limit the ability of service providers to make decisions about how best to achieve outcomes for children and families
- barriers to collaboration and the entry of smaller organisations created by the process used to select service providers, particularly where competitive processes are used.

These issues are not limited to children and family services, and have been identified by a number of reviews and inquiries, such as the Productivity Commission's report on Reforms to Human Services (PC 2017b) and the Royal Commission into the Protection and Detention of Children in the Northern Territory (RCPDCNT 2017, vol. 3B).

In light of these issues, the Productivity Commission recommends governments fundamentally shift how they commission and fund children and family services, transitioning away from short-term transactional and output-based funding, towards longer-term relational and outcomes-focused funding (section 8.2). This requires changes to the way governments approach contract design and management, as they work collaboratively with service providers and communities to ensure services are continually improved and adapted where necessary.

## 8.1 Issues with existing funding approaches

In the Northern Territory, children and family services are mainly either contracted out to external service providers (through grants and procurement processes<sup>1</sup>) or directly funded and delivered by government. Since the 1980s, governments have moved away from direct provision towards more competitive funding approaches to delivering human services. This has seen an increasing focus on 'contractualism', which separates purchasers from providers, and subjects providers to classical contracting and competitive tendering (Harper et al. 2015, p. 220). As noted in chapter 2, about two-thirds of expenditure on children and family

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<sup>1</sup> Grants are financial assistance offered to organisations to fund them to deliver services. The objective of a grant is to achieve government policy outcomes, but also supports the delivery of an organisation's own objectives. Procurement refers to processes whereby a government agency acquires goods or services from an external provider for its own use, or use by another relevant entity. The tender for a service contract generally defines a specific activity or service that the agency would otherwise be required to deliver.

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services is allocated through grant or procurement expenditure, with the Commonwealth Government funders almost exclusively funding services through grants.

The funding approaches used in the Northern Territory do not always fit well with the range and nature of children and family services funded by governments. For example, services such as intensive family support and domestic violence are not suited to inflexible, short-term funding approaches. The key issues with current funding approaches are discussed in the following section.

### **Current funding approaches create uncertainty**

Stable funding helps service providers plan and invest for the future, as well as supports investment in effective long-term prevention and early intervention services. Funding uncertainty risks the viability of service providers, particularly in remote areas, where it can be difficult to build service scale (box 8.1), and is inconsistent with servicing the long-term development or care needs of children and their families, particularly those who have experienced or are vulnerable to experiencing harm.

The National Association for the Prevention of Child Abuse and Neglect pointed to funding instability as an issue for its respectful relationships education program, Love Bites:

... which has been operating in the NT for over a decade and has been invested in numerous times by governments, however this funding has been intermittent. This inconsistency in funding conflicts with best practice which stresses that long-term commitment to prevention programming ... is essential in order to achieve generational change. (sub. 19, p. 2)

Several factors contribute to funding uncertainty, including the use of short contract terms, and inadequate information and notice about funding application processes.

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### Box 8.1      **Building service scale in remote areas**

Given the high costs of setting up and operating in a remote location, organisations need certainty in funding to ensure they are able to provide a stable presence within the community. For example, different services being funded at different times (with little notice or time to prepare an application) within the same community could mean that no single service provider has the ability to generate sufficient scale to remain in the community full-time. This can lead to the use of temporary ‘fly-in fly-out’ services to fill gaps, which can be antithetical to the needs of a place-based and public health approach.

Providing long-term funding when a program is showing signs of success reduces the disruptions and uncertainty caused by a lack of program continuity. This offers service providers the confidence to build scale knowing that extra funding will be available if their programs demonstrate success. As noted by Save the Children Australia:

Funding pilot or innovative programs is vital to improving practice and identifying successful models of support in communities. However, this should be matched by clear pathways for expansion and ongoing funding where evidence/evaluation indicates that the program is having positive impacts. Where pilots or small-scale trials are driven by government, funders should include conditional opportunities for expansion and/or continuation should impacts be demonstrated. This provides community and staff continuity and trust and ensures that resources required to bring small projects to scale can be accessed. (sub. 30, p. 3)

It should be noted that the benefits accrued from allowing providers to expand the scale of their operations will not come at the expense of limiting competition between providers. Rather, scaling allows providers to achieve the required critical mass to ensure the viability of service provision — a reality commonly faced by providers operating in remote regions. Indeed, by making service provision a viable enterprise within communities, increasing the certainty and transparency around funding rounds can be a way of encouraging competition. Bidders facing a less uncertain funding process would be more willing to bid for less, or offer better quality services, if they are certain of being able to achieve scale.

This is not to say that achieving scale is viable in all communities and across all services. The reality is that in remote Northern Territory, not all services can be delivered everywhere. It may be that the best option is to provide services across several communities, for example, through a fly-in fly-out, drive-in drive-out, or ‘hub and spoke’ basis.

## Short-term funding is common in commissioning children and family services

The majority of funding contracts for children and family services in the Northern Territory are relatively short term — with median lengths of between two years (for the National Indigenous Australians Agency (NIAA) and Territory Families) and four years (for the Department of Social Services (DSS)) (chapter 2).

Short-term contracts can create significant levels of uncertainty for providers and users of children and family services, including:

- short staffing contracts that end at the conclusion of the funding contract (if the organisation does not have other sources of funding). This can lead to high staff turnover and staff shortages, and impede continuity of care for children and families with complex needs, including those arising from long-term and intergenerational

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disadvantage. The National Aboriginal Community Controlled Health Organisation, for example, stated that:

Currently ... [Aboriginal Community Controlled Health Services] ... are on 12-month funding extensions following on from three-year funding cycles. Even three-years funding is not enough to ensure our services achieve optimal outcomes, due to (amongst other things) short staffing contracts and high staff turnover, and inability to plan into the future — including via collaboration and partnerships with other local providers ... [we welcome] ... the Productivity Commission's 2017 recommendation for 10-year grant funding be given to Aboriginal and Torres Strait Islander services, and request this recommendation be put forward again. (sub. 21, p. 10)

- reduced capacity for investment in organisational and workforce development, which can affect the capacity of some Aboriginal and Torres Strait Islander workers to advance to more senior levels through funded TAFE/tertiary courses and mentorship (AMSANT, sub. 20, p. 13)
- inability for long-term planning and collaboration, including in partnerships with other local providers, which works against the achievement of an integrated public-health approach (NTCOSS, sub. 18, p. 5)
- inhibiting the building of trust between service providers and their clients (Save the Children Australia, sub. 30, p. 2), which is essential to delivering services that deal with potentially vulnerable groups and those with complex needs, or to overcome trust deficits in communities that have faced significant levels of ineffective interventions. Service providers building a strong reputation and trust within the community is important in encouraging community engagement in programs and collaboration across the spectrum of services that interact with children and families.

In addition to causing uncertainty, short-term contracts require service providers to repeatedly apply for funding in order to secure service funding. This imposes administrative burdens on service providers, who are forced to shift human resources away from core service functions to play the 'funding game' (Moran, Porter and Curth-Bibb 2014, p. 11). The costs of reapplying for funding can create a significant strain on resources, which are difficult to recoup, particularly for smaller providers. This may drive some providers out of the market. The Northern Territory Council of Social Service argued that:

There is a distinct power imbalance in this situation, where government departments have allocated funding to deliver contracts, whereas non-government organisations attempt to cover the cost of often onerous contract processes through administration fees. The administration fees that organisations build into funding submissions is often criticised, however small ... [non-government organisations (NGOs)] ... in particular need to recover these costs. The lack of capacity to negotiate and consult with stakeholders frequently results in NGOs accepting service agreements that steer projects away from grassroots imperatives and control. (sub. 18, p. 5)

The problems associated with short-term contracting can be exacerbated by volatility in the political cycle, which can increase the risk of disinvestment when government (and policy priorities) change, an issue made worse where responsibilities between governments are not well-defined (CAAC 2016, p. 6).

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In terms of delivering good outcomes, the approach to funding children and family services should take account of the fact that funding is being directed to solve complex social issues. As a result, funding mechanisms need to recognise: that it takes time to develop relationships; that services must be trauma informed and hence attract specialist staff who should also be culturally aware; and that solutions are often not known at the outset. There needs to be scope for learning by doing and adjusting over time.

### Insufficient timeframes and information around funding opportunities

Inadequate timing and lack of transparency of funding opportunities do not support service providers in their efforts to design and invest in tailored and integrated services that contribute to improving child wellbeing. Two issues in particular have been raised by service providers.

- First, funding application timeframes are either not scheduled with sufficient notice or are too short. This means that providers are not given adequate time to make decisions about resources, particularly around staffing, or design program proposals that effectively meet the needs of a community.
- The second issue is around a lack of information from governments to help organisations in making suitable applications, and lack of transparency around how decisions are made.

#### *Insufficient notice and time frames*

Prior notice of funding opportunities, in conjunction with sufficient timeframes to submit an application when an opportunity is advertised, allows service providers to design and propose effective place-appropriate services.

Conversely, short application timeframes can disadvantage local, smaller organisations that have strong ties to communities but that may have less capacity to quickly develop a competitive application. They may also prevent larger mainstream providers from adequately consulting with the community and identifying an appropriate local delivery partner. These issues of insufficient timeframes are particularly crucial for funding of service delivery in remote locations which may require significant levels of investment.

Based on a selection of key funding rounds for existing children and family services, application timeframes appear relatively short. For example:

- applications for the Territory Families Darwin Community Youth Diversion grants program, which offers applicants up to \$450 000 in funding, was open in October 2019 for a little over four weeks (NT Government 2019b). Procurement by Territory Families in November 2015 for its Intensive Family Preservation Services gave service providers eight weeks to submit an application, which included the Christmas/New Year period, when organisational resources can be constrained (DCF 2016a, p. 1). More recently, a grant for a youth diversion program on Tiwi Islands gave applicants 6 weeks over the Christmas/New Year period to respond (NT Government 2019f). Current

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NT Government procurement rules specify that applications for tender opportunities should be open for between two business days to four weeks, depending on the size of the contract, and whether the tender opportunity had been publicly scheduled (NT Department of Trade, Business and Innovation 2019b, p. 18)

- the initial funding round of the NIAA's Indigenous Advancement Strategy (IAS) program in 2014 gave providers just over five weeks to apply for funding (ANAO 2017, p. 16) (with associated funding materials published on the NIAA website a month prior to the application round opening (PM&C 2015b, p. 72)). Existing providers were given general information on the funding round five months prior to the opening of applications. However this information appears limited — for example, it did not include specific program details or a finalised approach to how applications would be assessed, which was only finalised after applications were advertised (ANAO 2017, p. 30)
- DSS' Children and Parenting Support services competitive grant round in 2014 was open for five weeks. And its restricted selection grant rounds in 2014 and 2015 for Intensive Family Support Services in Ngukurr, Santa Teresa and Ntaria were open for four weeks. In 2016, another restricted grant round for Intensive Family Support Services in Lajamanu was open for eight weeks, which included the New Year period (DSS 2019a).

Several service providers expressed the need for longer lead times for grant applications (Child Friendly Alice, sub. DR43, p. 2, NTCOSS, sub. DR42, p. 4). Some providers recommended a default period of six months for providers to prepare considered responses to funding opportunities and to allow for appropriate consultation with Boards and other stakeholders at the community and regional level (NTCOSS, sub. DR42, p. 4). Child Friendly Alice emphasised that longer lead times are especially needed to develop effective partnerships between providers (sub. DR43, p. 3).

Service providers also noted that the problem of insufficient notice also affected funding renewals. In response to the issues paper for this study, the Commission received multiple submissions which raised concerns about whether current funding levels from the IAS will be continued for the Katherine Isolated Children's Service (KICS), a remote, mobile playgroup and parent information service for children and families who are socially and geographically isolated (Kathy Dyer, sub. 2; KICS, sub. 3; Lauren Hoar, sub. 5; Monique Marzocchi, sub. 1; NTICPA, sub. 13; Royelene Hill, sub. 10).

The North Australian Aboriginal Justice Agency (NAAJA) also noted that the process for renewing funding for their Night Patrol program, which was set to expire on 30 June 2019, created significant uncertainty. NAAJA was unable to get timely information on the process and timeframes for renewal, and funding was only confirmed in May 2019, which left them with only 8 weeks to inform staff (NAAJA, pers. comm., 19 September 2019).

And Kathy Bannister (a team leader for a Communities for Children Facilitating Partner) said:

There has been a long history of last minute notifications of intentions e.g. Stronger Communities for Children in 2017, and now we are still waiting to hear about the future plans for the

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Communities for Children Facilitating Partner program for which funding expires on 30 June 2020. Current implementation cycles require a minimum of 6 months' notice which we have not had. (sub. DR44, p. 13)

For existing services, insufficient notice of funding renewals means an organisation is unable to plan their future resourcing and investment needs, and builds uncertainty about the viability of services towards the end of the contract term. This includes instances where organisations are notified of a successful renewal, but there is a delay in formalising those funding arrangements. According to Anglicare NT:

... organisations are often impacted by entering new financial years with high percentages of funding not finalized or contracted. As a mid-sized organization there is some capacity to sustain during such times however impacts can be felt in uncertainty of staff and thin contracts perpetuates high turnover that impacts on service quality. (sub. 8, p. 3)

In 2017, government funding for Children's Ground:

... was unexpectedly halved ... as a result of agreements coming to an end and extended delays in negotiating and finalizing a new contract. Consequently, no Federal Government income was received or due to be received with respect to the second half of the year. Government funding has now been confirmed to renew in the first quarter of 2018. ... During this reporting period, Children's Ground restructured its operations to work towards aligning annual costs to annual income, without disrupting services to the vulnerable communities. (Saward Dawson Chartered Accountants 2018, p. 14)

Concerns about uncertainty in funding renewals were shared by others, particularly as it relates to staff planning and the certainty of staffing contracts, where 'good staff leave organisations because of the uncertainty around contract negotiations ... [and particularly as some discussions on contract renewals/extensions/cancellation] ... are held too late' (The Smith Family, sub. 4, p. 8). Staffing issues are particularly pertinent in servicing remote parts of the Northern Territory, where local labour markets are thin and it is difficult to attract skilled workers (NT Government 2019j, p. 17).

### *Lack of transparency about how decisions are made*

There is also minimal transparency between government agencies and service providers on how funding decisions are made. In short, the 'rules of the funding game' for grant and procurement opportunities on offer appear to be opaque. This can breed distrust and suspicion, which can undermine confidence in the system.

The Central Australian Aboriginal Congress provided a first-hand account of how inadequate information sharing can affect the operations of providers.

In 2016, as a result of a poorly run tender process, the NT Government stopped funding Congress' ... [Targeted Family Support Services] ... program. The NT Government did not disclose the maximum efficient funding allocation for the grant applications which had been determined by a private consultancy which has never been made public. Congress' estimated costs were well over the undisclosed maximum allocation per family and the application was immediately culled



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and not reviewed. There was no opportunity to argue that a service model without qualified social workers working in partnership with Aboriginal Family Support Workers would not achieve significant outcomes even though a service model with only certificate 4 level workers is much cheaper. (2019, p. 4)

The lack of transparency can be exacerbated by inadequate consultation with service providers as part of designing funding processes. For example, the Australian National Audit Office (ANAO) reported that during the initial IAS funding round, a lack of consultation on application requirements and processes meant that:

Of the 108 applicants that provided feedback to the ANAO ... 44 per cent (47 applicants) rated the difficulty of the application process as high, and 18.4 per cent (21 applicants) as medium. (ANAO 2017, p. 40)

## **Insufficient flexibility in funding arrangements**

Funding contracts for children and family services in the Northern Territory generally focus on specific activities, rather than on service outcomes, which restricts providers from making decisions on the best way to achieve intended service outcomes. Children's Ground, for example, noted that service providers are forced to bid for:

... siloed programs that allow them to deliver only specific and discrete outputs, rather than long or even short-term outcomes ... [and too often in this environment] ... organisations are adjusting to fit government priorities for financial survival rather than community priorities and outcomes. (sub. 23, p. 19)

Governments typically impose conditions to manage the risks of contracting service delivery, such as service provider failure or ineffective program design or delivery. However, if conditions become too restrictive, they can impact how service providers can respond to the needs of the community, and ultimately on service effectiveness. For example, KICS was required to employ two part time Aboriginal or Torres Strait Islander employees, to meet Indigenous employment targets under the IAS. KICS noted, however, that they have struggled to fully meet this requirement due to a mismatch of skills.

... the contract failed to include funds for the employment of the new positions ... KICS already had four full time employees in the Field Team positions and is lucky and thankful to have retained those staff. ... The Playgroup Leader must have Early Childhood qualifications or experience and the Playgroup Support Worker must have off road driving and mechanical experience. ... [As such, KICS have only managed to employ] ... two young Indigenous employees on a casual basis to help facilitate the Playgroup in the Park events in Katherine funded through the NT School Holiday Program. (sub. 3, p. 3)

Although there is some flexibility for service providers to revise funded outputs within a service agreement, the process for getting approvals can be cumbersome, and not fit for meeting immediate service requirements. Variations in funding agreements that require changes in funding typically require approval at the Ministerial level (although this varies from program to program). In such cases, it may be easier for service providers to ask for

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forgiveness than it is to get permission from contract managers, which puts those providers at risk of damaging their reputation and losing future contract opportunities.

Inflexible contracting arrangements can also apply under a prime provider funding model, which is where a government contract is awarded to a lead organisation that is responsible for organising and managing a group of subcontractors/providers (O’Flynn et al. 2014, p. 6). In practice, the experience of some providers is that the model simply supplants one form of inflexibility for another. For example, the experience with the Communities for Children program implemented by DSS, is that facilitating partners continue to contract service providers using short (sometimes one year) and inflexible funding arrangements. A review of the Communities for Children program found that stakeholders were concerned about:

... a limited and inflexible selection of programs currently listed in the Guidebook ... [of approved evidence-based programs] ... that do not reflect community needs and the risk that Guidebook programs are being selected from the list without full consideration of whether the program meets the community’s needs ... (ACIL Allen Consulting 2016, p. 13)

## **Funding does not cover all costs**

The short-term nature of funding and the focus on outputs mean that a number of key service costs may get overlooked by existing children and family service agreements, namely:

- higher costs of delivering services in remote areas
- capital and infrastructure costs, such as vehicles and housing for program staff
- governance and capacity building
- monitoring and evaluation.

The first two cost categories are particularly important to support viable and effective service delivery in some remote communities. For example, KICS claimed that their current service funder has rejected a number of applications to fund a vehicle purchase as it is ‘not classified as an activity’ (sub. 3, p. 2).

Critical infrastructure, especially staff housing, is a common cost that service providers in remote areas find difficult to cover under existing arrangements. Without it, they are often unable to attract and retain staff, and therefore unable to provide the service for which they have received funding. For example, in the Utopia region:

... [while there was] ... funding for sport and recreation activities as well as an Outside School Hours Care program ... delivery of these programs was sporadic and hindered by a lack of staff housing or a suitable space on which to conduct programs ... [only when Central Australian Youth Link Up Service] ... completed construction of staff housing and the upgrade of a program space ... [in 2013] ... the Barkly Regional Council was able to commence delivery of a regular program. (CAYLUS and Nous Group 2017, p. 14)

One reason why capital costs are not covered in children and family service contracts is the restrictions key Commonwealth service funders place on what they will fund under their

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respective children and family programs (box 8.2). However, even if certain investments are not specifically excluded from funding under program guidelines, the short length of contracts means that governments would be unlikely to fund longer-term service functions and costs. These costs include infrastructure and capital items, governance and capability building (discussed later), and monitoring and evaluation for continuous service improvement (chapter 9).

### **Box 8.2      What do grants exclude?**

#### **The National Indigenous Australians Agency**

Under the Indigenous Advancement Strategy Guidelines, the Commonwealth will only provide funding for infrastructure when the following conditions are met:

- there is a clear understanding of who owns the asset and who will be responsible for ongoing repairs, maintenance, and other costs
- secure land tenure is in place
- any associated costs including but not limited to rates, insurance, or connection to essential services (such as power, water and sewerage) have been considered and factored into the budget and project timeframes (the Commonwealth will generally not provide funding for ongoing service costs)
- the construction complies with all relevant Commonwealth and State/Territory legislation (NIAA 2019b, p. 49).

Out-of-scope activities include infrastructure that is generally the responsibility of other Commonwealth Government departments, State, Territory or Local Governments or other relevant entities, such as: major roads and bridges, telecommunications infrastructure, and the construction and management of social housing built under the National Partnership Agreement on Remote Indigenous Housing. That said, one of the five Indigenous Advancement Strategy program streams is devoted to Remote Australia Strategies, which supports place-based initiatives and infrastructure development in remote communities, providing \$290 million over five years (2014-15 to 2018-19) (NIAA 2019c).

#### **The Department of Social Services**

Under DSS' Families and Communities Program Guidelines, funding does not cover:

- the purchase of land
- retrospective costs
- costs incurred in the preparation of a grant application or related documentation
- major construction/capital works
- overseas travel
- activities for which other Commonwealth, State, Territory or Local Government bodies have primary responsibility (DSS 2017, p. 16).

The presumption of the funding guidelines is that rental markets exist for vehicles and infrastructure, obviating the need for purchases in a short-term contract (box 8.2). But this is clearly not the case in some remote communities, where no appropriate buildings exist.

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The Royal Commission into the Protection and Detention of Children in the Northern Territory, for example noted, in relation to its proposal for new Child and Family Centres, that in some locations there may be no suitable centre or infrastructure and the centre may need to be established and built from the ground up (RCPDCNT 2017, vol. 3B, p. 260). Similarly, given the potential damage to vehicles from remote travel, suitable rental markets may not exist. One option would be for the service funder to purchase the capital asset and lease it to a service provider.

Another reason why restrictions may be put in place is limited available funding and a desire of governments to fund a wide range of services across jurisdictions. The Australian National Audit Office for example found that for the initial IAS grant round in 2014, the Department of the Prime Minister and Cabinet (PM&C) recommended the Minister for Indigenous Affairs approve significantly less funding than requested for approximately 80 per cent of projects. And 85 projects (6.6 per cent of those recommended for funding by the Minister) only received five per cent or less of the funding amount requested by service providers (ANAO 2017, p. 44). The Australian National Audit Office noted ‘the changes to funding amounts are likely to have altered the nature of the project and the deliverables the applicant could achieve, and potentially affected the financial viability of the project’ (ANAO 2017, p. 44). Despite this, there was limited information on the rationale for the refusal to grant complete funding.

Although it may seem efficient for governments not to fund the quoted cost of service delivery, by forcing down costs, it is important for these financial savings to be fully weighed against their economic costs and benefits. Otherwise governments could lose in terms of:

- limited service effectiveness — partly funding a service means communities may not get the full benefit of the service. Alternatively, service providers may be required to overutilise their physical and human capital, which will impact maintenance costs and staff turnover, and further impact the quality of service delivery
- exiting of service providers from the market — without adequate funding, providers may be unable to continue to provide services. Governments may then face additional costs of recontracting the service with other providers, or resorting to delivering services themselves.

Funding which does not cover the full cost of service provision can have inequitable effects across the Northern Territory, as remote regions with higher service delivery costs are more disadvantaged. As Kathy Bannister noted, her organisation (a Communities for Children Facilitating Partner) gets:

... significantly more services in Palmerston for \$400 000 than we do in the Tiwi Islands for the same price. ... in Palmerston we get the equivalent of 316 [Communities for Children] activity sessions ... over the course of a year while in Tiwi for close to the same cost we get 72 activities ... This roughly means we can provide 3 times more access and activities in Palmerston for approximately the same cost. The difference is due primarily to the additional on-costs of flying in coordinators or qualified staff and to pay wages to local Tiwi co-facilitators to work alongside

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them and also be involved in delivering the activity to help to make it culturally appropriate. (sub. 29, p. 9)

Funding shortfalls can also mean that organisations are forced to cobble together funding from different sources to meet full service costs. This in turn increases the cost of managing several contracts, which is more burdensome for smaller service providers that lack the resources and capacity to devote to administration.

CatholicCare NT for example, noted that:

... the burden of managing multiple sources of funding is a serious consideration that needs to be acknowledged. Contract management has become a job in and of itself and reflects a significant increase in administration both in terms of the overall amount and the required higher-level nature of these responsibilities. (sub. 7, p. 10)

An example of where multiple grants have been used to fund one provider for the same service type is NAAJA, which received funding in 2018-19 from 11 different grants from the same department (totalling \$6.5 million) (chapter 2).

#### FINDING 8.1

Current grant funding approaches used for children and family services in the Northern Territory do not facilitate a focus on long-term outcomes and create funding uncertainty for service providers.

Grant funding for children and family services is characterised by:

- short-term funding periods
- insufficient timeframes and information about funding opportunities and renewal or cessation of grants
- insufficient funding for capital expenses required for service delivery, for capacity building, and for monitoring and evaluation.

The result is gaps in staffing and capital for service providers, and substantial time devoted to preparing grant applications. This adversely affects the quality of services, particularly where funding gaps mean providers have to cobble together funding from various sources and manage multiple grants.

## Competitive funding processes are not suited to all situations

The pool of service providers who apply for and receive contracts to deliver children and family services is influenced by the selection process used. The use of competitive funding processes is aimed at maximising the potential benefits of having a large pool of applicants, which can help to ensure the most efficient and effective organisations are funded. That is, competition helps test the market to help select the best quality service, while achieving value for money in public funding.

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However, the benefits of competitive funding processes can be limited in service markets where there are few service providers (where markets are ‘thin’). Where there is only one viable provider (or a small number of viable providers), competitive funding processes are less likely to drive better outcomes, because funding agencies have less ability to switch between providers. This could mean that, rather than relying on competitive funding processes, funders may need to take on a stewardship role and consider other ways of engaging service providers (section 8.2) (PC 2016, p. 272, 2017c, p. 140).

Several issues have been raised about the appropriateness of competitive methods used to engage service providers to deliver children and family services. This is particularly the case for funding opportunities to service remote and Aboriginal communities in the Northern Territory, and where ‘value for money’ is difficult to define.

The main concern raised is that competitive funding processes disadvantage smaller, Aboriginal Community Controlled Organisations (ACCOs) (AMSANT, sub. 20, p. 14; CAAC, sub. 25, p. 8; NTCOSS, sub. 18, p. 5). Larger organisations have more resources and capacity to write competitive applications, and can use their economies of scale to tender for large or multiple projects. On paper, they can offer a lower-price option but they may not be as effective as community-based Aboriginal organisations at engaging with, and providing services to, children and families in Aboriginal communities. For example, CAAC noted:

... strong circumstantial evidence, supported by the on-ground experience of many health professionals and Aboriginal people, that open competitive tendering contributed to a more fragmented and ineffective service system that lacks Aboriginal input and leadership. It has facilitated the entry of numerous non-Aboriginal NGOs that do not have strong links with the community or other local service providers, have little history of successful service delivery in the challenging cross-cultural / infrastructure-poor environments of the Northern Territory, and do not have the long-term commitment required for sustainable and effective service provision. (sub. 25, p. 8)

Several participants to this study emphasised that, compared with mainstream providers, ACCOs are able to provide greater benefits, in terms of improved access and culturally appropriate services (particularly health services) (AMSANT, sub. 20, p. 12; CAAC, sub. 25, p. 13; NAAJA, sub. 28, p. 15; NACCHO, sub. 21, p. 3) (box 8.3).

One reason why such benefits may be overlooked is because they are difficult to quantify relative to the financial costs of service provision. The benefits of cultural capability, trust, and community knowledge are not easy to assess in a narrow ‘value for money’ sense, and thus may be given less weight than price in assessing funding applications. This can mean that contracts are awarded to providers who can deliver outputs at least cost, even though another (higher-cost) provider may be more capable of delivering better longer-term outcomes.

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### Box 8.3      **Advantages of Aboriginal organisations**

In circumstances where cultural understanding and local knowledge are key to delivering services, Aboriginal Community Controlled Health Services (ACCHS) can help achieve better health outcomes for Aboriginal people, relative to non-Aboriginal providers.

A number of studies have shown that ACCHS provide better access to Aboriginal populations, and show improved performance on a variety of care indicators (Panaretto et al. 2014, p. 649). For example:

- a randomised controlled trial of the use of an electronic decision-support system around Australia, which measures absolute cardiovascular risk, shows that ACCHS sites had significantly more patients at high risk being prescribed best-practice medications than the general practice sites (Panaretto et al. 2014, p. 650)
- Panaretto et al. also found that for maternal and child health, 'sustained access to a community-based, integrated, shared antenatal service has improved perinatal outcomes among Indigenous women in Townsville' (2007, p. 18)
- ACCHS have also been shown to improve Aboriginal and Torres Strait Islander access to services such as cervical cancer screening, cardiac and respiratory rehabilitation programs, mental health, eye health, oral health, and sexual health for Aboriginal and Torres Strait Islander communities (Campbell et al. 2018, p. 220).

Ware argued that cultural expertise and local knowledge of ACCHS are key to increasing access and utilisation rates.

By providing the equivalent of a 'one stop shop' or drawing on established referral networks to the services they do not provide, ACCHS improve their clients' access to services that are appropriate to their complex needs. Therefore, ACCHS play a crucial role in providing 'comprehensive primary health care' that can otherwise be beyond reach. (2013, p. 6)

ACCHS also have the advantage of proximity to Aboriginal communities and their culture. A meta-analysis of evaluations regarding the contribution of ACCHS to improving Aboriginal health services found that:

ACCHS contribute to improving the health and well-being of Aboriginal peoples through several pathways, including community controlled governance, providing employment and training, strengthening the broader health system and providing accessible, comprehensive primary health care. (Campbell et al. 2018, p. 218)

The potential benefits of the cultural expertise provided by Aboriginal organisations may not be limited to health services. The recognition that Aboriginal wellbeing encompasses social, spiritual, cultural and community elements may mean Aboriginal organisations are more suitable to deliver (or control delivery of) services to Aboriginal people (Behrendt, Jorgensen and Vivian 2017, pp. 33–34; Osborne, Baum and Brown 2013, p. 2). According to the Secretariat of National Aboriginal and Islander Child Care:

Local Aboriginal and Torres Strait Islander community controlled organisations are rooted in their communities, cultures and country. As such, they play a significant role in supporting families and communities to raise children strong in culture. Large national or state-wide non-Indigenous child and family services cannot provide the appropriate support and cultural education to assist Aboriginal and Torres Strait Islander children to reconnect and stay connected with their culture, their mob and their family in ways that uphold the integrity of the child's particular culture or community. (2012a, p. 9)

The use of competitive processes in the funding of children and family services can also reduce co-operation between service providers, as providers compete for the same 'pot' of

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funds, and potentially also to serve the same target population. This process can induce fragmentation of service provision, and diminish outcomes for children and families. This issue was identified in the Report of the Board of Inquiry into the Child Protection System in the Northern Territory:

... competitive tendering has led to a situation where services may be competing for clients rather than coordinating their activities and providing holistic support for families that is driven by family needs and goals. (2010, p. 220)

Commonwealth and NT Government funding guidelines note that price should not be the sole factor when assessing value for money. However, they also state that value for money is best achieved through competitive, merit-based selection processes. These guidelines do not prevent alternative engagement approaches from being followed, but applying non price competitive processes can present additional risks to public officials, without the support in guidelines or policy to allow for greater risk taking in contracting (box 8.4).

Competitive selection processes can also undermine the integration of bundled services, particularly in remote communities. Reduced service integration is exacerbated by governments not having clear priorities for service outcomes and an understanding of needs within communities. For example, the ANAO audit of the initial IAS implementation in 2014 found that the use of competitive grant rounds meant considerable service gaps were created due to:

- over one hundred existing service providers with expiring contracts not applying for funding
- providers receiving reductions in funding, resulting in reduced levels of service
- services that received funding despite not being assessed as high need by the department
- the department making administrative errors (ANAO 2017, pp. 31–32).

As a result, funding approval timeframes had to be extended. The costs of filling these service gaps, and topping up insufficient funding, amounted to \$240 million, a figure which does not include the increased administrative costs of recontracting, or additional time devoted by the department (ANAO 2017, p. 33).

For many communities in the Northern Territory, their small size and remoteness mean that the benefits from competitive processes may not always be achievable. Competition may only be achieved by considering providers from larger towns who are likely to deliver the service on an irregular, drive-in drive-out or fly-in fly-out basis, and thus be prone to deliver services that are much more sporadic.



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### Box 8.4      **Interpreting value for money criteria**

Value for money is a core principle in both Commonwealth and NT Government funding processes (Department of Finance 2017, p. 29; NT Department of Trade, Business and Innovation 2019a, p. 6; NT Government 2019g, p. 4). According to the Commonwealth Grant Rules and Guidelines, value for money is based on a:

... careful comparison of the costs and benefits of feasible options in all phases of grants administration, particularly when planning and designing grant opportunities and when selecting grantees. (Department of Finance 2017, p. 29)

Government guidelines in both relevant jurisdictions also emphasise that price should not be the sole factor when assessing value for money, and officials should consider both financial and non-financial aspects to the application. For example, the Commonwealth procurement rules suggest this could include:

- the quality of the goods and services
- fitness for purpose of the proposal
- the potential supplier's relevant experience and performance history
- flexibility of the proposal (including innovation and adaptability over the lifecycle of the procurement)
- environmental sustainability of the proposed goods and services (such as energy efficiency, environmental impact and use of recycled products)
- whole-of-life costs (Department of Finance 2019, pp. 11–12).

However, guidance is limited on how officials should assess value for money in funding applications, with the exception of guidelines stating that value for money is best achieved through competitive, merit-based selection processes. According to the Commonwealth Grant Rules and Guidelines, competitive processes are required to allocate grants unless otherwise agreed to by a Minister, accountable authority or delegate (Department of Finance 2017, p. 31). Similarly, 'open and effective competition' is one of the NT Government's key procurement principles to provide value for the Territory (NT Department of Trade, Business and Innovation 2019a, p. 6).

Overall, the current guidelines are unclear with respect to how value for money is to be achieved in practice, and how officials should balance financial costs against benefits that are long-term and difficult to quantify.

Funding agencies at the Commonwealth and Northern Territory level have responded to concerns by moving away from open and competitive rounds, as well as better supporting the applications of Aboriginal organisations. For example, the Commonwealth Government commenced a trial of its Indigenous Grants Policy on 1 July 2018.

The [Indigenous Grants Policy] is underpinned by six principles that aim to improve access for Indigenous Australians to the significant expenditure on grants, including increasing the involvement of Indigenous people in the design and delivery of programs that affect them, and improving on-the-ground service delivery. The [Indigenous Grants Policy] trial involves three departments: the Department of the Prime Minister and Cabinet, the Department of Social Services and the Department of Communications and the Arts (DSS, sub. 26, p. 8).

The NT Government is also implementing measures to support transition to Aboriginal controlled service delivery, for example in developing an Aboriginal Contracting

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Framework, which is intended to support Aboriginal employment and business opportunities through government contracting, including procurement and grants. The draft framework is currently undergoing an economic impact assessment and legal review, and will be released upon its completion (NT Government 2019c).

According to recent GrantConnect data, both PM&C (now NIAA) and DSS have more recently used closed non-competitive grant processes for selecting service providers of children and family services between January 2018 and April 2019 (Australian Government 2019) — although the Commission understands that, in some cases, this includes grant processes used to renew contracts with existing providers (which may have initially been allocated using a competitive process).

A shift in approach is also reflected in recent revisions to program level guidelines. For example, the initial IAS guidelines set out that the bulk of grant funding will be available through open competitive processes (PM&C 2014, p. 5). The latest guidelines place more emphasis on alternative selection processes, such as approaching organisations themselves, or responding to community-led proposals (NIAA 2019b, p. 8).

#### FINDING 8.2

Competitive funding processes can provide benefits, in terms of lower costs and improved service quality, but they are not suited to all circumstances. Where there is an inadequate number of potential providers (markets are ‘thin’) or the economic costs and benefits of a service are difficult to quantify, competitive processes may:

- disadvantage small, community-based and Aboriginal organisations that are trusted by, and may be better able to meet the needs of, communities
- create disincentives for collaboration between providers who are competing for a limited funding pool and the same service user group
- lead to a disproportionate focus on price over quality, and take insufficient account of the longer-term benefits of community-based service providers (such as cultural competence and trust of communities).

## 8.2 Reforms to achieve better funding outcomes

A fundamental shift in how governments fund and commission services is required to ensure funding mechanisms support the often complex and long-term care needs of children and families. Governments need to ensure that their significant investment of public funds on children and family services in the Northern Territory is allocated in ways that provide the greatest long-term social returns. This will require a move away from the current short-term, largely transactional and output-based approach to funding, towards a longer-term relational and outcomes-focused funding approach. This would give service providers and communities greater:

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- funding certainty, so they can plan and invest over the longer term
  - discretion and flexibility to determine the best ways to achieve outcomes desired by communities
  - support to build the capacity of providers to ensure that services effectively meet local needs.

Such a task is not without significant challenges. Commitment and long-term investment will be required to build relationships and the capacity for government, service providers and communities to work in partnership to achieve common outcomes. The following sections outline reforms to commence this process, but these will require complementary reforms, including a need to:

- develop a more strategic approach to deciding what to fund, based on a clear understanding of community needs and priorities, informed by better use of data at the community level and the development of regional plans, and a coordinated funding approach between the Commonwealth and NT Governments (guided by these plans) (chapter 6)
- improve data collection, and monitoring and evaluation processes to facilitate continuous improvement in the design and delivery of services and a focus on outcomes (chapter 9).

## **Improved certainty for funding recipients**

The stability provided by long-term contracts (which reflect the full costs of service delivery) can allow service providers to focus on service outcomes rather than short-term outputs. Fewer contracting rounds will also free up resources that could be better focused on community engagement, capacity building and relational contracting.

### **Default contract lengths of a minimum of seven years**

In its report on *Reforms to Human Services*, the Productivity Commission recommended the use of default contract lengths of seven years for family and community services, and ten years for human services in remote Indigenous communities, with exceptions made for instances where shorter-term contracts would be more appropriate, such as program trials (PC 2017b, p. 46). Allowing up to a year each for the set-up and handover periods, a default seven-year contract would allow five years of a service provider's contract to focus solely on service delivery. According to Moran, longer-term contracts are often used internationally.

Internationally, the average length of time that NGOs engage with communities is eight to ten years ... and achieving social outcomes is only more vexed in Aboriginal Australia. (2016, p. 186)

For children and family services in the Northern Territory, the Commission recommends that contracts for the provision of ongoing services should have a default contract term of a minimum of seven years. In cases where the funding is for one-off activities (such as trials, events or services to be delivered over a specified time frame) it may be more appropriate to

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have shorter contract terms. That said, while pilot programs may have shorter initial terms, contracts for such programs should include a contingency for long term funding if the pilot is found to be successful.

Longer-term funding contracts are more likely to result in improved outcomes, because they would:

- aid in building capacity and relationships between governments, service providers and communities
- allow adequate time for service providers to establish their operations, and have a period of continuity of service provision before the conclusion of the contract
- provide funding stability for service providers, enabling them to plan for and invest in effective service delivery.

To fully realise the benefits of longer contracting periods, governments and service providers will need to work cooperatively to resolve any issues as they arise. There are some risks that will need to be managed as longer-term contracts may entrench ineffective providers in a community and act as a barrier to the entry of new providers. In part, this risk can be managed through how funders undertake contract management (discussed later). Nevertheless, contracts should contain safeguards to allow governments to remove providers in cases where they fail to deliver an adequate standard of service despite ongoing support from government to rectify issues.

Some agencies are moving towards offering longer contract terms. For example, from July 2014, DSS extended the typical duration of its contracts from three to five years, where possible (DSS 2014c, p. 2). The NT Government has more recently mandated five-year funding terms (unless there are extenuating circumstances), for ‘service agreements where funding is provided to the same organisation for the same service on a recurrent basis’ (NT Government, sub. 31, p. 13). According to the NT Government, all existing agreements are being transitioned to five-year agreements as they become due for renewal (NT Government, sub. DR35, p. 6). And, in the context of Commonwealth funding:

Both DSS and the NIAA are committed to implementing longer-term agreements, where appropriate. Factors influencing the length of agreements include the funding term, risk, nature of the activity (project, pilot or ongoing service), desired outcomes of the program and the performance management framework. (DSS and NIAA, sub. DR50, p. 13)

The move to longer contract terms will need to be done over the course of several years, as existing contracts expire. Based on information provided for the Commission’s stocktake (chapter 2), it appears that many major DSS funding contracts are due to expire in 2020 — although many of these have been extended to 30 June 2021 (DSS 2020). This provides an opportunity for new funding arrangements to adopt longer terms, as well as the other recommendations outlined later in this chapter.

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## Better notice of funding deadlines

In addition to extending the length of contracts, the Productivity Commission also recommended in its report on *Reforms to Human Services*, reducing funding uncertainty by:

- publishing a rolling schedule of upcoming grants and tenders over (at least) the next twelve months
- allowing sufficient time (a default of three months) for providers to prepare considered responses, including the development of integrated bids across related services
- notifying providers of the outcome of grant and tender processes in a timely manner (PC 2017b).

This study reiterates the Commission's previous recommendations to improve certainty in the funding of human services, to improve service outcomes for children and families in the Northern Territory.

## Funding should reflect the full cost of delivering services

Longer-term funding should reflect the full costs of providing children and family services, including funding that takes into account:

- the location of the service and in particular, the higher costs of delivering services in remote areas
- administration, including the costs of data collection, performance reporting (monitoring and evaluation), and other compliance activities required by governments
- the cost of using capital assets (including hire costs or depreciation), where these are essential to the effective operation of the service
- professional development and continuous quality improvement, including any associated program evaluation requirements
- indexation of payments to account for cost increases (such as increasing wages)
- the cost of culturally appropriate, accessible service delivery, including the provision of services in a language other than English.

The analysis required to estimate the efficient costs of provision is likely to be complicated, particularly where providers are funded by multiple agencies for a range of services that use shared assets. Governments will need to increase the quality and use of data to improve estimates and contract design over time (PC 2017b, p. 264).

Participants to this study highlighted the challenges of accessing capital assets that are necessary for the provision of children and family services (such as housing and buildings).

Availability of housing for staff is a significant issue for programs delivered in remote communities, and reflects the significant infrastructure deficit handed to the Northern Territory at the time of self-government. (NT Government, sub. DR35, p. 7)

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Several service providers said that the poor availability of staff housing was a hindrance to effective service delivery (Empowered Communities, sub. 15, p. 13; Kathy Bannister, sub. 29, p. 9, sub. DR44, p. 14; KICS, sub. 3, p. 5). For example:

A lack of good quality staff housing is another major gap that hinders service delivery across a range of sectors in Central Australia. This probably stems from government, agency and community stakeholders being hesitant to invest in housing for staff when housing for community members is often insufficient, overcrowded and poorly maintained.

A lack of staff housing however ends up meaning that positions cannot be staffed, that often staff stay in poor quality or temporary accommodation and this contributes to burn out and high staff turnover, or underqualified or unsuitable candidates are recruited to positions because they are already housed elsewhere in the community. All of these things compromise services. (CAYLUS, sub. 6, p. 10)

There is a clear role for government in addressing any public infrastructure deficits. However, in general, these deficits are more effectively addressed directly — that is, through programs specifically aimed at funding capital assets — rather than through grant programs for the delivery of services. This is because children and family services will typically only require partial or time-limited use of infrastructure, meaning that the infrastructure can also be put to other uses. This is consistent with the NT Government’s approach to funding employee housing:

The NT Government has a range of initiatives to address the housing deficit in remote communities including the expansion of the Government Employee Housing program for Aboriginal government employees living in remote communities. The initiative is funded from 1 July 2017 and will span over a 10 year period to construct new dwellings ... (sub. DR35, p. 7)

This means that, while funding for children and family services should cover the cost of *using* employee housing (operational and maintenance costs), it need not necessarily cover the cost of *building* that housing (capital costs). In this vein, the initial capital costs for children and family centres were borne by the Commonwealth Government, but with the expectation that the centres would ‘fund their own operations by accessing subsidies and rebates available to child care centres and other Australian, state and territory government programs’ (ANAO 2013, p. 64).

Notwithstanding this, feedback from participants suggests that the Commonwealth and NT Governments need to do more to directly address the shortage of infrastructure in the Northern Territory. In particular, where infrastructure necessary for the delivery of a service is not available, funding agencies will need to consider how this shortage will be addressed. This will likely require funding agencies to look beyond the immediate grant funding decision, and to consider how best to coordinate their expenditures on capital assets with their grant programs for services.

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#### RECOMMENDATION 8.1 INCREASING CERTAINTY IN THE CONTRACTING PROCESS

To reduce uncertainty in the funding process for children and family services, the Commonwealth and NT Governments should:

- publish a rolling schedule of upcoming funding opportunities over (at least) the next twelve months
- allow sufficient time (a default of three months) for providers to prepare considered responses, including the development of integrated bids across related services
- notify providers of the outcome of funding processes in a timely manner, well in advance of the end of the existing contract.

To improve certainty for service providers, default contract lengths for children and family services that are provided on an ongoing basis should be set at a minimum of seven years. To manage the risks associated with longer contract terms:

- contracts should include clauses that allow early termination of the contract where there is ongoing failure to deliver an adequate standard of service
- where appropriate, contract managers should adopt a relational contracting approach (recommendation 8.3).

Funding should reflect the full costs of providing children and family services in the Northern Territory, taking into account the higher costs of delivering services in remote areas, capital investments needed to support service delivery, and the cost of monitoring and reporting on service delivery outcomes.

Where service delivery requires access to infrastructure that is not available (such as staff housing) agencies need to look beyond the immediate grant funding decision, and consider how best to coordinate their expenditures on capital assets with their grant programs for services.

### Looking beyond cost in selecting service providers

Many children and family services in the Northern Territory are targeted to Aboriginal children, families and communities (about 42 per cent of the 62 000 children living in the Northern Territory are Aboriginal (chapter 1)). Many submissions to this study emphasised the importance of ensuring that these services are culturally appropriate, reflective of community needs, and therefore effective at addressing outcomes that are meaningful to Aboriginal communities (AMSANT, sub. 20, p. 12; CAAC, sub. 25, p. 13; NAAJA, sub. 28, p. 15; NACCHO, sub. 21, p. 3).

To ensure that the best service providers are chosen to deliver physically accessible and culturally appropriate services to Aboriginal communities, it is vital that provider selection processes are designed collaboratively with communities and take into account all relevant attributes of service providers that are relevant to achieving outcomes for people living in Aboriginal communities. In some cases, the best service provider may be a partnership between two or more organisations (discussed later).

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Provider selection processes (and criteria used to guide these decisions) should ensure that all attributes of service providers that are relevant for achieving outcomes for children and families are taken into account. This is particularly relevant where services are primarily delivered in Aboriginal communities. While the costs of service provision are an important factor, decision makers should also consider:

- the ability of the provider to deliver culturally appropriate services (specific to the community or region where the service is to be provided)
- the provider's connection to the community, and ability to engage with the community and consider feedback on service performance
- employment and training of local and/or Aboriginal staff, which may provide benefits due to local and cultural knowledge of staff, and may reduce the reliance on non-local staff. This can provide for a more stable and cost-effective service over the long term.

A greater focus on non-financial aspects in funding applications may result in higher-cost providers being selected. But the significant potential for these providers to deliver improved outcomes means that the benefits over the longer term are likely to exceed the higher initial cost of service provision.

Funders should make provider selection decisions in collaboration with affected communities to ensure those decisions reflect the community's needs and priorities. Communities will often be better placed to assess the cultural competence of organisations and their connection to the community, and may also express a preference to be serviced by an ACCO. These decisions should also be informed by the relevant regional plan (chapter 6) and in consultation with regional network staff.

## **Capacity-building to support Aboriginal delivery of services**

In many cases, the best candidates for service delivery are ACCOs, because they have local knowledge (including cultural knowledge and local language), as well as a presence within and the trust of the community. This can place them in a better position to understand the needs and values of the local community, as well as how best to deliver services that meet those needs and reflect those values.

The potential for local organisations to drive better outcomes for the community is reflected in the NT Government's Local Decision Making Policy, which seeks to transition services to community control (chapter 1). The Northern Territory's *Grant Funding Rules and Guidelines for Service Provision* also sets out an aspiration for greater Indigenous control, and aims to improve engagement with service providers and encourage long-term capacity building within ACCOs (NT Government, sub. 31, p. 13).

The NT Government is also developing the Aboriginal Contracting Framework to support Aboriginal employment and business opportunities through government contracting. A draft



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framework was due to be released in mid-2019 but, at the time of writing, has not yet been released (NT Government, sub. DR35, p. 8).

The Commonwealth Government has also taken steps to support greater community control over service delivery through its Indigenous grants and procurement policies (discussed earlier). And the Commonwealth's Indigenous Procurement Policy has set an overall target of awarding three percent of Commonwealth contracts to Indigenous businesses by 2020, and provides a formula for calculating the targets of each agency to meet this goal (Australian Government 2015, pp. 13–14).

However, while an ACCO may have the potential to deliver the most effective services in the long run, it may not necessarily have the capacity to do so at present. In such circumstances, funding arrangements should support building the capacity of those organisations over time. There are two main ways governments could build capacity: through dedicated funding and through partnerships.

### Building capacity through dedicated funding

The Commonwealth and NT Governments each provide funding for building the capacity of local organisations. For the most part, this funding is allocated through dedicated funding streams for capacity building. For example, the Commonwealth Government funds some capacity building through separate program funding, including one off grants under the Commonwealth's Aboriginal Benefits Account and other non-children and family related program streams under the IAS.

Similarly, the NT Government's Remote Aboriginal Governance and Capacity Building Grant Program aims to support and build the capacity of remote communities within the Northern Territory by funding activities (of organisations and corporations in remote areas of the Northern Territory with the primary benefit of the grant focused on Aboriginal people) worth up to \$50 000, which relate to:

- improving governance structures
- building capacity — leadership, skills and expertise
- improving operational management skills and expertise
- contributing to community capacity building
- increasing community input into service delivery (NT Government, sub. 31, p. 13).

The NT Government also provides support to ACCOs through the Aboriginal Carers Growing Up Aboriginal Children program, whereby Territory Families provides grant funding for ACCOs to help find, assess and support Aboriginal carers for Aboriginal children in out-of-home care (NT Government, sub DR35, p. 8). Although these are promising steps, the approach separates the funding of capacity building from the delivery of specific children and family services.

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## Building capacity through partnerships

In addition to separate grant funding for capacity building, governments should support capacity building through partnerships between providers, whereby two or more organisations work together to jointly deliver children and family services. Partnerships can be particularly valuable where, at least initially, no single organisation has the capability to competently deliver services by itself. By partnering, service providers can gain access to resources or capabilities that would not otherwise be available to them. This could include access to staff with expertise in particular areas (such as administration or governance), local or cultural knowledge, or physical capital.

The use of partnerships in the delivery of children and family services was overwhelmingly supported by participants to this study (AMSANT, sub. 20, p. 14; CatholicCare, sub. 7, p. 9; Child Friendly Alice, sub. 16, p. 2; Empowered Communities, sub. 15, p. 20; NAAJA, sub. 28, p. 16; NACCHO, sub. 21, p. 7; NAPCAN, sub. DR34, p. 2; NMHC, sub. 17, p. 3; NTCOSS, sub. 18, p. 3; RANZCP, sub. 11, p. 2; SCA, sub. 30, pp. 2–3; SNAICC, sub. DR45, p. 7). As CatholicCare said:

There must be an ongoing commitment to place-based service delivery that encourages the development and sustainability of local partnerships. (sub. 7, p. 14)

There are a range of resources to support partnering organisations in establishing and successfully managing partnerships (The Prime Minister's Community Business Partnership and VCOSS 2018). In the context of partnerships between ACCOs and non-ACCOs, Aboriginal Peak Organisation NT and SNAICC have designed good practice principles for working in partnership (box 8.5). These principles are supported by non-government organisations represented on the Children and Families Tripartite Forum (AMSANT, sub. 20, p. 14; NAAJA, sub. 28, p. 16; NTCOSS, sub. 18, p. 4). They are a useful guide for the factors that government funders should consider when making provider selection and funding decisions, and have been used to inform NT Government policy and service delivery (NT Government 2018c, p. 16; Territory Families 2017, p. 5).

By their nature, partnerships are formed and driven by the agreement of two or more organisations. However, where services are wholly or partly funded by government, the funding arrangements for those services can have a considerable impact on the viability or success of a partnership — which, in turn, can impact long-term outcomes for the community. As such, funding bodies have a responsibility to set up funding contracts in ways that facilitate and support partnering organisations to work together effectively. This is especially the case in light of the Commonwealth and NT Governments' stated objective to support local decision making and community control. In order to draw up effective funding contracts, the funding body will need to consider what are the expected benefits from the partnership, and what the key drivers are for achieving those benefits.

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## Box 8.5 Principles for partnering with Aboriginal organisations

### Aboriginal Peak Organisation (APO) NT Partnership Principles

APO NT Partnership Principles 'are designed to guide the development of a partnership-centred approach for non-Aboriginal organisations engaging in the delivery of services or development initiatives in Aboriginal communities in the Northern Territory' (APO NT 2017). They state that non-Aboriginal non-government organisations (NGOs) should, amongst other things:

- objectively consider whether they have the capacity to deliver effective outcomes in the Northern Territory context
- recognise the existing capacity and strengths of Aboriginal organisations
- thoroughly research existing Aboriginal service providers before applying for contracts
- seek partnerships with Aboriginal NGOs and not directly compete with them
- be guided by the priorities of the Aboriginal organisations in developing a partnership
- recognise, support and promote existing development practices that Aboriginal organisations have embedded in a cultural framework
- work together with Aboriginal people to create strong and viable Aboriginal organisations
- ensure Aboriginal control, not just consultation
- develop a clear exit strategy, with contracts incorporating a succession plan for local Aboriginal organisations to deliver services, with appropriate resourcing included
- develop a robust accountability framework and evaluation process together
- share learnings and establish effective development practice and cultural competency.

### SNAICC's Partnership Principles

In its work on partnering with Aboriginal and Torres Strait Islander organisations, SNAICC (2012b, 2014, 2020) set out a framework for genuine partnership, underpinned by eight key principles:

- commitment to long-term sustainable relationships based on trust
- respect for Aboriginal and Torres Strait Islander cultures and history — including a commitment to build cultural understanding, to consult and listen to the local community, and to value Indigenous knowledge and professionalism
- a commitment to self-determination for Aboriginal and Torres Strait Islander peoples
- an aim to improve long-term well-being for Aboriginal and Torres Strait Islander children, families and communities
- shared responsibility and accountability for shared objectives and activities
- valuing process elements as integral to support and enable partnership
- a commitment to redressing unequal or discriminatory relationships, structures and outcomes
- openness to working differently — developing cultural competence and recognising that mainstream approaches are often not the best way to engage and support Indigenous families.

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### *When should partnerships be established?*

The case for establishing partnerships to deliver children and family services varies from instance to instance. In some cases, there may be limited benefits from partnership — for example, if the existing service provider already has the capability to provide effective and culturally competent services. In other cases, a partnership may not be feasible — for example, if there are no local ACCOs for an organisation to partner with.

At present, the task of identifying partnership opportunities falls largely to service providers. And, often, communities will have a view about whether partnered service delivery would be appropriate for them. As such, some participants said that the formation of partnerships should be led by ACCOs and the local community. For example:

... the ACCO and the community should be active participants in determining the composition of this partnership rather than the Commonwealth and NT Governments driving the development of the partnership. (NTCOSS, sub. DR42, p. 5)

Enabling and respecting self-determination means that partnership cannot be imposed on an Aboriginal and Torres Strait Islander community or organisation; it needs to be based on the aspirations and interests of that community to engage in partnerships and service delivery. (SNAICC, sub. DR45, p. 7)

On balance, the Commission considers that the decision to form a partnership should lie with and be driven by partnering organisations. These organisations are in a better position than government to assess what the benefits from partnering are likely to be and will often have a better understanding of the needs and preferences of the local community.

Nevertheless, there is a role for government in identifying potential partnership opportunities, and encouraging and supporting beneficial partnerships — especially those involving ACCOs, where the main recipients of services are Aboriginal children, families or communities. Where appropriate, this could involve identifying potential partnership opportunities and encouraging non-ACCOs to actively seek service partners. As part of this process, it will be crucial to ensure that government selection and contract management processes are sufficiently flexible to accommodate and support partnered service delivery.

### *Defining roles and responsibilities in a partnership*

Effective partnerships require an appreciation of the relative strengths and assets of each service provider. In turn, this will guide how roles and responsibilities should be divided within the partnership.

In particular, ACCOs will often have cultural knowledge and capabilities that can help inform how best to deliver services. This fact is reflected in the APO NT Partnership Principles, which emphasise the need to ‘recognise, support and promote existing development practices’ that ACCOs have embedded in a cultural framework (APO NT 2017), as well as the SNAICC principles, which highlight the need to have ‘respect for

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Aboriginal and Torres Strait Islander cultures and history ... and to value Indigenous knowledge and professionalism' (SNAICC 2014, p. 10).

Some participants advocated for ACCOs to be the lead agency in any partnership with a non-ACCO. For example, NAAJA said:

Where there is a partnership between a mainstream NGO and an Aboriginal organisation for the delivery of services to Aboriginal people, it is essential that these are meaningful partnerships that are not token and that Aboriginal organisations are the lead agency. (sub. DR38, p. 3)

In practice, organisations have adopted a range of approaches to structuring their partnerships (box 8.6). Given the unique circumstances of each partnership, ultimately, partnering organisations will be in the best position to determine how their partnership should run — and, consequently, how roles and responsibilities should be divided between them.

In light of this, it is important that funding agencies are capable of designing funding contracts in a way that facilitates and is responsive to a range of different partnership models. This could entail funders, through the funding contract, establishing formal legal arrangements between the ACCO and non-Indigenous organisation, such as consortiums (NTCOSS, sub. DR42, p. 5). For example, the funding agreement could formalise what inputs each organisation will contribute to the joint venture. But, where the partnering organisations have the capability to make their own legal arrangements, funding contracts could be more light touch. What is most important is that funders are sufficiently flexible about the design of funding contracts, so as not to preclude or obstruct different types of partnership arrangements.

The way in which a funding contract holds parties accountable for outputs and outcomes should also support how the partnering organisations have chosen to assign responsibilities within the partnership. For example, in a partnership where one party is the lead organisation, but services are delivered through pooled resources, the lead organisation should have more responsibility for the outcomes of service delivery.

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## Box 8.6 Approaches to structuring partnerships

### Joint service delivery

Joint service delivery involves delivering services in partnership with another organisation. There are many different approaches to joint service delivery partnerships, including:

- **joint project only:** this involves two independent organisations working together on a joint project to deliver a service, without an immediate focus on capacity building or transition to community control. In these projects, the focus is on developing a service. For example, the Rumbalara Aboriginal Co-operative in Mooroopna, Victoria, worked on a joint project with Save the Children to deliver bush kindergarten services to Aboriginal children. The Rumbalara Aboriginal Co-operative provides the cultural aspect of service delivery, such as involving an Elder to teach children what is and is not safe to play with in the bush, as well as organising traditional Aboriginal dancing, and storytelling with local Elders. Save the Children provide employees from their Mooroopna Kindergarten to supervise the children, and engage staff from other organisations, such as Goulburn Murray Landcare Network, Bunnings and Parks Victoria to educate children about plants, bugs and nature. Save the Children also provide the evidence base to advocate for natural play and bush kinder.
- **capacity building:** occurs when an established organisation supports and assists a developing organisation to deliver a service (potentially with transition to Aboriginal control of the service over time (box 8.9)), including:
  - **a non-ACCO building the capacity of an ACCO:** In 2003, the Department of Families, Housing, Community Services and Indigenous Affairs approached Save the Children about replicating their Playscheme program in Darwin's urban town camps. After discussions with local organisations, Save the Children entered into a formal partnership with Larrakia Nation Aboriginal Corporation. The partners spent three to six months recruiting staff, attending training in Queensland, making arrangements for co-location and planning their service delivery. They conducted management meetings and coordination jointly, with Larrakia Nation leading the project, supported by Save the Children's resources. Playschemes are now held weekly in four different locations. They are facilitated by local Indigenous staff, who are supported by qualified early childhood educators and professionals from outside the community. There is also an advisory committee of local women to provide local management to the playgroups.
  - **an ACCO helping another Aboriginal organisation:** Miwatj Health partnered with the Andiliyakwa Land Council (ALC) to support the communities on Groote Eylandt to have control over their own health service. This partnership began with discussions between Miwatj Health, the ALC, the NT Government Department of Health, and the Australian Government Office of Aboriginal and Torres Strait Islander Health in 2013. These discussions covered how regional Aboriginal primary health care services could be structured for community control in Groote Eylandt. In 2019, Miwatj Health provided respite renal dialysis services on Groote Eylandt through the expansion of the Regional Renal Program in partnership with the ALC, who provided the funds, and Western Desert who are contracted by Miwatj Health to deliver renal dialysis services. The partnership between ALC and Miwatj Health also features in the ALC Local Decision Making process for community control of health services.

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## Box 8.6 (continued)

- **an ACCO building the capacity of a non-ACCO:** Save the Children sought assistance from the Napranum Parents and Learning Group to engage children and parents in the BookStart program in the Dampier Peninsula in Western Australia in 2017. Save the Children had changes in staffing and worked with a number of communities. Over the year, the Napranum Parents and Learning Group helped devise strategies and action plans for Save the Children staff to adapt service delivery to the age group of children in communities, the resources on offer and the support local communities needed.

### Shared resources

This refers to partnerships where two organisations share resources. Shared resources could include physical location (co-location), human resources (a shared staff member) or other physical resources (such as housing or vehicles). Some examples of these partnerships include:

- **co-location:** Child and Family Centres are an example of co-location as many service providers share physical space to deliver services. There are a number of Child and Family Centres in the Northern Territory. For example, in Yuendumu, a remote community in the Central Desert, the local Child and Family Centre provides five services: child care, Families as First Teachers, Territory Families Child Protection Workers, Warra-Warra Kanyi Counselling and Mentoring Services and visiting health professionals (case study: Yuendumu, appendix B).
- **a shared staff member:** the Victorian Aboriginal Child Care Agency (VACCA) and Berry Street shared a staff member, by seconding an experienced family violence program manager from Berry Street to VACCA. This allowed them to develop systems to work together.

### Pathways to partnerships

Many organisations pursue other ways of working together to build trust before sharing resources or jointly delivering services. These pathways to partnerships include coordinating service provision (through forums or alliances) and allocating resources (through sub-contracting).

*Sources:* ALC (2018), Miwatj Health Aboriginal Corporation (2013, 2018a, 2018b); Napranum PaL Group (2017); Rumbalara Aboriginal Co-operative (2019); SCA (2016, 2019); Shepparton News (2018), SNAICC (2012b).

## *Transitioning control of services to Aboriginal organisations*

As discussed earlier, in many cases ACCOs are likely to be best placed to deliver longer term outcomes and services. And the Commonwealth and NT Governments each have a stated objective to support local decision making and greater community control. An essential part of this involves building the capacity of ACCOs, to support the transfer of control and, where appropriate, the delivery of services to the ACCO. Not all partnerships need to involve a wholesale transfer of service delivery responsibilities or control (box 8.7); some partnerships may be more successful if they are ongoing, rather than time-limited. As DSS and NIAA said:

A transition to service delivery by Indigenous organisations is not always the desired outcome. In some instances, Indigenous organisations have indicated they wish to remain in a partnership arrangement, and not transition to full ownership and control. There may also be circumstances where Indigenous communities prefer a non-Indigenous provider. (sub. DR50, p. 15)

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Where the intended outcome is the transfer of control to an ACCO, the funding contract needs to be designed so as to support the transition process. In particular, the funding contract should specify a clear transition path for the development and transfer of skills and knowledge, including setting clear timeframes, with defined milestones, and resourcing of, amongst other things:

- employment and training of locally-based staff across all service delivery roles (where appropriate)
- governance capacity to ensure the organisation is able to comply with all aspects of the funding agreement, including reporting and evaluation requirements
- a clear exit strategy for the non-ACCO.

Some participants to this study raised concerns that the process of transition to ACCOs is not given adequate time or resources in funding agreements. For example, Save the Children Australia noted that in stipulating a transition towards greater community control in service delivery, funders set:

... short timeframes for transition without adequate consultation with service providers or communities, nor identification of a transition partner. ... Good quality, ethical and sustainable transitions require adequate financial investment to ensure that both mainstream and community organisations are supported to undertake effective and appropriate transition work over a realistic timeframe. (sub. 30, p. 3)

To address these concerns, funding agencies need to ensure that the funding agreement contains an adequate timeframe for the transition. The timeframe should be flexible for different organisations, depending on their initial capacity and the complexity and risks associated with the service. In some situations, transition may take several years. Whatever the agreed timeframe is, the funding contract should reflect the expectation that, over the length of the transition period, the non-ACCO service partner will build the capacity of the ACCO, such that the ACCO can take control of the service should it wish to. A relational approach to contracting (discussed next) will also help ensure that transitions are successful.



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## **Box 8.7 To transfer control or to continue a partnership**

### **A successful transfer to Aboriginal community control**

In July 2018, Save the Children exited Wilcannia in New South Wales following a successful transition of its early childhood program to community control. Maari Ma Health, a regional Aboriginal Community Controlled Health Organisation (ACCHO), took over leadership and program support of the Early Years team and programs after six months of transition.

Save the Children had delivered their Play2Learn program in Wilcannia for seven years. They identified an opportunity to transition their Play2Learn program to a locally led model. Save the Children developed a shared vision with local Aboriginal primary health care provider, Maari Ma Health, to take on the service and existing Save the Children staff (SCA 2019).

Following the transition, Play2Learn (known locally as Wilcannia Early Years) has continued to be implemented three days a week in two locations — the Safe House on Monday and CatholicCare on Tuesday and Wednesday. These two locations provide additional support to the team and families as they can link to these services each week through direct program provision. Elders have attended the playgroup to support younger families through engagement, reading and being present during the playgroup sessions (Maari Ma Health Aboriginal Corporation 2019).

Although a six month transition timeframe was used in this instance, other partnerships may need a much longer transition period. In this instance, Maari Ma was an already established service provider in the community, had been working with Save the Children in supporting the playgroup for a number of years, and required little additional support to take control of the service because of its existing early years and child development activities in Broken Hill. In other cases, the ACCO may require further assistance to build their service delivery capacity, which could take several years. For example, Save the Children was funded to transfer service delivery to the Binjari Community Aboriginal Corporation (in Katherine in the Northern Territory) within six months. However, the providers jointly agreed to transfer to community control over three years as they believed that the initial six month timeframe did not allow for an effective transition to community control.

### **Joint service delivery without a transfer**

In the early stages of a partnership, and in cases where the ACCO would like to develop its service delivery capacity, it may be better for both organisations to jointly deliver services (instead of transferring to the ACCO at that point in time). One example of joint service delivery is the partnership between Save the Children and the Joorak Ngani Aboriginal Corporation.

Save the Children and the Joorak Ngani Aboriginal Corporation developed a community initiative, the Wyndham Early Learning Activity (WELA) to support mothers, babies and children in the remote community of Wyndham, in Western Australia's Kimberley region. WELA has evolved from a playgroup to include early childhood learning with mothers, health and nutrition, transition to school programs, a breakfast club, a women's centre and men's groups (SNAICC 2012b).

Both organisations benefitted from joint service delivery – Joorak Ngarni Aboriginal Corporation preferred joint service delivery as it allowed WELA to grow, and Save the Children preferred joint service delivery as it allowed them to build local capacity and gradually transfer programs to communities.

*Sources:* Maari Ma Health Aboriginal Corporation (2019); SCA (2019); SNAICC (2012b).

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#### RECOMMENDATION 8.2 **SUPPORT CULTURALLY COMPETENT SERVICE DELIVERY**

When commissioning children and family services primarily targeting Aboriginal and Torres Strait Islander people, the Commonwealth and NT Governments should give preference to service providers that have the capacity to deliver culturally appropriate services.

- Funding decisions should take into account the characteristics and capabilities of providers (such as their cultural competence and connection to community) and their ability to deliver improved outcomes. Provider selection decisions should be made in collaboration with affected communities, to ensure those decisions reflect the community's needs and priorities. To support this, grant rules and guidelines should be adapted where necessary.
- Where an Aboriginal Community Controlled Organisation (ACCO) is expected to deliver better outcomes for children and families over the longer term, but lacks the capacity to effectively deliver services, the Commonwealth and NT Governments should support capacity building of that ACCO. This could be achieved through direct funding for capacity building activities or through supported partnerships with non-ACCO service providers.
- Where the intended outcome of a partnership is the transfer of control of service delivery to an ACCO, the funding agreement should be designed to support the transition process. In these instances, the funding contract should outline the responsibilities of the partners, and a succession plan and clear milestones over a defined timeframe, with appropriate resourcing for building the capacity of the ACCO to deliver services.

### **A relational approach to contract management**

To support longer-term contracting and partnerships between ACCOs and non-ACCOs, governments need to change the way contracts are administered — moving away from a traditional, transactional approach to contract management towards a more ‘relational’ approach to contract management (‘relational contracting’). This involves governments and providers engaging in ongoing and collaborative discussions about how the service is performing, informed by site visits and community consultation, to identify opportunities to improve performance and address emerging priorities. (This is in contrast to the facilitating partner approach, whereby a non-government organisation coordinates and manages service delivery by subcontractors (box 2.6).)

#### **What is relational contracting?**

Relational contracting is an approach to contract management that involves funding agencies and service providers working together to manage delivery of longer term children and family service outcomes. This requires that:

... a shift occur from funders being ‘hands off’ to the funder being ‘hands on’ ... [it is important that] funders have an investment in the outcomes, they need to help to facilitate the process, and help to develop strategic learning around the new ways of working. (Child Friendly Alice, sub. DR43, p. 2).

Whereas traditional approaches to contracting rely on the explicit rules and conditions of the service contract to drive outputs and outcomes, relational contracting typically involves more flexible service contracts, which allow (and require) funders and service providers to work in collaboration to manage service delivery and hence outcomes (figure 8.1). This means that there is greater ability for funders and contractors to make changes to the service over the life of the contract, to accommodate emerging needs and priorities.

**Figure 8.1 Classical versus relational contracting**

Characteristics	Classical	Relational
	<ul style="list-style-type: none"> <li>• The nature of the transaction can be specified in advance</li> <li>• Contract has rigid terms</li> <li>• Discrete and short transactions (short-term contracts)</li> <li>• Output is easy to monitor</li> <li>• Contracts are more formal/legally enforceable</li> <li>• Risk can be defined ex ante</li> <li>• Less risk sharing between contracting parties</li> <li>• Auditing the service provider is for control</li> <li>• High contract establishment costs from negotiation</li> </ul>	<ul style="list-style-type: none"> <li>• Difficult to detail transaction in advance</li> <li>• Contract has flexible terms</li> <li>• Continuing transactions (long-term contracts)</li> <li>• Output is difficult to monitor</li> <li>• Contracts are less formal/likely to rely on self-enforcing mechanisms</li> <li>• Risks cannot be defined ex ante</li> <li>• More risk sharing between contracting parties</li> <li>• Auditing the service provider is for strategic planning</li> <li>• Low contract establishment costs from negotiation</li> </ul>
Environment	Classical	Relational
	<ul style="list-style-type: none"> <li>• Urban setting</li> <li>• Purchaser requires the delivery of a discrete service</li> <li>• Competitive market among providers</li> <li>• Relationship between contracting parties is not essential for effective service delivery</li> </ul>	<ul style="list-style-type: none"> <li>• Remote setting</li> <li>• Purchaser requires the delivery of a wide range of services</li> <li>• Competitive market does not exist among providers</li> <li>• Relationship between contracting parties is essential for effective delivery</li> </ul>

Source: adapted from Dwyer et. al. (2011, p. 15).

Relational contracting has been used in the infrastructure sector for many years. More recently, these approaches have been applied to human services, including in New Zealand for nursing and allied health (box 8.8). The NIAA has expressed a commitment to explore the viability of relational contracting in relation to children and family services (DSS and NIAA, sub. DR50, p. 12).

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## Box 8.8      Relational contracting in New Zealand

### Alliance contracting in the Canterbury region

The District Health Board for the Canterbury region in the late 2000s replaced price/volume (input-focused) schedules to contracting district nurse, allied health and laboratory services, with an 'alliance contracting' approach. Under this arrangement, which has been adopted more widely across the New Zealand health system, the funder works collectively with allied partners to allocate pooled funds on a consensus basis to ensure they meet overall performance measures. Contract managers work with all parties to resolve issues as they arise, including issues with performance. In a review of the reforms undertaken in Canterbury, relational contracting was found to nurture collaboration, as all parties have the incentive to direct resources to areas of underperformance to ensure common outcomes are achieved (Timmins and Ham 2013, pp. 19, 42).

This was confirmed by an Office of the Auditor-General New Zealand review of these contracting arrangements, which found that:

... service providers are working together rather than competing with each other; with other parts of the health system to determine appropriate models of care; and in an open and transparent manner with Canterbury ... [District Health Board] ... to actively address questions of service efficiency and consistent quality of service delivery. (2013, p. 19)

In addition, incentives for competition continue to exist within the relational contract as:

... patients are, within certain constraints, still able to choose a provider. GPs are able to decide which of the three providers they will refer to; clients who have used the service before, or who know relatives or friends who have, can express a preference for the same or a different supplier. (Timmins and Ham 2013, p. 20)

### Whānau Ora commissioning framework

A relational approach is also applied as part of New Zealand's Whānau Ora commissioning framework, which relates to the holistic approach adopted by the New Zealand Government to integrating health, education and social services for its Māori populations. Under this framework, the government has contracted three non-government commissioning agencies who in turn contract with service providers and community groups to deliver tailored, local services. In managing relationships with their service delivery partners, the commissioning agencies have developed a relational approach to contracting with:

... dedicated contracting personnel who work directly with service partners and Whānau to help them understand contractual expectations and reporting requirements. For example, the option to discuss outcomes and co-generate contracted milestones – particularly for innovative initiatives – facilitates an in-depth understanding of contract outcomes and expectations ... they take an enabling and non-punitive approach to contracting arrangements and are flexible and open to changing the contract terms. Contracts have been renegotiated and values increased when significant underfunding has become apparent, and on occasion contracts have been downsized and funding reallocated due to partners not being able to meet their contracted obligations. (Te Puni Kōkiri 2016, p. 10)

In an evaluation of the framework, commissioning agencies however, argued that government largely engaged them from a contracting for services approach (contracting to purchase tightly prescribed services) (Te Puni Kōkiri 2016, p. 9). Thus, while the commissioning agencies use a relational contracting approach with service delivery partners, negotiations with the department appears to be conducted via a more classical approach, which limits the benefits of the Whānau Ora commissioning approach (Te Puni Kōkiri 2016, p. 14).

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## Why use relational contracting for children and family services?

Relational contracting is particularly important for longer-term contracts and where service outcomes are difficult to define and measure. It is highly relevant for children and family services — as the most effective solutions are not always known in advance and so the design of services needs to be fluid and flexible.

Relational contracting can give governments greater confidence to commit long-term funding and equips providers with the discretion to make decisions (in collaboration with their local contract manager) on how best to allocate resources to achieve long-term outcomes. This would reduce the current tendency to solve issues by simply funding a new program (for a short period) to minimise risk of service or program failure, and thereby reduce program churn. (However, while relational contracting can support effective service delivery by the existing provider, it does not address the issue that longer-term contracts can entrench incumbent service providers and make it difficult for new providers to enter the market.)

The essence of relational contracting is that governments, service providers and the community should be equally invested in service outcomes. Therefore, where issues with service quality, appropriateness or access are identified, there is an expectation that all parties will work together to resolve them. This reduces the incentive of the provider to hide setbacks, as all parties are prepared to work through challenges and problems and adjust the program if it is not working as planned.

At the same time, a more ‘hands on’ approach will give the contract manager timely and relevant information about program performance. As a result, funding agencies will be in a better position to make decisions about whether programs should be renewed — or, in extreme cases, whether the service contract should be terminated if the provider is not meeting expectations (for example, if a provider is continually failing to provide a service). This will help foster an environment where good performance is more likely to result in funding renewal, or even expanded funding for a wider range of programs.

The role of communities is critical to the success of relational contracting, as they can give providers and governments information about performance against children and family outcomes. This is consistent with other aspects of the approach taken in this report, where communities are central in identifying priorities for children and family services and assessing whether existing services are delivering on their objectives (chapters 6 and 9).

In practice, realising the benefits of relational contracting will require funders and service providers to develop an open and ongoing relationship. In part, this will require funders to build trust with service providers and foster a culture of information sharing; agencies should therefore be at pains to explain relational contracting to their providers, and it may take a few years before trust is built up. To maintain these relationships, funders will additionally need to ensure continuity in the contract management process. While staffing changes can make this challenging, adequate record-keeping and handover processes can help smooth these transitions.

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## A relational approach needs to be applied proportionately

Relational contracting is not suitable for all service contracts. Relational contracting is best suited to funding arrangements that involve:

- high levels of dependency between governments and providers — for example, where there is a lack of competition
- complex service outcomes — for example, where outcomes from the service are difficult to define or measure.

Contracts for preventative services can provide fertile ground for relational contracting. For example, services which are broad-ranging (such as youth engagement and diversionary services) are more amenable to relational contracting, as they may be difficult to specify or detail in advance, and rely on an evolving relationship to define outcomes. Similarly, for contracts in some remote areas of the Northern Territory, both governments and service providers are more reliant on each other to achieve their objectives than in an urban setting (where there is likely to be more competition).

By contrast, contracts to provide out of home care, which have much better defined service outcomes, may benefit less from a relational approach. Similarly, for short-term contracts such as those used for one off events, there may be minimal gains from relational contracting as those contracts are likely to involve: less complexity; less time for unforeseen contingencies to arise; and less need or scope to learn by doing.

How closely funders and service providers work together in practice should be tailored to suit the requirements of the service or program in question. For example, the frequency with which funders conduct site visits and meet with service providers to discuss how the service or program is tracking should reflect the level of risk associated with the delivery of that service or program. Conversely, where service providers have a demonstrated history of strong performance, fewer checkpoints may be needed. Overall, this will involve balancing the benefits of frequent interactions against the administrative burden they impose on government and service providers.

## Flexible service contracts are needed to support relational contracting

For relational contracting to work effectively, funding and service contracts need to be sufficiently ‘flexible’, so that funders and service providers can make meaningful changes or adjustments to service delivery as circumstances require. This could involve changes to:

- the nature of the service delivered or the way the service is delivered (such as substituting a soccer program for a football program)
- when the service is available (such as a change to opening hours)
- how the service can be accessed (such as whether the service is delivered from a central location or is a home visiting service).

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In practice, this means that funding contracts may need to be less prescriptive about what outputs are to be delivered and, within certain bounds, may need to allow funding amounts to be adjusted to reflect any changes in the cost of service provision. This would avoid the need to renegotiate rigid contract terms, which can take time and may deter providers from seeking changes to the design of their program, even where such changes would provide for a more effective service. As an example, a funding contract could stipulate a maximum output (such as providing a service for up to 40 hours a week, or servicing up to 100 families), with leeway for the funding agency to increase or decrease funding as more or fewer outputs are required. To put such changes into practice, contract managers and government staff working at the local or regional level will need to be given the authority to make changes to services.

### Governments need to authorise and invest in their regional staff

Relational contracting will require considerable investment in the skills and capacity of government regional staff. As a touchstone, the New Zealand Government requires its relationship managers to be responsible for:

- encouraging an atmosphere of trust, openness and clear communication and an attitude based on working together and shared objectives
- proactively looking for ways to improve the relationship and ensure stakeholders feel involved
- establishing and managing an effective communication framework between all stakeholders
- ensuring, where possible, that communications at all levels are peer to peer
- managing the resolution of disputes – resolving ‘soft’ tensions between agency and supplier, and ‘managing upwards’ to ensure senior management are informed about issues before they escalate and can intervene as appropriate
- establishing regular reporting procedures (formal and informal)
- organising forums, seminars, training and other information-sharing activities. (New Zealand Government 2011, p. 22)

Giving effect to relational contracting for children and family services in the Northern Territory will require concerted effort between various parts of the funding agency. This is because of the way capabilities are typically distributed within a funding agency. On the one hand, local staff are often in a better position to understand local needs and priorities and build trust with local communities. On the other hand, staff with a national policy focus may have better expertise about the type of service being delivered. For example, Central Australian Youth Link Up Service, which has experienced contract liaison from both Canberra and Alice Springs, concluded that:

... things have generally run more smoothly when we have been managed from Canberra. This is perhaps because the staff we dealt with were a part of the Petrol Sniffing Strategy or before that the Drug Strategies Branch and thus had specialist knowledge and expertise that related directly to our field. Staff based in the national office have tended to have a better understanding

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of the national picture and where we sit in that, including an understanding of how good the outcomes have been in our region in comparison with other parts of the country. (2015, p. 9)

This is reinforced by the way roles are delineated and how authority is distributed within funding agencies. For example:

- although the NIAA's delegation framework supports senior network staff making local decisions, in practice decision making authority appears to be largely centralised at the national level by either national network managers or by the national level managers of program streams. According to an ANAO report from 2018, the majority of funding decisions were approved by the Minister for Indigenous Affairs (ANAO 2018, p. 19) — although the Commission understands that some of this authority was delegated to the CEO or senior executive levels from June 2019 (depending on the level of funding or assessment of risk).
- delegation of contract management and decision making varies across NT Government agencies and program areas. The Commission understands that decision making authority for entering into or varying contracts is largely delegated to senior executives within the NT Government (who are concentrated in Darwin, Alice Springs and the regional centres). Variations in funding arrangements rest with the relevant Minister, and are generally delegated (depending on the value of the contract) to senior NT Government officials.

As noted here and in chapter 6, regionally-based staff are well placed to work with communities to identify and document their priorities and needs for regional planning, and to work with service providers and communities in a relational contracting approach. But both governments will need to invest in their regional networks to support these tasks. In the case of the PM&C (now NIAA) regional network, the ANAO found that:

The full potential of the Network to facilitate the design and delivery of local solutions to local problems by leveraging its understanding and connection to communities is not being maximised. The department, through the Network, has not effectively embedded arrangements to coordinate with key stakeholders, input into policy is inconsistent, and Network officers have limited authority to make decisions that impact on local Indigenous communities. (ANAO 2018, p. 8)

Governments need to ensure that their regional network staff have:

- *understanding* of policy issues and outcomes relating to families and children
- *skills* in community engagement, including an understanding of the cultures and the communities they are engaging with, as well as the ability to identify and address issues relating to service delivery
- *capacity* in terms of the time and resources to monitor outcomes, to address community concerns, and to deal with issues as they arise
- *authority* to make decisions on certain resourcing issues, including support from the agency to respond to risks and problems that may arise.



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In particular, effective relational contracting will require capacity building for some staff and some rebalancing of roles and decision-making power within funding agencies. To begin with, regional network staff working at the local level need to be actively involved in liaising with service providers and communities, so that they can provide advice about how best to meet community needs and priorities.

Regional managers will need to be given the authority to make some decisions about changes or adjustments to the service, with the advice of regional network staff working at the local level. (Where there are no agency staff stationed locally, regional managers should seek input from locally-based staff from other agencies — this will require cooperation between different Commonwealth and NT Government agencies (chapter 6)). This is not to suggest that authority should be fully devolved to regional offices; Ministers should rightly be ultimately accountable for significant funding decisions within their agency. That said, there is scope to give greater discretion to service providers and government officials at a regional level to make decisions on how best to deliver a service to local communities.

In practice, this would mean that, for example, a staff member from the NT Government's East Arnhem regional network office could visit the provider of a Territory Families-funded youth diversion service in Yirrkala on a regular basis (say monthly, with the option for more regular visits as required such as in the start-up phase) to discuss performance against service outcomes and identify key issues with delivery — informed by consultation with users of their service. Collectively, they can identify and resolve issues, in collaboration with regional managers or national offices if material funding changes are required.

In general, program changes that do not involve significant additional funding should be approved by the regional manager, rather than the central office or the Minister. In practice, this means that local (community-based) staff would work with service providers and the community to collaboratively identify emerging issues and, where possible, potential solutions. If funding agency approval is required to enact those solutions, local staff will provide advice to the authorised decision maker — which, for the most part, should be the regional manager. As an example, if a school attendance program in Tennant Creek is found not to be delivering outcomes due to lack of parental engagement, the network staff at the local and regional level would work collaboratively with the service provider to develop (and authorise) an appropriate solution. Changes that do not involve significant additional funding would then be approved by the Barkly regional manager.

Ultimately, relational contracting will require systems that can accept some failure and can support staff in the regional network to manage risk and deal with issues as they arise. This will require central offices to relinquish some control over how services are delivered — resisting the urge to micromanage from Canberra or Darwin — and trust providers and staff in the regional network to find the most appropriate ways to meet the needs of children and families in each community. Moreover, effective relational contracting will require governments to foster a culture of collaboration within and across departments (chapter 6), to ensure that decision makers have access to the information they need to make decisions about service delivery.

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#### RECOMMENDATION 8.3 A RELATIONAL APPROACH TO CONTRACT MANAGEMENT

The Commonwealth and NT Governments should adopt a relational approach to contract management, in which governments and service providers, in consultation with communities, work collaboratively towards shared outcomes. A relational contracting approach requires funding agencies to:

- engage in regular and collaborative discussions and site visits with service providers to assess progress of the service against user needs (after consulting users of the service), with a view to seeking opportunities to improve service delivery
- ensure that regional network staff have the skills and capacity to identify (in consultation with service providers and the community) emerging issues relating to service delivery and devise potential solutions
- write funding contracts that are sufficiently flexible, so that minor changes or adjustments to service delivery can be made without the need for variations to the contract, and give regional managers the authority to make decisions about service delivery in line with these more flexible contracts.

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## 9 Monitoring and evaluation

### Key points

- Monitoring and evaluation of children and family services is essential for facilitating continuous improvement in the design and delivery of services and for ensuring that governments and service providers are accountable to the broader community for how they use public funds. But the nature of children and family services and the Northern Territory context presents significant challenges to rigorous monitoring and evaluation.
- Currently, monitoring of children and family services is largely compliance focused. The information collected through monitoring does not always provide useful information to providers or communities to support service improvements. And it creates a significant compliance burden on providers that rely on funding from a number of different agencies.
- Evaluation of programs and services is not done rigorously or systematically, partly reflecting the significant challenges in attributing the impact of services on outcomes.
- Monitoring and reporting on wellbeing outcomes at the community level (as per recommendation 7.1) is the first step in identifying the collective impact of the service *system* on child and family outcomes. But this does not identify which services are influencing outcomes. Reporting on wellbeing outcomes needs to be complemented by evaluation, to identify what works and what needs to be improved.
- Formal quantitative evaluations that seek to measure impacts of children and family services in the Northern Territory are challenging and may not be informative in many cases. This is because it is hard to measure the impact of a single program or service when a small number of communities or people receive the service, when there are long time delays before effects can be seen, when there are multiple other services directed at the same outcomes (with a different service mix in each community), and when policies and programs change frequently.
- When formal evaluation is used, results need to be interpreted carefully — precise magnitudes of impact cannot be estimated. Care is also necessary when considering the transferability and replicability of findings, given the diverse nature of communities in the Northern Territory.
- A more practical and effective use of evaluations of children and family services is when they facilitate learning by doing. This requires embedding monitoring and evaluation into funding and contracting of services from the start (rather than as a separate process).
- Relational contracting (where service providers and funders work together to identify problems and solutions) and embedded monitoring and evaluation support each other. Resourcing for monitoring and evaluation (including for periodic community surveys) should be included in service contracts, with communities having a role in deciding how surveys are conducted.
- The Commonwealth and NT Governments should draw on findings from evaluations at the service and community level, and prioritise more formal evaluations of programs and services that: involve a high level of expenditure and risk; or cover a large number of children and families; and have been introduced into communities that have not experienced significant changes in policy (to enable reasonable attribution of the impact of the program or service).

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Monitoring and evaluation are key inputs into decisions about which programs and services to fund, how to improve the design and delivery of services, and for ensuring that governments and service providers are accountable to the broader community for how they use public resources.

But assessing the impact of children and family services on wellbeing *outcomes*, and identifying ‘what works’ through evaluations of programs and services is challenging. The promotion of child safety and wellbeing is influenced by many interrelated factors. This makes estimating the impacts of government-funded programs and services particularly complex. There is no single best approach and some of the barriers to rigorous monitoring and evaluation of children and family services cannot be fully resolved.

This chapter highlights the challenges of monitoring and evaluating outcomes from children and family services in the Northern Territory. It puts forward an approach to improving monitoring and evaluation that is fit-for-purpose — that is, it takes account of the way children and family services are delivered and used in the Northern Territory, particularly in remote communities.

## 9.1 Current monitoring of children and family services

There is considerable scope to improve how the performance of children and family services in the Northern Territory is monitored. Current performance monitoring:

- is undertaken at a national, regional or departmental level, which does not reflect community-level outcomes or priorities
- is largely compliance focused, reporting on service outputs and tertiary-level activities, such as the delivery of statutory child protection services
- does not facilitate continuous improvement and ongoing evaluation of services.

### Monitoring does not currently report on community-level outcomes

Performance monitoring and reporting by governments (that is, reporting against outcomes using suitable performance metrics) of children and family services is largely undertaken at national and jurisdictional levels. There is relatively little reporting at the regional and community levels.

At the national level, the Department of Social Services (DSS) and the Australian Institute of Health and Welfare report against outcomes and indicators set out in the *National Framework for Protecting Australia’s Children 2009–2020* (National Framework). The high-level objective of the National Framework is that ‘Australia’s children and young people are safe and well’ and this broad objective is underpinned by six supporting outcomes (DSS 2018a, p. 4). Progress towards the high-level objective is measured through 8 performance indicators and the sub-outcomes are measured through 23 performance

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indicators (although some measures are yet to be reported on, such as responses to the ‘Strengths and Difficulties Questionnaire’ by children who have been abused or neglected and are leaving out-of-home care, or the proportion of Indigenous children placed through Indigenous-specific out-of-home care agencies) (DSS 2018a, p. 23). Territory Families also reports annually on many of the indicators in the National Framework, particularly relating to the delivery of child protection services (which they have primary responsibility for).

With exception of a handful of prevention and early intervention indicators relating to the risk of child harm (such as parental alcohol and drug use), and survey measures of family cohesion and neighbourhood safety, the scope of performance indicators in the National Framework largely focus on child protection data (DSS 2018a, p. 4). A review of the National Framework found there was concern about the absence of meaningful measures of the prevalence of child abuse in the community, and expressed a need to develop outcomes-based measures ‘across domains that have a direct impact on child wellbeing — not just child protection’ (ACIL Allen Consulting 2015, p. 15).

Although a focus on the performance of tertiary services may be justified, as these relate to more immediate issues of child harm, some participants to this study argued that in the long run this may lead to underinvestment in prevention services (CAAC, sub. 25, p. 11; Danila Dilba Health Service, sub. 22, p. 7; NAPCAN, sub. 19, p. 2). Further, the lack of performance monitoring for preventative services could mean that governments face much less scrutiny for these programs and services, compared with tertiary services that are more readily quantifiable.

Commonwealth and NT Government agencies are also required to report program-level performance measures to comply with Commonwealth and NT-specific resource management requirements. These requirements (legislated under the Commonwealth *Public Governance, Performance and Accountability Act 2013* and the Northern Territory *Public Sector Employment and Management Act 1993*) apply to all funding agencies, and help ensure that public funds are used appropriately to meet government objectives.

However, reporting by government agencies on the performance of their children and family programs is primarily output and activity focused (which in part may reflect the challenges of measuring outcomes and attributing these to particular services (box 9.1)). Further, the scope of Commonwealth agencies’ performance monitoring often reflects high-level policy aims, making it difficult to assess specific program-level outcomes (figure 9.1). For example, the Department of the Prime Minister and Cabinet (and now the National Indigenous Australians Agency (NIAA)) reports on Indigenous employment outcomes across its programs, and DSS aggregate its outcome measures across its Families and Children program.

Moreover, neither Commonwealth nor NT Government agencies report against outcomes at the community level, although the NT Government has developed the ‘Story of our Children and Young People’ which reports against indicators across six domains of wellbeing using NT Government regions (which divides the NT into six regions) (chapter 6).

Figure 9.1 **Agency-level performance reporting**  
2017-18 annual reports

Department of the Prime Minister and Cabinet	Department of Social Services	Territory Families
<p><b>High-level outcome:</b> Improving results for Indigenous Australians, including in relation to school attendance, employment and community safety, through delivering services and programs, and through measures that recognise the place that Indigenous People hold in this nation.</p> <p><b>Supporting outcome (children and schooling):</b> Increased Indigenous school attendance and improved educational outcomes.</p> <p><b>Supporting outcome (safety and wellbeing):</b> Reduced levels of offending, violence and substance abuse.</p> <p><b>Performance indicators:</b> Service providers self report on the following mandatory key performance indicators:</p> <ul style="list-style-type: none"> <li>• number and proportion of Indigenous people employed in delivery of the project</li> <li>• extent of compliance with project agreement terms and conditions (PM&amp;C target: 70% compliance)</li> <li>• meeting COAG Closing the Gap education targets (such as reading, writing and numeracy achievements, school attendance, year 12 (or equivalent) attainment rates).</li> </ul> <p><b>Reporting:</b> Annual reports monitor performance against these and other agency targets (such as collaboration, monitoring and implementation), as well as reporting on results of ad hoc program evaluations and case studies.</p>	<p><b>Outcome (Families and Communities):</b> Extent to which assisted individuals and families have improved individual and family functioning.</p> <p><b>Intermediate outcomes:</b> Extent of contribution to implementing national initiatives, and extent to which payments and service provision meet program objectives.</p> <p><b>Performance measures:</b> Percentage of assisted individuals and families: with improved circumstances in relevant areas; who achieve goals related to building capacity and connections; and who are from priority groups. Number of: organisations contracted or granted funding; and individuals assisted.</p> <p>Extent of: satisfaction with services (survey-based measure); community and service system capacity and capability improvement.</p> <p>Extent of progress in implementing: the <i>National Plan to Reduce Violence against Women and their Children 2010–2022</i>; and the <i>National Framework for Protecting Australia's Children 2009–2020</i> (rated as 'met' or not).</p> <p><b>Reporting:</b> Annual reports monitor performance against these and other agency targets, as well as reporting on likely service outputs and activities that led to these results.</p>	<p><b>Outcome:</b> Providing early support to children, young people and families.</p> <p><b>Key deliverables:</b> Number of: children whose family support casework services; strengthening families cases commenced to support families with identified needs. Proportion of children who were the subject of a resubstantiation within 12 months.</p> <p><b>Outcome:</b> Safeguard the wellbeing of children, young people, families and the community.</p> <p><b>Key deliverables:</b> Child protection: notifications received, investigations finalised/commenced; investigations substantiated etc.</p> <p>Out-of-home care: Number of children admitted/exiting, by type of care (such as foster, kinship); permanent care orders granted etc.</p> <p>Youth justice: Number of youth: completing a restorative justice conference and agreement; completing community-based orders; receptions into a youth detention facility; with diversion case management plan; proportion who are Aboriginal etc.</p> <p>Domestic violence: crisis accommodation services provided; proportion of child protection notifications associated with domestic and family violence etc.</p> <p><b>Reporting:</b> Annual reports monitor performance against these and other agency objectives (such as partnerships and collaboration to empower change; and encourage and celebrate inclusive, diverse and connected communities). Territory Families also reports on key actions and reforms for each outcome area (including more detailed case studies on some of these activities).</p>

Sources: DSS (2018b, pp. 48–62); PM&C (2018b, pp. 75–105); Territory Families (2018a, pp. 16–48).

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### Box 9.1      **Some of the challenges of measuring outcomes**

There are significant challenges in transforming broad aspirational objectives into concrete (measurable) and time-constrained performance commitments and outcomes (Department of Finance 2015, p. 4). Measurement of outcomes of children and family programs is:

- difficult to do quantitatively, including because outcomes are influenced by many interrelated services that are funded by different agencies across multiple jurisdictions. This increases the challenges of attributing changes in outcomes to particular programs and services
- complex, for example because they address persistent or complex problems, such as intergenerational trauma experienced by Aboriginal and Torres Strait Islander peoples
- sometimes most appropriately or meaningfully defined (in the case of qualitative outcomes) in terms of a different cultural frame, for example accounting for Aboriginal and Torres Strait Islander knowledge and perspectives. This requires cultural competence and capabilities from government to properly assess community views
- best observed over the medium to long term, particularly for interventions that involve long-term investment in capability building within a community before outcomes can be observed (for example, relating to education outcomes and overcoming trauma).

There is a need for periodic reporting on relevant and useful outcome indicators for children and families at the regional and community level. This is required to understand if outcomes are getting better or worse, and in which communities children and families may need greater support. Reporting on outcomes at the community level is also needed as the first step to better understanding the collective impact of the service *system* on children and families — noting that there are considerable sensitivities associated with making community-level data publicly available (as discussed in chapter 7). It would also complement the Commission’s proposal for regional plans to be developed as part of a new process for coordinating funding between the Commonwealth and NT Governments (chapter 6). Much of this same data will be required to support evaluation of services and programs at the regional and community levels (discussed later).

### **Provider-level reporting does not always inform service improvements**

Providers of government-funded children and family services are also required to report on their performance. Reporting requirements largely reflect the performance indicators of funding agencies, which as noted above, are often output and activity focused. Although reporting measures vary across each funding agency and program area, they often centre on tracking what service is delivered (when or how often), who uses the service (clients) (box 9.2), and who delivers the service (particularly as it relates to Aboriginal employment in service provision).

- DSS has a set of mandatory reporting (‘priority’) requirements for the activities it funds. All service providers must report every six months on client demographic and service activity information, which includes for example the service activity date, service type, and other session details (DSS 2018d, pp. 17–24). Service providers generally also have

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the opportunity to ‘opt in’ to a partnership approach, which enables them to collect and provide additional information on the impact of program activities. Reporting on client outcome data under the partnership approach is optional for most funded organisations (box 9.3).

- Under the Indigenous Advancement Strategy (IAS), service providers generally report to the NIAA every six months on: the level of employment of Aboriginal and Torres Strait Islander people in the delivery of the funded service (mandatory key performance indicator (KPI) ‘M1’), including the number of hours worked by Indigenous and non-Indigenous staff; and their overall compliance with project agreement terms and conditions (mandatory KPI ‘M2’) (NIAA 2019a, pp. 13–14). The NIAA also specifies some additional KPIs for each funded program, which require providers to report on how well services are delivered based on surveys, client feedback forms or questionnaires. For example, under the Children and Schooling program, providers may be asked to report whether at least 80 per cent of: participants receiving a service are satisfied it was useful and well-delivered; or parents or carers whose children attend a service agree the service has improved their child’s language skills, social skills, confidence, health and/or learning outcomes (NIAA 2019a, p. 16).
- Reporting requirements used by Territory Families vary across program areas, and are tailored to the nature of the service. For many of its core tertiary services, much of the reporting appears to be output focused. For example reporting requirements for:
  - foster care support services include six-monthly reports, which detail funded activities by output measures (such as occasion of service and number of clients), location and target groups (DCF 2016b, p. 13)
  - the Intensive Family and Parenting Support program focuses on activity details, including the number of families receiving the service, number of new referrals, number of hours of service provided per family, total number and timeliness of family preservation plans completed, as well as a measure of client satisfaction with services delivered (based on a client survey at case closure) (DCF 2015, p. 20)
  - the Safe, Respected and Free from Violence Prevention Fund has ‘narrative’ reporting focused on: duration and occasions of service; locations of service; approximate number of attendees; number of staff delivering the service/project; and training and qualification of staff, as well as reporting on surveys to get client feedback of program success (for example, what they valued from the session, how it changed their beliefs or improved their knowledge on the impact of domestic and family violence) (Territory Families 2018c, p. 8).



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### **Box 9.2      Levels of access to services**

The terms of reference to this study ask the Commission to consider levels of access to services. By access, the Commission sought to understand the extent to which departments are able to track how many people they reach through the services they fund, that is, how many people receive the service; how many different services they receive; and who doesn't receive services.

The Commission received limited information about levels of access to services. Although individual service providers may keep records of the number of individuals or families who access their services, this information is usually not shared with other service providers.

Service providers also raised the issue that they were unaware of what services, if any, clients were accessing from other service providers. This meant that if a client stopped using their service, the service provider would be unaware if the client was accessing assistance from other providers or whether they had simply stopped accessing the service (case study: Yuendumu, appendix B).

The Commission understands that some departments collect information about levels of access from service providers. For example, the Department of Social Services collects information from service providers about outputs and outcomes through its Data Exchange system, which includes 'where, when and how many times clients access these services' (DSS and NIAA, sub. DR50, p. 18). DSS is also developing a client pathways model, which will use de-identified records to track how individuals access multiple services that report through the Data Exchange platform (DSS and NIAA, sub. DR50, p. 18).

And, for the Indigenous Advancement Strategy, the National Indigenous Australians Agency, through its KPI system, records the numbers of people accessing different types of services, in addition to some attendance and participation measures.

On the whole, however, it appears that information collection tends to focus on levels of access from the perspective of individual services — that is, how many people receive a particular service. Information on access and other service metrics do not appear to be used by funding agencies to evaluate or improve the effectiveness of services. Further, consideration of access from the perspective of the service users is missing, both at an individual level (how many services a person receives) and at a community level (what share of the community accesses services).

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### Box 9.3      **DSS Partnership Approach to performance reporting**

Service providers funded by the Department of Social Services (DSS) can choose to provide an additional set of indicators that can better tell their performance story (the partnership approach). This includes: clients' reasons for seeking assistance, referrals (in and out), household composition and income status, and other outcomes-focused data collected using Standard Client/Community Outcomes Reporting (SCORE).

SCORE is aimed at telling a story of what has been achieved, and involves tracking measures at appropriate intervals (including at the start) of service delivery, across four domains.

- Circumstances — changes in client circumstances, such as mental/physical health, material wellbeing and situation.
- Goals — progress in achieving specific goals, such as behaviours, skills for lessening the impact of a crisis.
- Satisfaction — did the client feel the service met their needs?
- Community — changes in group, organisation, and community capacity to address identified needs (DSS 2018d, pp. 27–32).

Although some DSS funding agreements specify requirements to collect standardised baseline and outcomes data (AHA 2018, p. 48; DSS 2016, p. 16), an evaluation of one of these programs, the Forced Adoption Support Service, found that providers had reported outcome measures for only 62 (of over 1000) clients under the partnership approach. The evaluation noted that '[the] non-mandatory nature of the partnership approach is likely to account for the low uptake ...' (AHA 2018, p. 92).

Although much of the information gathered through reporting (such as who is using services and how often) is relevant for assessing how well a service is being delivered, the information appears to be largely used for compliance, ensuring the terms of the contract are met in the delivery of the service, rather than to support service improvements. As noted by the Aboriginal Medical Services Alliance Northern Territory, 'members often inform [them] that reporting requirements are onerous, do not effectively facilitate capacity building, and often may not produce useful data for Clinical Quality Improvement (CQI) processes' (sub. 20, p. 15). Similarly, Katherine Isolated Children's Service (KICS) noted that in moving from being funded by the Commonwealth education portfolio to the IAS program (now managed by the NIAA), the acquittal process is:

... significantly different and not at all focused on KICS service provision ... Funding acquittals through the [Department] of Education asked for a four week snapshot of venues, playgroups and attendance data to show that KICS was performing its service provision effectively. The PM&C IAS acquittal asks for success stories, barriers to service provision and the only specific questions are in regard to Indigenous employment ... I understand that this is a KPI of the IAS funding stream, but it takes the focus off the service provision as a remote, mobile playgroup and parent information service for children and families who are socially and geographically isolated. (sub. 3, pp. 2–3)

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#### FINDING 9.1

Performance monitoring and reporting on children and family services occurs at many levels, but the quality and use of performance information is inconsistent. In general, performance monitoring of children and family services is:

- compliance focused, mainly reporting on service outputs and tertiary level activities, such as delivery of statutory child protection services
- undertaken at a national, regional or agency level.

The current approach does not support continuous improvement in programs and services or enable monitoring of outcomes for children and families at the community level. Better data on outcomes for children and families at the community level (recommendation 7.1) is needed as a first step in identifying the impact of the service *system* on outcomes.

### Reporting requirements are burdensome for service providers

Compliance focused performance reporting for service providers means that providers are devoting scarce resources to reporting obligations, with little benefit in terms of feedback to improve service delivery. This can be particularly burdensome:

- for service providers that receive funding from multiple agencies, each with its own reporting platforms and unique information requirements, or that receive multiple grants from the same agency, and have to separately report on performance against each grant for which they receive funding
- where service providers face other administrative issues, such as changes in contract managers within a contract period (KICS, sub. 3, p. 2), or different reporting timeframes across the programs they deliver
- where the cost of collecting timely and reliable community-level data is not funded appropriately in existing service agreements (NTCOSS, sub. 18, p. 5; Save the Children Australia, sub. 30, p. 1).

For example, the North Australian Aboriginal Justice Agency (NAAJA), which received 11 separate grants from the IAS (chapter 2), highlighted a number of issues in complying with its reporting obligations, including:

- being required to provide a different performance and financial report for each grant, including separate reports for the same service offered in different locations
- varying timeframes across programs, with some requiring reporting every three months and others every six months
- project officers in regional networks regularly changing, and often without notifying service providers. This limits the continuity in contract management and program knowledge. In one case, NAAJA had to deal with seven different project officers over an 18 month period (NAAJA, pers. comm., 19 September 2019).

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Under the IAS, each service provider is meant to have one ‘Head Agreement’, with schedules covering separate projects. According to PM&C, this means:

Providers are now required to report against the Head Agreement outlining milestones against each project listed in the Schedules ... [and] ... will no longer have to complete the duplicating reports against multiple projects and within a variety of different frameworks. (PM&C 2015a, p. 50)

However, reduced red tape has not been experienced by all service providers funded under the IAS. For example, the National Aboriginal Community Controlled Health Organisation (NACCHO) has previously noted that even if in a single funding agreement there are the same or similar measures that show or record similar outcomes, duplication in reporting may still exist where PM&C decides separate reporting on these measures is required (SFPARC 2016, p. 22). NACCHO further noted that:

... activity service reporting, which shows you what type of program you are delivering ... [can also] ... add another layer of reporting as part of any schedule. It will be different, depending on the scale of service and the capability of the service and size. (SFPARC 2016, p. 22)

Government agencies have sought to streamline reporting processes through online reporting but it is unclear whether this has reduced the reporting burden on service providers. For example, the DSS Data Exchange (DEX) platform commenced on 1 July 2014, and covers the majority of its Family and Community programs, as well as some programs from the Department of Health and the Attorney-General’s Department. A review of the Communities for Children program (funded by DSS), which uses the DEX reporting platform, found that transition to the DEX was burdensome for many service providers.

Many felt that the DEX platform is not user friendly, and demands significant workload. A few Community Partners noted that the DEX associated workload can be an extra burden to their organisations, and that no additional funding has been provided to compensate for it. A number of providers also did not have the right IT in place to transition to the DEX platform. (ACIL Allen Consulting 2016, p. 61)

Moreover, an evaluation of the Forced Adoption Support Service, which also reports performance using the DEX platform, noted that in some cases the standardisation of data used to reduce red tape had resulted in the loss of certain key information, such as reporting on non-client activities (for instance, collaboration/networking with other services) or service provision by client group (for example, mother, adoptee, etc) (AHA 2018, p. 12). This has limited the quality and suitability of performance data for undertaking evaluation of service outcomes (AHA 2018, p. 24).

The NT Government is transitioning all existing grants management systems (which captures reporting and acquittal processes) to its online Grants NT platform, which they claim will help ‘... [reduce] the administrative burden on service providers and will support a greater ability to capture and monitor data consistently, including outcomes’ (NT Government, sub. DR35, p. 6).

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There are potentially many additional ways reporting burdens could be reduced for service providers delivering children and family services in the Northern Territory. Reporting burdens could be reduced, for example, by:

- limiting reporting requirements to the minimum necessary to meet objectives. In general, the information collected should be proportional to the complexity and size of the service, and should be fit-for-purpose, to ensure information that is collected is meaningful to the provider and community, and facilitates continuous improvement in the service. The NIAA for example has noted it is working to better tailor reporting requirements to the relative risk that different activities pose. This includes reducing the frequency of performance reporting, lower acquittal reporting requirements and other grant controls for lower risk grants (DSS and NIAA, sub. DR50, p. 16)
- standardising reporting requirements and timeframes for similar services or program categories across children and family service funding agencies. In standardising a minimum set of reporting requirements and timeframes, the process should not raise reporting requirements, unless there is benefit in doing so and reporting is adequately resourced
- all funding agencies, at least within each jurisdiction, share reporting information so providers funded by several agencies would only be required to report once across their service function. For example, where the NIAA is the primary funder ('lead agency') of a service provider that is also funded by DSS, the organisation would only report to the NIAA. It would be up to both the NIAA and DSS contract managers to ensure that information is shared between them to satisfy their individual performance reporting requirements. A similar approach could be used between funders of different levels of government, for example, where the Commonwealth and NT Governments have agreed to pool funding and jointly contract providers to deliver a particular service (as per recommendation 6.1).

ARACY supported the 'lead agency' approach to reducing reporting burdens, noting that a lead agency could '... submit a combined report, that covers all reporting obligations, where the format has been agreed upon jointly by the funders' (sub. DR36, p. 6). Some providers also supported greater integration of reporting frameworks and IT systems to help better map outcomes and to improve the culture of cooperation and collaboration between funders of services delivered to children and families in the Northern Territory (Child Friendly Alice, sub. DR43, p. 4; Royal Australian and New Zealand College of Psychiatrists – Northern Territory Branch, sub. DR39, p. 2).

There is unlikely to be a single solution to streamline performance reporting. For example, an IT-solution (such as the DEX and the Grants NT Platform) may not be effective at reducing reporting burdens for a service provider if agencies fail to coordinate how common performance outcomes can best be measured — this is clear from the experience of current service providers that face multiple (and varying) reporting requirements from a single agency. On the other hand, standardised performance measures may not be meaningful in all contexts across various communities and services. The solution ideally needs to be fit-for-purpose, where government agencies work with service providers, users and

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communities to identify how the service will contribute to achieving a set of agreed objectives and outcomes. This can be supported by a relational approach to contracting (chapter 8) and a monitoring and evaluation approach that focuses on more meaningful reporting and assessment of service delivery outcomes (discussed in the following section).

## **9.2 Evaluation of children and family services: an imperfect range of options**

Community-level reporting of wellbeing outcomes (as discussed earlier and recommended in chapter 7) is needed to assess whether outcomes for children and families are getting better or worse. It is also necessary for identifying in which communities children and families may need extra support. But while such analysis provides a broad indication of the collective impact of the service *system* on outcomes, it does not identify which services and programs have been effective (or otherwise) in improving outcomes.

Community-level reporting of outcomes therefore needs to be supported by evaluations that seek to answer two broad questions.

- *Was the service or program effective?* (formal impact or economic evaluations). That is, did the service have an impact on outcomes? A related question is whether the benefits of the program justify the costs (which involves cost-benefit analysis). Answering these questions rigorously requires good data and statistical analysis to compare current outcomes against a counterfactual state (what outcomes would have been in the absence of the intervention).
- *Can the service or program be improved to achieve better outcomes?* (evaluation for learning). Answering this question involves less formal, more adaptive evaluation approaches that support learning by doing and improvement in service delivery over time. It focuses on the collection of basic quantitative data on inputs and outputs (and basic outcomes where feasible), and qualitative data from program participants to determine how the program is performing and should evolve to meet the needs of families and communities.

Both of these questions are important to better understand what works (and for whom and in what circumstances), and for assessing whether substantial government expenditures on children and family services are being used effectively to improve outcomes.

While all services and programs should be evaluated to some extent, it is not practical or feasible to expect all children and family services to be rigorously evaluated on a regular basis using formal approaches. As will be discussed in this section, ‘gold standard’ formal evaluation approaches that seek to quantify the impact of particular services or programs on outcomes are challenging and may not be informative for many children and family services in the Northern Territory. The challenges of attribution of program impacts on outcomes carries the risk that even the most rigorous evaluations may mislead.

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The more practical and effective approach is to focus on how an informal, learning by doing, method of evaluation can be used to improve services over time. This requires evaluation to be embedded into funding and contracting of children and family services from the start, rather than as a separate process that occurs after a program has been in place for some time.

## **Formal evaluation to the highest standard is infeasible in many cases**

Formal (impact and economic) evaluations in social and health policy seek to measure quantitatively the causal impact of a ‘treatment’ on a particular group (such as whether participation in an intensive family support service led to improved outcomes for family functioning and child safety).

There are many formal evaluation methods that seek to measure the impacts of services on outcomes, such as randomised controlled trials (RCTs), discontinuity analysis, instrumental variables, and propensity scoring. Usually, the average effect of the treatment on the treated population is compared with the effect on a suitably chosen ‘control group’, although more rigorous analysis attempts to understand why some treatments have an effect, on whom, and for how long. And sometimes an evaluation will capture variations in the intensity of services across the population, to examine the impacts of different service levels. (For example, this might be how many hours a service is offered to a family: weekly or monthly visits from the nurse, or half-day or full-day crèche.)

In an ideal world, a program would only be implemented after a well-designed evaluation had shown that the program had its desired impact. RCTs are often perceived to be the *best* evaluation technique for measuring treatment effects (although Deaton and Cartwright (2018) provide a note of caution on the use of RCTs.) In an RCT, a new program is implemented in a subset of the target population, randomly chosen, while the rest serve as a control group, as they do not receive the treatment. The measured outcome of the program is the difference between average outcomes in the treated and control groups. (For example, if the main outcome indicator is child protection substantiations, a key measure would be the difference in the average number of substantiations per child within each population group.)

When a new child or family service is introduced into the Northern Territory, an RCT could potentially be undertaken to assess its effectiveness. One option is to randomise across *individuals* — with some people randomly selected for treatment, with others in the community serving as a control. However, randomisation is challenging in small communities because of biases that may be introduced as a result of:

- peer effects: people from the control group are aware that they have been omitted from the program, and the mere existence of the program may alter their behaviour. Relatedly, people from the treatment group may share learnings with others in the community, which would reduce the measured difference between the groups
- selection bias: families experiencing significant challenges and disengagement from support (who may be the target of the service) may be less willing to participate in the trial (if participation is voluntary), which will reduce the measured size of the effect. In

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contrast, people who are more motivated and predisposed to success may persuade the program provider to allow them to participate, leading to an overestimate of the program's effectiveness.

Individual randomisation is reliable when participation is not optional, for example, when a required program is run in a correctional facility, or individuals on income support are assigned to income management. But involuntary participation may predispose participants against engaging in the program. Randomisation is also effective when programs have a waiting list and new participants can be randomly selected from the waiting list and outcomes are compared to those still on the waiting list. For example, by leveraging the inability of a school attendance program to serve every eligible student, Goldstein and Hiscox (2018, p. 2) were able to compare the outcomes of eligible students (who were assigned to both school control and treatment groups) in their RCT of the Commonwealth Government's School Enrolment and Attendance Measure.

Another option is assign *communities* that receive a new program to the treatment group, and compare them to control communities that do not have the program (but will receive it later). There are related natural experiment approaches, such as the approach employed by Doyle, Schurer and Silburn (2017, p. 31), who used the 'staggered and unsystematic rollout' of income management across communities in the Northern Territory to compare newborn outcomes (focusing on birthweight). They compared birthweights in communities where income management was introduced before or during the mother's pregnancy with birthweights in communities where income management had not yet been implemented at birth, or was implemented very late in the pregnancy.

However, a significant obstacle to obtaining accurate estimates from a community-level RCT is the sheer number of interrelated programs and social services that exist in communities that affect children and family outcomes. This makes isolating impacts of a particular program very difficult and the estimates of the impact will inevitably be imprecise (box 9.4). As Professor Deborah Cobb-Clark described in relation to Indigenous communities:

At any one time, there is likely to be a myriad of interventions affecting the Indigenous population. This means that it is very difficult to evaluate any single program in a particular Indigenous community because a multitude of programs are being delivered simultaneously. If another Indigenous community is used as the counterfactual, it is certainly the case that the 'control' group is also treated – just with a different set of policies and programs. Therefore, standard evaluation techniques provide only an estimate of the marginal difference between one set of interventions and another set, many (indeed most) of which overlap. This is almost never the estimate we want, and in some cases, may not be interesting at all. (PC 2013, p. 86)

That said, if the results of an RCT reveal strong positive (or negative) impacts across many communities, this is likely to be a reasonably reliable indicator of the impact of the service on outcomes. This could occur in situations where the program does not have a high degree of interrelatedness with other programs in the relevant communities and if the treated and untreated populations are reasonably large. But if the results suggest little or no impact,



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this could simply be the result of confounding factors (and interrelated services) influencing outcomes.

There are ways evaluators can reduce the bias introduced from time-invariant community characteristics. For example, Doyle, Schurer and Silburn (2017, pp. 24–25) ensured there were no significant differences in birth outcomes across the sample communities prior to the rollout of income management. They also controlled for unobserved location-specific factors that influence birth outcomes (such as differences in the share of the population receiving welfare payments, the size of the community, remoteness of the location, and access to health care facilities). Nevertheless, the authors acknowledge they cannot rule out the effects of community characteristics from their results.

There are also practical challenges associated with undertaking RCTs for *existing* services or programs. If a program already operates in most communities, there is no feasible way to randomise without randomly removing the program from some communities, which raises significant ethical issues. Where the existing service is expanded into a few new communities, it may be more feasible to undertake another type of formal evaluation (such as a ‘pre-post’ evaluation), although many of the precision issues associated with RCTs would still apply (box 9.4). (Pre-post evaluations attempt to measure impacts of an intervention by looking at outcome measures before and after the introduction of the intervention. They are most suitable for assessing the impact of a service introduced into communities without major changes to the mix of related services, or to the policy environment, during the evaluation period.)

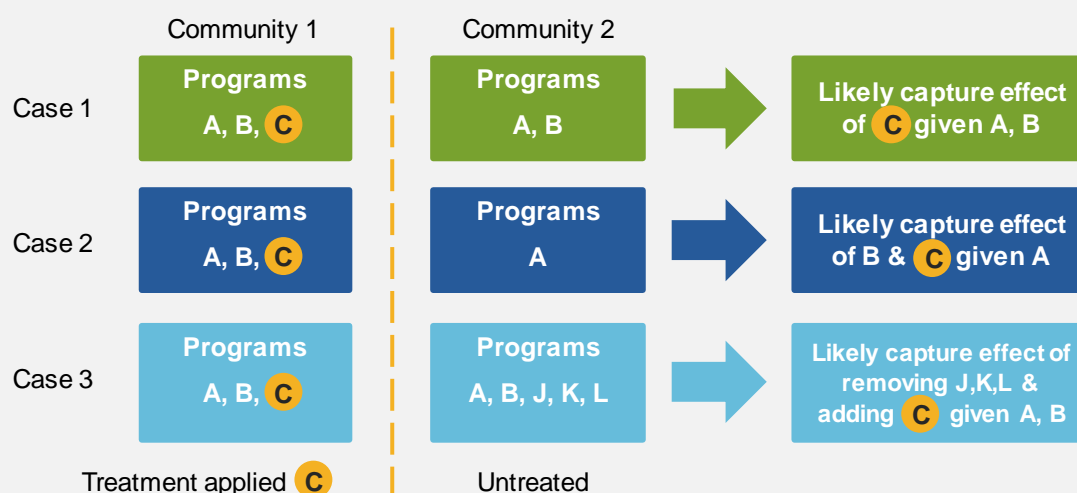
At the community level, pre-post evaluations may provide useful information on the incremental impact of the new program over and above other programs in the community. For example, if outcomes show no improvement after the introduction of a program, and this result is replicated across other communities, then it is likely that the program has no effect and should be carefully reviewed and potentially discontinued (after accounting for other factors that could be contributing to this outcome, such as the presence of unemployment or overcrowding, or where evaluation techniques or measured outcomes do not provide meaningful results because they do not align with community or cultural circumstances (box 9.5). Alternatively, where a program shows improvements in outcomes across several communities, its impact is likely to be beneficial (again, after accounting for differences across communities).

But these types of evaluations still require timely and relevant data at the community level, both on outcomes and existing services — data on both of these factors is currently incomplete (but would be supported by recommendation 7.3 (a public children and family service list) and recommendation 7.1 (better data on outcomes for children and families at the community level)). Further, this type of evaluation is only informative if there are no significant changes to related policies or programs during this period; otherwise, the measured effect is capturing the effect of the program plus these changes. This is a high bar and difficult to achieve unless programs and services are stable over reasonably long periods, which would be supported by longer contracting (recommendation 8.1).

## Box 9.4 Evaluation in the presence of multiple programs

Each community has a different mix of children and family programs, and this assignment is generally not random. As the number of interrelated programs in a community increases, the more difficult it is to evaluate the incremental (also known as marginal) impact of a single program, both within a community and across communities with different service profiles.

Consider for example a matched-sample evaluation, in which each community that receives a new program (C) is matched with a community with a similar profile, for comparison. If two communities with similar profiles were receiving the same set of programs (A, B), there may be the potential to accurately estimate the incremental benefit of a new program (C) introduced in one of these communities (the 'treated' community) (case 1 below). But because the mix of programs generally varies by community, it is difficult to isolate the incremental benefit in different communities. For example, in the second case below, the incremental effect of the new program will be difficult to isolate from the interrelated effects of existing program B in the treated community. The reality is that the sheer number of programs impacting different communities makes this task very difficult.



This issue affects all formal evaluation techniques. RCTs compare the average outcome in the treated communities with the average outcome in untreated communities; in the example above, averaging across the three Community 1 cases, to compare to the average of Community 2 cases. Thus, the treatment effect measures the incremental effect of the new program over the mix of programs, which is likely to be different across the two groups. This makes the estimate of the effect of (C) very variable.

In a pre-post evaluation, the community at the start of the program is compared to the community after the program has run for several years. The effect on outcomes of the new program (C) captures the incremental effect of the program over the set of programs that were running (A,B) (Case 1 above), so long as there was no change in the set of other programs during this time. But if a program was added, the situation is akin to Case 2, and if programs were discontinued, the situation is akin to Case 3.

A final challenge is that the other programs were not randomly assigned. If programs were assigned roughly according to need, then areas with more programs will have worse outcomes overall, and possibly worse responsiveness to new programs. Thus, the evaluation would incorrectly estimate a low impact of the new program when paired with the full suite of other programs.

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### Box 9.5      **Ensuring evaluations are meaningful to users**

According to Muir and Dean (2017, p. 9), when the Families and Schools Together (FAST) program in the Northern Territory was first to be evaluated, it became clear that established evaluation tools, such as psychometric assessments, may not provide meaningful data as they do not reflect the language and cultural perspectives of the remote Aboriginal and Torres Strait Islander communities that used this service.

External consultants were brought in to ‘develop new evaluation processes that would translate their pre-packaged measurement tools into something workable in the specific Indigenous community contexts where they worked and where participants often had low literacy and numeracy skills.’ The new process needed to be:

- culturally relevant (within the participants’ frame of reference)
- meaningful to participants (allow participants to meaningfully engage with the process)
- able to measure change
- easily administrated
- consistent with measures included in the established assessment tool
- able to meet the analytic requirements of funder reporting frameworks.

Part of the task involved replacing the psychometric survey tool, which was not producing reliable results, with a narrative inquiry tool that used pictures and symbols that were meaningful to local participants but could also be translated into definitive outcomes understandable to funders (Muir and Dean 2017, p. 9).

The importance of active engagement of service users in evaluation was emphasised by several stakeholders (ARACY, sub. DR36, p. 6; Kathy Bannister, sub. DR44, p. 15 NAAJA, sub. DR38, p. 4). For example Kathy Bannister (sub. DR44, p. 15) noted:

Community members need to help devise system level indicators. In my experience most community members know at some intuitive level, some better than service providers, what they will see that shows better outcomes for children but will need support from an evaluation facilitator to articulate this and translate it into measurable indicators.

There are many evaluation approaches which seek to incorporate community perspectives in understanding what works in a service or program. For example, realist evaluation approaches use mixed methods (quantitative program data and qualitative information from key stakeholders) to understand the circumstances under which some programs or services are more or less effective with different people and families. This approach draws heavily on the perspectives of a large number of stories of people who were involved in the relevant program or service, at three levels: to understand the theory of change (theory gleaning); to understand the context and factors that led to different outcomes (theory refining); and to test refined context-mechanism-outcome configurations to explain what works for whom under what circumstances and how (theory consolidation) (Winangali and Ipsos 2017, p. 60).

Other practical challenges to the evaluation of family and children programs relate to the small size of some communities, and ethical issues associated with evaluating programs that involve preventing harm to children (box 9.6).

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### Box 9.6      **Other challenges in evaluating children and family programs**

There are challenges in evaluating children and family services in the Northern Territory.

- Small size of communities — given the small number of program participants in smaller communities, outcomes will be much more variable because of differences in individual traits, and the estimate of the program effect will be more imprecise. (The program outcome when 5000 people are participating in a program in a location is not shaped by individual characteristics; but it is when only 15 people are participating.) Likewise, program participants in a small program are likely to have much more personal interaction with the individual providing the service; thus the outcome will be strongly affected by the traits of the individual provider. (For example, the Commission received different feedback on Families as First Teachers in different communities, presumably because of the differing abilities of staff members leading the program in each community.) Finally, randomisation across the small number of communities in the Northern Territory also suffers from the small size problem: communities may be different because of hard-to-observe features such as the strength of their cultural ties or their governance structures.
- Capacity constraints — undertaking data collection to measure complex outcomes (such as preventative services), for example by using surveys, requires a level of expertise that may not be readily available. It is common that consultants may be required to undertake evaluations, which increases the cost. According to Australian Institute of Family Studies (AIFS 2019b), depending on the level of support required, engaging consultants can range from under \$5000 (involving 2 to 3 days of work) to between \$100 000 to \$150 000 (for expertise on long-term and complex projects). Developing surveys that are culturally appropriate and meaningful to the community may also require additional skills or cultural capabilities.
- Evaluating children — ethical issues can arise when evaluating the outcomes of a vulnerable cohort. Conducting randomised controlled trials on children services may not be appropriate as the design of the evaluation involves some cohort of children not receiving the intervention. There are also potential issues with more complex forms of data collection on more sensitive cases, for example following an incident of child harm, when people may feel uncomfortable providing information to an external party (particularly government).
- Evaluating in remote and Indigenous communities — mainstream evaluation methods or approaches may not be appropriate or meaningful for the evaluation of programs aimed at Aboriginal and Torres Strait Islander peoples (box 9.5). Community engagement may be required to identify some of the outcomes that are important to the community. And some important outcomes may not be quantifiable. For instance, one researcher noted that:  
... it is known anecdotally in Alice Springs that some Aboriginal Australians who could benefit from kidney dialysis treatment prefer, instead, to go back to their community to be on country. While this can be detrimental to their physical health, it has important cultural significance for them. (Carey 2017)

## **Government evaluation frameworks for children and family services**

The significant challenges of assessing whether particular interventions are having an impact on outcomes is a barrier to undertaking evaluations, and is likely to have contributed to the lack of systematic and useful evaluations for children and family services. Both the Commonwealth and NT Governments (and some key funding agencies for children and family services) have taken steps to establish evaluation frameworks (box 9.7).

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## Box 9.7 Commonwealth and NT Government evaluation frameworks

### NT Government evaluation framework

The Northern Territory Government is developing a whole of government program evaluation framework which is intended to be integrated into the policy and budget development process. The framework is aimed at ensuring the results of evaluations are used to inform decision-making and improve future program design. The NT Government stated that all new initiatives should:

- plan for evaluation at the initial program design stage and identify key performance indicators prior to program commencement
- include sunset clauses so ongoing funding is linked to evaluation outcomes
- include provision for evaluation as part of the funding request (sub. DR35, p. 11).

The whole of government program evaluation framework will be used as a basis for training agency staff in best practice policy and program design. The framework and associated documents will be published online and will provide guidance for Territory Government service delivery partners. (NT Government, sub. DR35, p. 11)

### Commonwealth Government evaluation framework

In 2019, as part of its response to the Independent Review of the Australian Public Service, the Commonwealth Government agreed to establish a small team in the Department of Finance that, with the support of the Secretaries Board, will help build evaluation expertise and practices across the Australian Public Service. Leveraging the evaluation expertise within agencies, the central evaluation function in the Department of Finance will develop guidance to ensure systematic evaluation of programs and policies in line with the Enhanced Performance Reporting Framework, and work with the Department of the Prime Minister and Cabinet to embed evaluation planning in new policy proposals. An evaluation profession will also be created to build capacity within the Australian Public Service (PM&C 2019a, p. 22).

### Agency-specific evaluation frameworks

In 2017-18, as part of its response to the Royal Commission into the Protection and Detention of Children in the Northern Territory:

... Territory Families entered into a four year funding agreement with the Menzies School of Health Research to identify and conduct early intervention research and deliver a family support system monitoring and evaluation framework ... Menzies has been researching factors influencing contact with the child protection system for children from birth to five and early pathways impacting on school learning. (NT Government 2018e, p. 29)

In 2018, the Department of the Prime Minister and Cabinet released an evaluation framework for its Indigenous Advancement Strategy (IAS), which outlines: high-level principles for how evaluations of IAS programs should be conducted; future capacity-building activities; and broad governance arrangements. The NIAA also publishes an annual work plan of evaluations, which catalogues existing and future evaluations under the IAS (PM&C 2018a).

The Department of Social Services does not have an evaluation framework that specifically applies to its Children and Families program, but supports evaluation through its funding of the Australian Institute of Family Studies (AIFS) Expert Panel Project. AIFS provides program logic and evaluation expertise and support to service providers to help them build a stronger evidence base for their funded programs. Engagement with AIFS and the Expert Panel is strengthened through DSS setting evaluation requirements for service providers to receive funding through their Communities for Children program (chapter 5).

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At the Commonwealth level, this work will be supported by work the Productivity Commission is undertaking to develop a whole-of-government Indigenous Evaluation Strategy, for policies and programs affecting Aboriginal and Torres Strait Islander people. As part of this strategy, the Commission has been asked to:

- establish a principles-based framework for the evaluation of policies and programs affecting Indigenous Australians
- identify priorities for evaluation
- set out its approach for reviewing agencies' conduct of evaluations against the strategy.

The ideas proposed in the remainder of this chapter are intended to complement these efforts.

### **An evaluation approach that supports improvement in service delivery**

Although evaluating the impact of individual interventions is highly challenging, evaluation can still be used to support improvement in service outcomes. The most effective solutions to dealing with complex social problems, such as child harm, are not always known in advance. They may need to be adapted over time through learning by doing and feedback from users and communities.

A fit-for-purpose and flexible evaluation approach needs to be embedded into service delivery from the start, to support continuous improvement in services over time. Developmental evaluation is one approach that can be used to evaluate programs addressing complex social issues, such as child harm, where solutions are not known and programs need to be fluid and flexible. It is a structured approach to monitoring, assessing and providing feedback on the development of a program while it is being designed or modified (box 9.8).

A developmental evaluation approach was adopted for the Uti Kulintjaku Watiku (Men's) Project. The program is an Anangu-led initiative that brings together respected senior and younger Anangu men and non-Aboriginal health professionals to learn from each other and identify ways to strengthen Anangu identity and wellbeing to prevent family violence (Togni 2019, p. 1). The developmental evaluation approach helped to inject ongoing dialogue with community stakeholders to ensure innovations in project design reflected community (and cultural) needs. As noted by Togni (2019, p 77), developmental evaluation:

... positions the evaluator as part of the Project team, contributing evaluative thinking, feeding back information and findings in real time and facilitating reflection and integrated action and learning cycles to support the development of the innovation. Therefore, the role of the developmental evaluator moves back and forth through that of observer, questioner and facilitator. The evaluation process is participatory and has engaged all Uti Kulintjaku Watiku Project team members in regular reflection and analysis of the key learnings and emerging findings. It examines both the process and outcomes of the Project to inform its development.

But developmental evaluation is just one approach and it may not suit all situations (for example, for services or programs that are well established and have a strong evidence base).

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### Box 9.8      **Developmental evaluation**

Developmental evaluation focuses on adaptive development of a program or service (Patton, McKegg and Wehipeihana 2016, p. 4). It is an evaluation method used to get timely feedback on a program's development as it is being designed or modified; that is, where inputs, activities and outputs may not yet be known, or may be in a state of flux (Child Family Community Australia 2018).

According to Dozios, Laglois and Blanchet, developmental evaluation differs from traditional forms of evaluation in several key ways.

- The primary focus is on adaptive learning rather than accountability to an external authority.
- The purpose is to provide real-time feedback and generate learnings to inform development.
- The evaluator is embedded in the initiative as a member of the team.
- The role extends well beyond data collection and analysis; the evaluator actively intervenes to shape the course of development, helping to inform decision-making and facilitate learning.
- The evaluation is designed to capture system dynamics and innovative strategies and ideas.
- The approach is flexible, with new measures and monitoring mechanisms evolving as understanding of the situation deepens and the initiative's goals emerge (2010, p. 14).

A developmental evaluation helps inform how the program should adapt to: changing contexts and clientele (which comes with the territory in a complex dynamic environment); significant changes brought about by program learnings; or as a creative, innovative alternative to a persistent issue or challenge (Patton, McKegg and Wehipeihana 2016, pp. 4–5). As an example, when looking to increase levels of community engagement with schools, to support education outcomes for vulnerable populations, a developmental evaluation approach may help to better define the nature of the partnerships required, and interim outcomes of the program as it is being implemented. Without feedback from the target community on the strategies and outcomes that are meaningful to them, these outcomes would be difficult to predetermine, and moreover serve to further disempower the targeted population (Patton 1994, p. 314).

A developmental evaluation was undertaken for Sport New Zealand of the He Oranga Poutama program, an initiative that supports Māori wellbeing through sport and recreation. The developmental evaluation approach was undertaken as the program evolved from focusing on increasing participation by Māori in sport to one of participating and leading as Māori in sport and traditional physical recreation at community level. The change in program complexity and the need to draw on an Indigenous body of knowledge and methodological traditions meant the evaluation approach needed to 'be sensitive to, take account of and "fit" the uniquely Māori context within which He Oranga Poutama operates at a community level, as well as meeting the program and organisational learning and accountability needs of Sport New Zealand' (McKegg et al. 2012, p. 11).

That said, there are some essential elements to an effective, continuous-improvement evaluation approach for children and family services. This involves:

- the development of a 'program logic' that identifies how the service or activity will lead to change (that is, how inputs and outputs are expected to influence a child or family outcome)

- 
- monitoring and collection of data (basic input and output metrics) to support ongoing assessment of how well the service is working, including information on levels of access to the service
  - periodic surveys that seek to understand users' experience and community views on the functioning of the service and how it could be improved, together with additional data collection that is meaningful to users and the community and that might help provide more specific metrics of relevance to the particular service under review.

Each of these should be undertaken as part of an iterative process of continuous improvement (figure 9.2). As services evolve through the process, they would become tailored to the specific circumstances of a community. Once a program is established, the only evidence available for more formal evaluation would be limited to community outcomes before the introduction of the program, which can be compared with average outcomes after the modified program has been running for some time. Comparisons to other similar communities are unlikely to be relevant, unless the program ends up taking a very similar form elsewhere.

Undertaking continuous improvement means that the evidence base will never be perfect: outcomes will be affected by the modifications made to the program as it evolves, so inference is difficult. But given the imperfections in any scientific approach to evaluation in this context, the gains from assessing and adapting programs to the local context are likely to be far greater (and the costs potentially lower than more formal quantitative approaches). This is particularly so:

- in the Northern Territory context where, given heterogeneity of communities, research findings may not be replicable or transferable
- for children and family services, where it may take several years to see any significant effects. For example, for parenting programs that target parents with children aged 0-5 years to have an effect on improving family functioning and child safety, many years may need to pass before a useful program evaluation can take place. But the later a program evaluation is undertaken, the more likely that confounding factors could arise.

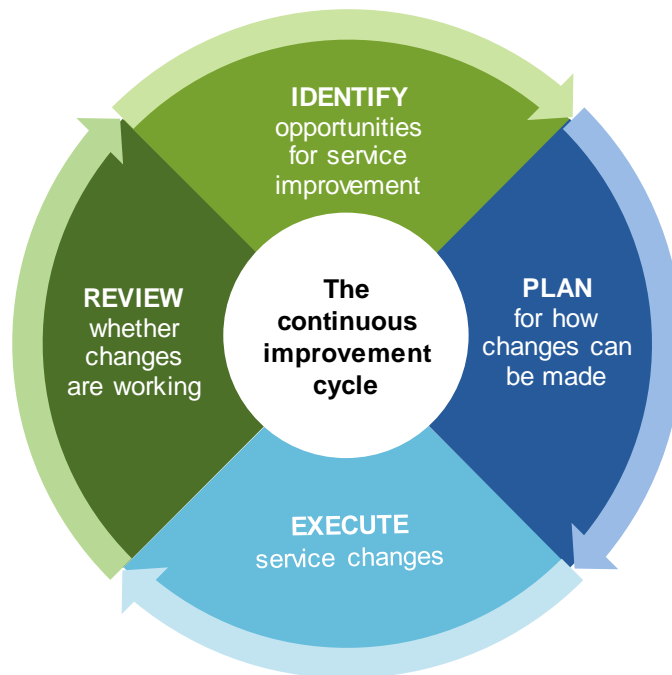
### Developing a program logic

Ideally, service providers and governments should be able to define how their intervention will reduce harm and increase the wellbeing of children and families. This involves defining relationships between activities (inputs and outputs) and desired outcomes, and is often referred to as a 'program logic' (box 9.9). A program logic is necessary to inform the design of how the service will work and what evaluation questions to ask. It gives an idea of what outcome metrics the provider and funder are targeting, such as reducing domestic violence, or increasing school attendance. These outcome metrics should be included in the funding contract and reported against periodically (at least annually) through the monitoring process (discussed below).



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Figure 9.2 **The continuous improvement cycle**



Source: Adapted from Planview LeanKit (2018).

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However, a precise program logic may not be able to be defined in advance of the service being trialled in a community, and this should not be a barrier for funding. As noted above, the exact design and required inputs to a service aimed at improving child safety and wellbeing may not always be known from the start. Thus, a program logic may need to be developed over time, and should be reviewed regularly (annually, or more often in the start-up phase of the service) to see if it is still an accurate representation of the service (AIFS 2019e).

## Box 9.9 Defining how services connect to children and family outcomes

A program logic identifies how services and activities are intended to connect to the expected outcomes — that is, a theory for how an intervention will change behaviour. A number of factors are important:

- a clear distinction of outputs (what is delivered) from outcomes (what changes are caused)
- evidence that the activities should lead to the outcomes
- logical links between the short-term and the medium- and longer-term outcomes
- theory or evidence supporting those links (AIFS 2019e).

### A program logic example template

**Program objective:** To support families ensure children reach appropriate developmental milestones

Problem statement	Inputs	Outputs: Activities	Outputs: Participation	Short-term outcomes 0-10 weeks	Medium-term outcomes 10 weeks-12 months	Long-term outcomes 12 months-7 years
Children are below the state average in meeting developmental milestones	Qualified and experienced staff and management Funding Partner organisations Research and evidence about what works Playgroup standards of practice Program resources Community centre with child-friendly spaces	Play-based activities Parenting workshops on varying topics Information and referrals provided to families	Families from low socio-economic backgrounds, including families with a history of engagement in the justice system Children aged 0-5 years	Parents increase skills and confidence to provide stimulating play activities for their child Increase social skills Parents increase their social networks Parents increase knowledge of developmental milestones Parents improve knowledge of support services	Parents more skilled and empowered to support child's development Improve parent/child relationships Improved child/child relationships Parents feel an increase in connection to community Parents access support services when needed	Children reach developmental milestones Parents are resourced and empowered to support children's cognitive, social and emotional development Family wellbeing is enhanced

**Assumptions:** Parents from target group will attend playgroup, playgroup activities will be engaging for parents and children, program will have low staff turnover, staff will participate and engage in training and other activities, partner organisations will be involved.

**External factors:** Funding and contracts, other services available to children and families, research and evidence on playgroups, changing demographics of area.

Source: AIFS (2019e).

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Developing a program logic where the design of the service is uncertain would be part of the relational approach to contracting (chapter 8). Service providers and funders would work together with users and the community to determine how the service can best be adapted (and what mix of inputs are needed) to influence outcomes (and redesign the service accordingly if required). This means that by the end of the minimum seven year funding term (recommendation 8.1), all service providers should have some proximate evidence of how their program is likely to influence the target outcome. For example, the program logic in a school lunch program might be to increase school attendance and improve child health. While many programs will be affecting school attendance, if the program can point to improved attendance among the children who receive school lunches, this is suggestive evidence that the program logic is sound.

### The role of monitoring and community and user surveys in evaluation

Ongoing and timely feedback is a necessary part of a continuous-improvement approach to evaluation. The monitoring activities that are undertaken as a matter of course for children and family services should work hand-in-hand with evaluation. But as mentioned above, current monitoring and reporting requirements are largely compliance focused, providing little useful information to communities or providers to support service improvements.

Useful monitoring would focus on the quality of the service and seek to assess service delivery outcomes on-the-ground in communities. This would still involve some tracking of service inputs and outputs, with reference to the desired outcome the service is targeted at, but it would be for the purpose of facilitating improvement (not just for government compliance purposes). The monitoring would also be strongly supported by relational contracting. For example, providers may still need to collect basic input and output metrics, such as resources for the service (staff and facilities), reliability of service delivery, and attendance in the program, as this alerts both the provider and funder of the community's response to the program. However, if the funder (through their active engagement with the service and visits to the community) notes that after a reasonable period of building up trust, a program still has very low attendance, it is likely that there is a flaw in the design of the service that may require some re-thinking and re-design. The provider and funder (through regional network staff and in consultation with the community) would work together to understand and resolve the problem.

As part of the evaluation process, the service provider would also undertake periodic surveys of community members (both service users and non-users) about their view of the service and suggested changes. Communities have knowledge about which services are effective, and what is needed; but the lack of effective consultation can mean that funding agencies do not always make use of this knowledge (chapter 5). Surveys would give a key role to community knowledge in shaping the delivery of services. Qualitative information from surveys are commonly used to supplement program administrative data in evaluation of children and family services in the Northern Territory, as seen in the evaluation of HIPPY

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(ACIL Allen Consulting 2018, p. 10), Forced Adoption Support Services (AHA 2018, p. 4) and the Remote School Attendance Strategy (PM&C 2018e, pp. 10–13), amongst others.

Surveys can also be a way of collecting community-level data, not only on users' experience of the service but also on outcome metrics that are most relevant to communities. The community should have a say in defining what outcomes are most important, including outcomes that are not amenable to precise measurement (chapter 7).

Given these main goals of the survey process, it may be appropriate for service providers to conduct the surveys, drawing on the provider's relationship with the community, and learning directly from community feedback. Under relational contracting, there are fewer concerns about allowing the provider to undertake informal evaluations of their own program. The provider is aware that under relational contracting, this data will be used to improve the service, rather than to terminate the contract when outcomes are unsatisfactory.

However, it is important that when surveying communities, particularly Indigenous communities, that the process includes establishing respectful relationships, and that the research is of benefit to the people concerned, with findings shared (Muir and Dean 2017, pp. 4–5). In some instances, it may be more appropriate for a survey to be conducted by someone other than the service provider, particularly if the survey is seeking user and community views on multiple services. This would help to avoid overburdening families and community members. Over time, periodic surveys could also form part of the regional planning process outlined in chapter 6.

Responses from surveys, and the collection and analysis of input and output metrics from the monitoring process, help to identify:

- services that are not having an impact (because no one is using them or where the community is dissatisfied with the service) and that may therefore need to be adapted (or potentially ceased)
- services that show good attendance and reported user satisfaction, but with suggestions from the community on specific aspects of the service that could be improved
- services that look to be promising or successful that should perhaps be expanded and evaluated more formally, using independent evaluations.

On the basis of survey responses and the collected input/output data, the provider may decide to trial a modification of the program. This modification would be developed in collaboration with regional staff of the funding agency (as part of relational contracting), and ideally with further input from the community.

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#### FINDING 9.2

Evaluation of children and family programs in the Northern Territory is challenging.

- Formal quantitative program evaluations that seek to measure the impact of programs on outcomes (such as randomised controlled trials) will often not be informative for children and family services in the Northern Territory. This is because there are often multiple programs simultaneously directed at improving outcomes, rapid changes that can occur in the programs being delivered, and many other factors that influence outcomes.
- Where formal program evaluations are undertaken, the results should be interpreted carefully — precise impacts cannot be estimated and findings may not be transferable or replicable in other communities.
- A more practical and effective use of evaluations of children and family programs is informal evaluation that facilitates learning by doing and continuous improvement in services over time. An informal evaluation approach (that employs monitoring and assessment of basic service metrics, including through the use of user surveys) embedded into the design and delivery of services from the start, is likely to be suited to many types of children and family services in the Northern Territory.

### Supporting evaluation of children and family services

The evaluation approach described above may not be suitable in all situations (for example in urban settings where the service has been operating successfully for many years and where rigorous evaluations have been conducted). And it does not preclude the use of formal evaluations, such as RCTs or pre-post studies (where these are feasible). The approaches are complementary, and as noted above, informal evaluation can help to identify services or programs that could undergo more rigorous forms of evaluation, particularly where there may be scope for the service to be rolled out more broadly in other communities. The key consideration is that evaluations should be fit-for-purpose and proportionate, where decisions on what to evaluate are made on the basis of the particulars of a given program.

But at a minimum, a continuous improvement approach to monitoring and evaluation would apply where:

- the service lacks an existing, relevant and context specific evidence base (this may be more likely to apply to new services, but it may also apply to services that have been running for some time)
- the service is expected to be significantly adapted over time (for example because the service is targeting a particularly complex issue in a dynamic local environment, and where inputs and outputs of the service may not be known in advance).

The adoption of an informal evaluation approach does not mean that funding agencies would be absolved from evaluating their programs (at a regional, Territory-wide or national level). The findings from monitoring and informal evaluation of services at the community level

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should also inform evaluations by funding agencies of their associated program or policy. For example, service-level monitoring and evaluation may reveal that similar issues are being experienced across providers of the service in multiple communities. These issues may be caused by particular parameters of the program (or policy) set by the funding agency, suggesting a need for the funding agency to adapt its program guidelines. The key message here is that a culture of evaluation and learning by doing should permeate all aspects of the service system — both within funding agencies as well as by service providers. Both also have a role in sharing and disseminating evaluation findings (with each other and with communities) to further facilitate improvements.

The Commonwealth and NT Governments will need to adequately resource providers and government agencies to undertake monitoring and evaluation that supports continuous improvement. Such funding is not typically included within contracts for children and family services, an issue that was raised by a number of participants to this study (NTCOSS, sub. 18, p. 5; Save the Children Australia, sub. 30, p. 3). For example, the National Association for the Prevention of Child Abuse and Neglect noted that:

... there has been a clear shift to fund evidence-based services but no commitment to fund services to be evaluated. The lack of funding made available to evaluate prevention programs currently operating in the NT and across Australia has been the biggest barrier to developing an evidence base of effective initiatives. ... There would be great value in providing a component for evaluation in all prevention funding agreements and to provide access to evaluation resources, skills and support, particularly for smaller organisations. (sub. 19, p. 2)

Requirements for monitoring and evaluation should be embedded into service contracts (and appropriately resourced, including funding for periodic surveys). Governments should also prioritise and separately fund more formal, rigorous evaluations (such as pre-post studies) for programs or services that:

- involve a high level of expenditure and overall risk (accounting for the track record of the service and provider (such as previous evaluations and strength of monitoring), and/or that cover a large number of children and families
- have been introduced in communities where there have not been significant changes in policies or other programs (to enable reasonable attribution of the impact of the program on outcomes).

Communities could also play a role in identifying programs and services that could be subject to more formal evaluation — for example, programs or services that are emerging as effective in improving family functioning and child safety and that could potentially be rolled out in other communities. These priorities could be informed through the process of developing regional plans (chapter 6) and relational contracting (chapter 8).

Existing and proposed evaluation frameworks at both the Commonwealth and NT Government levels (referred to earlier) could further support the identification and prioritisation of more formal, rigorous evaluations of children and family services.

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Finally, as discussed earlier, evaluation helps to identify what works and is a complement (but not a replacement) to regular monitoring and reporting on outcomes for children and families at the community level. Monitoring community-level wellbeing outcomes is necessary for understanding the collective impact of services on wellbeing outcomes (recommendation 7.1).

**RECOMMENDATION 9.1 BUILDING THE EVIDENCE BASE THROUGH EVALUATION**

The Commonwealth and NT Governments should embed requirements (and appropriate resourcing) for monitoring and evaluation into contracts for children and family services where:

- the service lacks an existing, relevant and context-specific evidence base
- the service is expected to be adapted over time (for example, because the exact inputs and outputs of the program may not be known in advance).

At a minimum, funding should support the use of an evaluative approach that facilitates learning by doing and continuous improvement in services (finding 9.2). This should include funding to run periodic surveys that seek to understand user experience and community views on the functioning of the service and how it could be improved. This is an important complement to the collection and reporting of data on outcomes for children and families at the community level (recommendation 7.1).

Governments should prioritise and fund more formal, rigorous evaluations for programs or services that:

- involve a high level of expenditure and risk, or that cover a large number of children and families
- have been introduced in communities where there have not been significant changes in policies or other programs (to enable reasonable attribution of the impact of the program on outcomes).





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## 10 Implementing the reforms

### Key points

- The previous chapters of this report set out the case, and proposed reforms, for a fundamental shift in the way the Commonwealth and NT Governments work together, so that their expenditure decisions lead to better outcomes for children and families.
- Collectively, the reforms set out a way for governments to genuinely engage with communities, come to a shared understanding of the issues their children and families face, and jointly commit to solutions, with collective ownership of outcomes.
- Implementing the recommendations outlined in this report will be challenging, but the challenges are not insurmountable. They will require leadership, collaboration and a long-term commitment from governments to make the necessary changes.
- A joint funding framework (intergovernmental agreement) should be negotiated by the Commonwealth and NT Governments and agreed by the end of 2021.
- The intergovernmental agreement should:
  - set out the process (as per recommendation 6.1), by which the Commonwealth and NT Governments will coordinate and agree on what children and family services they will each fund
  - outline the institutional arrangements (for the Children and Families Tripartite Forum and government regional networks) required to support the coordinated funding process (as outlined in recommendations 6.2 and 6.3).
- The agreement would serve to formalise, and facilitate accountability for, the Commonwealth and NT Governments' commitment to coordinate their funding in the Northern Territory. By signalling a greater commitment to collaborate, the agreement would also provide impetus for improved cooperation between government staff involved in planning and funding children and family services.
- While the funding agreement is important, governments do not need to wait until the joint funding framework has been agreed to start changing how they fund, design and deliver children and family services. Governments can start implementing most of the reforms proposed in this report immediately.

A new approach is needed for funding children and family services in the Northern Territory, to better target funding to the needs and priorities of communities and to reduce the fragmentation of service delivery. The recommendations throughout this report are intended to facilitate a public health approach to reducing harm to children in the Northern Territory, informed by the needs and priorities of communities. A theme that underpins the suite of our recommendations is that protecting children is a shared responsibility — of families, communities and governments. To improve outcomes, there needs to be more transparency

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(of expenditure data, services, and progress against outcomes) and a commitment by governments to coordinate and to be jointly accountable for outcomes.

In developing the recommendations in this report, we sought to build on the recommendations of the *Royal Commission into the Protection and Detention of Children in the Northern Territory* (the Royal Commission) — most of which the Commonwealth and NT Governments have expressed some form of support for.

This chapter sets out a way forward for implementing the Productivity Commission's recommendations, and begins with a summary of the reforms (section 10.1). It then proposes the development of a joint funding framework to support the recommended reforms and to formalise the process to coordinate the Commonwealth and NT Governments' funding of children and family services (section 10.2). The chapter concludes with a discussion of some of the challenges to implementation (section 10.3).

## 10.1 An overview of our recommendations

Our recommendations cover four priority areas (table 10.1).

1. *A cooperative approach to funding (formalised in an intergovernmental agreement), underpinned by regional plans* — the Commonwealth and NT Governments need to agree on a new way of working together. The new approach should include governments genuinely engaging with communities to come to a shared understanding of the issues their children and families face, and to jointly commit to solutions, with collective ownership of outcomes. To put this new way of working into practice, a formal process to agree on funding for children and family services should be established, with the framework for doing so being set out in a new intergovernmental agreement. This process should be underpinned by better regional- and community-level data and knowledge and regional plans that identify service needs and priorities.
2. *A longer-term, collaborative approach to contracting service providers* — all relevant funders of children and family services in the Northern Territory should transition to longer-term funding contracts with service providers (a default of seven years), and adopt a relational approach to managing contracts. This means working collaboratively with providers (in consultation with communities), focusing on outcomes, and building the capacity of Aboriginal organisations to deliver services.
3. *Better data at the regional and community level* — there is a need for the Commonwealth and NT Governments to improve their data collection, to measure progress against wellbeing outcomes for children and families and to share this data with communities. This should be supported by monitoring and evaluation that uses community-level data and that facilitates learning-by-doing and continuous improvement in services.

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4. *Stronger supporting institutions* — stronger institutions will be needed to support the above reform areas. This includes strengthening the role and resourcing of the Children and Families Tripartite Forum (the Tripartite Forum) (to provide advice to governments on coordinated funding decisions), and a stronger role for regional staff to lead the development of regional plans and to undertake relational contracting.

Many of our recommendations can be implemented now, regardless of what funding coordination looks like at an intergovernmental level. It is not necessary for the suite of recommendations to be adopted together. Incremental changes, such as transitioning to longer-term contracts, would be a material step forward. The adoption of a more relational approach to working with service providers would deliver additional benefits, by facilitating greater flexibility and continuous improvement of services so they align with changing community needs.

Over the longer term, support to build the capacity of Aboriginal organisations to deliver services to Aboriginal and Torres Strait Islander children and families could be expected to deliver benefits and improve funding outcomes.

A joint funding framework — as described in the following section — would help to bolster these reform efforts by clearly setting out the agreed mechanism (and thus providing impetus) for formal cooperation between the Commonwealth and NT Governments. While the funding framework is important, governments do not need to wait until such a framework is in place to start changing how they fund, design and deliver children and family services. Indeed, reforms are already in train in some areas (section 10.3).

**Table 10.1 Recommendations**

<i>Problems</i>	<i>Causes</i>	<i>Recommendations</i>
<b>Reform area 1: Coordinated funding underpinned by regional plans</b>		
Services are fragmented across places and providers, and collectively fail to meet the needs and priorities of children, families and communities. Communities have little say over what gets funded	<ul style="list-style-type: none"> <li>• Lack of comprehensive assessment and identification of needs and priorities to inform funding decisions — governments not taking a place-based approach</li> <li>• Services imposed in a 'top-down' or supplier driven way, often with little community engagement in the design and delivery of services</li> <li>• Inadequate coordination of funding decisions across government</li> </ul>	<ul style="list-style-type: none"> <li>• Commonwealth and NT Governments work with communities to develop regional plans that identify and prioritise needs (rec. 6.1)</li> <li>• Governments to fund services consistent with regional plans (rec. 6.1)</li> <li>• As above, and community engagement during service delivery to build the evidence base and enable continuous improvement (rec. 9.1)</li> <li>• A new process for better coordinating funding between governments (rec. 6.1)</li> </ul>
Lack of coordination on funding priorities between Commonwealth and NT Governments	<ul style="list-style-type: none"> <li>• Overlapping and unclear roles of governments</li> <li>• Unclear links between policy objectives/outcomes/actions</li> <li>• Lack of data sharing and needs assessments</li> </ul>	<ul style="list-style-type: none"> <li>• Governments to work together (with advice from the Tripartite Forum) to share information and coordinate funding, and to pool funds in selected areas (rec. 6.1)</li> <li>• Coordination of funding supported by a joint funding framework (intergovernmental agreement) to be agreed between the Commonwealth and NT Governments by the end of 2021 (rec. 10.1)</li> </ul>
<b>Reform area 2: Longer-term, more collaborative contracting of service providers</b>		
Funding uncertainty for service providers inhibits planning, staff retention, and development of relationships with users	<ul style="list-style-type: none"> <li>• Short grant funding periods (on average, 2–4 years)</li> <li>• Insufficient notice of when grants will be renewed or ceased</li> </ul>	<ul style="list-style-type: none"> <li>• Transition to longer-term funding (7+ years) using a more flexible, relational approach to contracting, which focuses on continuous improvement rather than short-term service outputs (rec. 8.1, 8.3)</li> <li>• Rolling schedule of funding opportunities, with sufficient time for providers to apply and design appropriate services (rec. 8.1)</li> </ul>
Funding does not cover full costs of services, resulting in providers having to cobble funding together and manage multiple grants	<ul style="list-style-type: none"> <li>• Individual grants do not provide sufficient funding for service provision due to: <ul style="list-style-type: none"> <li>- restrictions on the use of funds (for instance, funding does not take full account of capital costs)</li> <li>- failure to account for higher costs in remote areas</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Funding contracts should take account of the full costs of service provision, and there needs to be coordination of expenditure on capital assets (such as staff housing) where these are needed to effectively deliver services (rec. 8.1)</li> </ul>
Competitive funding processes can disadvantage smaller local, Aboriginal organisations and discourage collaboration	<ul style="list-style-type: none"> <li>• Disproportionate focus on short-term costs over long-term benefits</li> <li>• Community-based service providers have limited resources to compete against larger, non-Aboriginal NGOs</li> </ul>	<ul style="list-style-type: none"> <li>• Greater focus on provider characteristics in funding decisions, and grant agreements to support partnerships with local Aboriginal organisations, including by specifying transition timeframes and roles in the funding agreement, and resourcing for capacity building (rec. 8.2)</li> </ul>

(continued next page)

Table 10.1 (continued)

<i>Problems</i>	<i>Causes</i>	<i>Recommendations</i>
<b>Reform area 3: Better data at the regional and community level</b>		
The funding landscape for children and family services is opaque, making it difficult to assess current services	<ul style="list-style-type: none"> <li>• Challenges with data availability, including:               <ul style="list-style-type: none"> <li>- inconsistent location data, which is not linked to specific towns or communities</li> <li>- inconsistent categorising of activities across departments</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Develop a common method for:               <ul style="list-style-type: none"> <li>- reporting location data (rec. 7.2)</li> <li>- describing and categorising children and family services (rec. 7.2)</li> </ul> </li> <li>• Create and maintain a single public services list (rec. 7.3)</li> </ul>
Lack of oversight of how outcomes for children and families are changing over time, or how service delivery is contributing to these outcomes	<ul style="list-style-type: none"> <li>• Limited data is available on children and family outcomes by location on a consistent basis</li> <li>• The contribution of services to outcomes is not rigorously tracked</li> </ul>	<ul style="list-style-type: none"> <li>• Collate outcome measures for children and families and develop community snapshots for each community (rec. 7.1)</li> </ul>
Performance reporting imposes burdens on service providers for limited visible benefit	<ul style="list-style-type: none"> <li>• Multiple funders means multiple reporting requirements</li> <li>• Data is requested frequently and does not seem to be effectively used by agencies or fed back into agency-level performance reporting on outcomes</li> </ul>	<ul style="list-style-type: none"> <li>• Adopt relational contracting (rec. 8.3) and a continuous improvement approach to monitoring and evaluation of services (see below).</li> </ul>
Limited evidence of 'what works' for children and family services/activities in a Northern Territory and remote/Indigenous context	<ul style="list-style-type: none"> <li>• Scope for continuous improvement constrained by prescriptive contracts and inadequate data collection</li> <li>• Limited use of evaluations</li> <li>• Cost of evaluation often borne by service providers with limited resources or capacity to undertake or commission evaluations</li> </ul>	<ul style="list-style-type: none"> <li>• Adopt a continuous-improvement approach to monitoring and evaluation (rec. 9.1):               <ul style="list-style-type: none"> <li>- embed monitoring and evaluation in funding contracts (including funding for surveys)</li> <li>- government funders to prioritise more formal evaluations based on levels of risk and expenditure</li> </ul> </li> </ul>
<b>Reform area 4: Stronger supporting institutions</b>		
Poor coordination of government funding decisions	<ul style="list-style-type: none"> <li>• Existing institutional structures are nascent, underutilised or patchy</li> </ul>	<ul style="list-style-type: none"> <li>• Expanded role for regional networks to lead development of regional plans and undertake relational contracting (rec. 6.2)</li> <li>• Role of Tripartite Forum to be expanded to provide advice to governments on funding allocation and funds pooling (rec 6.3)</li> </ul>

## 10.2 A joint funding framework to support the reforms

Together, the Commission's recommendations provide a way to better coordinate funding decisions, which should be formalised in an agreement between the Commonwealth and NT Governments. The Royal Commission recommended that governments 'establish a joint Commonwealth–Territory Co-ordinated Funding Framework, setting policies for an agreed approach to the planning, funding and delivery of services for families and children in the

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Northern Territory’ (recommendation 39.5) (RCPDCNT 2017, vol. 3B, p. 281). Both the Commonwealth and NT Governments supported this recommendation. And the terms of reference for this study state that it will support the development of the funding framework.

The Royal Commission envisioned that the coordinated funding framework would provide an ongoing mechanism for consultation and coordination between governments in making decisions about funding. Box 10.1 provides a detailed list of elements that the Royal Commission saw the framework as eventually encompassing.

The joint funding framework would be the place where many of the reforms outlined in this report could be formalised and publicly documented, to aid in transparency and accountability of funding for children and family services. In particular, the joint funding framework could include provisions on:

- the process by which governments will formally agree on how they will coordinate funding (including any pooling of funds) in line with the needs and priorities of children and families, informed by regional plans (recommendation 6.1)
- commitments to make greater use of data at the community level, which would support:
  - the development of regional plans (recommendation 6.1)
  - tracking of outcomes for children and families at the regional and community level (recommendation 7.1)
  - continuous monitoring and evaluation of service outcomes (recommendation 9.1)
- principles for funding and contracting service providers, including:
  - a move to longer-term contracting and a relational approach to engaging with service providers (recommendations 8.1, 8.3)
  - criteria to guide the selection of providers and partnerships between Aboriginal and non-Aboriginal service providers (recommendation 8.2)
- supporting institutional arrangements for the above reforms, including an expanded role for the Tripartite Forum (recommendation 6.3) and for regional networks (recommendation 6.2).

Work on a joint funding framework has already commenced through the Children and Families Tripartite Forum (Children and Families Tripartite Forum sub. DR49, p. 3; DSS and NIAA sub. DR50). The Department of Social Services (DSS) and the National Indigenous Australians Agency (NIAA) noted that:

[The framework’s] broad principles, including the emphasis on data, community involvement and better collaboration across governments and agencies, are aligned with the draft report’s findings and recommendations. The Tripartite Forum is considering the next steps for the Framework’s design, including how it could be implemented. (sub. DR50, p. 7)

In the Commission’s view, it is feasible for a joint funding framework to be agreed by the Commonwealth and NT Governments by the end of 2021. To achieve this, there will need to be early dialogue at senior levels between the Chief Minister’s Department, Territory

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Families, DSS and NIAA (either through the Tripartite Forum or separately) to agree on how and when the joint funding framework will be finalised.

#### **Box 10.1      The Royal Commission’s view on a joint funding framework**

The Joint Coordinated Funding Framework (the framework) should be informed by experience and the processes of the Commonwealth and NT Governments. The framework is intended to ensure coordinated cross-government and inter-departmental cooperation in overseeing the delivery of services for children and young people under the *Generational Strategy for Families and Children in the Northern Territory*. Once in place, the framework should inform all new funding agreements. The framework would:

- provide an ongoing mechanism for consultation and coordination between governments in making decisions about funding
- agree in so far as possible on policies which govern the funding of prevention and protection services in the Northern Territory, covering:
  - the evidence base for the service
  - service sustainability and capacity building
  - funding cycles and reporting and evaluation
  - data collection and provision
- better inform service and funding allocation processes to ensure they are aligned with the Strategy and appropriately targeted to meet demand.

The purpose of the framework is to:

- provide a process through which service providers and communities can contribute to service planning
- promote longer-term funding commitments, to improve recruitment and retention and provide certainty for staff
- better leverage resources across government departments through increased coordination
- reduce the complexity of funding arrangements for service providers
- improve data collection and evaluation to build an evidence base for service commissioning.

Source: RCPDCNT (2017, vol. 3B, pp. 263–4).

### **What form should the funding framework take?**

The precise form of the agreement will depend on several factors, including:

- whether it involves the Commonwealth making payments to the NT Government
- the way it relates to other intergovernmental agreements currently in place
- whether there are other parties to the agreement (such as local decision-making bodies, local government or peak groups representing service providers and Aboriginal organisations).

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Existing intergovernmental agreements demonstrate some possible forms. Coordination options that rely on formally pooled funding (whether across all locations, or for specific communities), or the transfer of funds from the Commonwealth to the NT Government, would likely need to come under some form of National Partnership. However, National Partnerships are intended to be time-limited to support specific reforms or projects (CoFFR 2015, p. 8), which would not suit the ongoing nature of a funding framework. Instead, a bilateral intergovernmental agreement will likely need to be negotiated — this intergovernmental agreement would constitute the joint funding framework.

A further option is for the Commonwealth and NT Government to sign one or more National Partnerships to complement the overarching intergovernmental agreement. This would allow scope for the transfer of funding from the Commonwealth to the NT Government in specific areas, such as where the Commonwealth agrees to fund a service, or they agree to pool funding, but it would be more efficient for the NT Government to contract or deliver the service (as already occurs for some services covered by the *National Partnership on Northern Territory Remote Aboriginal Investment*). If the Commonwealth transfers funding to the NT Government (through a National Partnership Agreement or otherwise) this funding should be of a sufficient duration (a minimum of seven years) to support long-term contracting of children and family services.

The intergovernmental agreement should be an ongoing ‘living’ document that reflects the long-term objectives and outcomes both governments are striving to achieve. Time-dependent aspects (including any associated National Partnership Agreements) could be included in schedules to the agreement, such that they can be updated as necessary without needing to re-open negotiations on the entire agreement. Detailed funding commitments (made in line with the process outlined in recommendation 6.1) could also be published as schedules.

## Relationship with other agreements

The Royal Commission recommended that the coordinated funding framework ‘cover the various Commonwealth and NT agreements to provide a unified, coherent and cohesive approach for child protection’ (RCPDCNT 2017, vol. 3B, p. 263). It also saw the framework as building on existing National Partnership agreements and the *National Framework for Protecting Australia’s Children 2009–2020*, and stated that:

Once in place, the Joint Co-ordinated Funding Framework should inform all new funding agreements and where long term funding agreements are still in place these should be amended to transition services over to agreements that align with the new framework. (RCPDCNT 2017, vol. 3B, p. 263)

The wide range of services that bear on outcomes for children and families necessitates cohesion across relevant agreements between the Commonwealth and Northern Territory. Achieving this is likely to be a difficult task given the broad range of services and funding arrangements they include. It may be particularly complex where existing agreements



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include detailed funding commitments or performance targets that differ to arrangements agreed to in the new funding framework. Whether this is the case depends on the specific content of the intergovernmental agreement, but it may arise for the:

- *National Partnership on Northern Territory Remote Aboriginal Investment (2015–2022)*, which provides Commonwealth funding for family support services, women’s safe houses and enhanced policing capacity in remote areas (among other things), conditional on the NT Government meeting an agreed set of benchmarks and milestones
- *Agreement on Northern Territory Aboriginal Health and Wellbeing (2015–2020)*, under which the Commonwealth and NT Governments, and the Aboriginal Medical Services Alliance Northern Territory jointly agree on funding priorities for Aboriginal primary health, as facilitated by the NT Aboriginal Health Forum
- *National Partnership for Remote Housing Northern Territory (2019–2023)*, under which the Commonwealth funds the delivery of social housing in remote areas by the NT Government
- *Barkly Regional Deal*, a ten-year strategy under which the Commonwealth and NT Governments, and the Barkly Regional Council, fund a package of economic, social and cultural initiatives across the Barkly region of the Northern Territory (chapter 1).

It is a matter for the Commonwealth and NT Governments to determine where any inconsistencies arise in existing agreements, and whether these are best addressed by amending existing signed agreements. In any case, where existing arrangements come up for renewal, there is an opportunity to make them consistent with the coordinated funding framework for children and family services in the Northern Territory (and to explicitly reference this framework).

In particular, the *National Framework for Protecting Australia’s Children* expires in 2020, with the Commonwealth Government having committed to developing a new, post-2020, National Framework (Australian Government 2018a, p. 11). This presents an opportunity for both the Commonwealth and NT Governments (along with the other States and Territories) to contribute to a renewed national framework for children in parallel to the development of the (bilateral) joint funding framework. More ambitious would be moving some commitments or funding arrangements across to the new coordinated funding framework, such as some of the initiatives in the *National Partnership on Northern Territory Remote Aboriginal Investment*.

More broadly, the joint funding framework would need to be consistent and compatible with the ten-year *Generational Strategy for Families and Children in the Northern Territory*, as proposed by the Royal Commission. The Royal Commission intended that the strategy be jointly developed by the Commonwealth and NT Governments and community organisations, including Aboriginal Peak Organisations NT and the NT Council of Social Services, and be overseen by the Tripartite Forum. It is intended that the Strategy articulate the vision for the future of children and families in the NT and include mechanisms for consultation, identification of core services, measureable and reportable targets and outcomes, an evaluation and reporting framework, and a funding approach to support the

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design and delivery of place-based services (RCPDCNT 2017, vol. 3B, p. 263). Over time, once the Strategy is developed, it could incorporate the joint funding framework. This would serve to unify all elements of policy and funding of children and family services in the NT.

### **What does it mean for other States and Territories?**

A coordinated funding framework between the Commonwealth and NT Governments does not require approval by other States and Territories, and as such there should be limited direct consequence for how the Commonwealth funds and/or delivers services in other jurisdictions. However, a natural question arises as to whether the Northern Territory *should* be treated differently to the other States and Territories.

In changing its approach to children and family services in the Northern Territory, the Commonwealth Government faces the options of ‘carving out’ the Northern Territory from its existing programs, of making broader changes to those programs on a nationwide basis, or some combination of the two.

The funding framework presents an opportunity to demonstrate a new approach to service coordination and funding in the Northern Territory, which could be adopted in other jurisdictions (or for other policy areas) in the future. Conversely, there is scope for both the Commonwealth and NT Governments to learn from policy innovation in other States, and potentially incorporate new approaches into the funding framework over time.

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#### RECOMMENDATION 10.1 **AN AGREEMENT ON COORDINATED FUNDING**

The Commonwealth and NT Governments should negotiate an agreement for a coordinated funding framework for services relating to children and families in the Northern Territory.

This agreement should include:

- the mechanism by which governments will agree on how they will coordinate funding (including any pooling of funds) in line with the needs and priorities of children and families, as outlined in regional plans (as per recommendation 6.1)
- the institutional arrangements for enacting this coordination, including the roles of the Children and Families Tripartite Forum and regional network staff (as per recommendations 6.1, 6.2 and 6.3)
- a commitment to transition to longer-term contracting and a relational approach to engaging with service providers (as per recommendations 8.1 and 8.3)
- criteria to guide the selection of service providers and partnerships between Aboriginal and non-Aboriginal providers (as per recommendation 8.2)

Time-dependent commitments — such as detailed funding decisions — made in line with the process outlined in the agreement should be included as schedules to the agreement.

The agreement should be developed in consultation with the Children and Families Tripartite Forum and should be agreed by the Commonwealth and NT Governments by the end of 2021.

### **10.3 Challenges of implementing reforms**

The problems with funding arrangements in the Northern Territory identified in this report are consistent with many other reports and inquiries relating to child harm in the Northern Territory (box 10.3), and are not unique to the Northern Territory (chapter 1). The solutions proposed to address the problems have varied but in substance they are fundamentally the same — better coordination to reduce fragmentation of services, more investment to prevent harm to children, and much more community involvement in determining which services they receive and how these are delivered.

Yet there appears to be little enduring change to the outcome that matters most — keeping children safe and well. Governments are often quick to accept recommendations and announce reforms, but there is a tendency for true change to evaporate during the long and difficult process of implementation. This may reflect a context of fiscal pressures, administrative inertia, pushback from influential stakeholders, or simply the political and news cycles of the day.

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### Box 10.3      **A long history of inquiries**

There is a long history of inquiries that relate to child harm in the Northern Territory. The past decade or so has seen the *Little Children Are Sacred* report on the sexual abuse of children (BIPACSA 2007), the *Growing Them Strong, Together* report on the child protection system (BICPSNT 2010) and, most recently, the *Royal Commission into the Protection and Detention of Children in the Northern Territory* (RCPDCNT 2017). These sit alongside a history of landmark national inquiries that have touched on similar issues, including the *Royal Commission into Institutional Responses to Child Sexual Abuse* (2017), *Bringing Them Home: Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families* (HREOC 1997) and the *Royal Commission into Aboriginal Deaths in Custody* (RCADC 1991).

Child protection and Indigenous policy are policy issues marked by complexity, uncertainty, and divergent values (Head 2008, p. 103). In the Northern Territory, both policy areas overlap to a much greater extent than elsewhere in Australia. Tackling the challenges has proved incredibly difficult.

Successive intervention, mimicking, criticism and purging of policy initiatives by a comparatively small number of external experts and politicians, removed from local interaction, implies the existence of higher-level knowledge. Yet the complexity and indeterminacies can be such that there may be no clear basis from which to design universal reforms. The policy practice nexus is heightened in remote Indigenous communities due to the complexity of the social problems and the state's multifarious institutional responses. Each new program exacerbates the complexity of the social problem it seeks to solve. In this unintended dynamic, solutions themselves become problems. (Moran 2016, p. 181)

Changing how governments deliver services and engage with communities will take leadership and commitment over an extended period.

### **There are some signs of positive change**

Both the Commonwealth and NT Governments supported the vast majority of recommendations made by the Royal Commission, and have shown some signs that they are willing to change how they work with communities in the Northern Territory.

Following the Royal Commission, the NT Government announced a \$230 million reform package — called *Safe, Thriving and Connected: Generational Change for Children and Families* — to implement the recommendations over a five-year period (NT Government 2018d). This included changes to the youth justice system and a commitment to establish 11 new Child and Family Centres (chapter 1). Around the same time, the NT Government introduced a new Local Decision Making policy, which would see the transfer of service delivery to Aboriginal communities, where possible, over 10 years (Gunner 2017) (chapter 1).

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Fewer recommendations were directed at the Commonwealth Government, most of which it supported in principle (Australian Government 2018c). Aside from commissioning this Productivity Commission study, the Government has yet to announce specific reforms in response to the Royal Commission, though it has indicated that the current study will help to inform further policy changes. That said, other changes are underway.

- In mid-2018, the Department of Social Services launched a consultation process to identify how it could improve the effectiveness of its investment for families and children across Australia, ahead of the expiry of many of its current grant agreements on 30 June 2020 (DSS 2018c). The outcomes of this consultation have not yet been announced.
- In mid-2019, Indigenous policy within the Commonwealth was transferred from the Department of the Prime Minister and Cabinet to a new National Indigenous Australians Agency, a move which the relevant Minister said ‘represented a fundamental change in the way of doing business with Indigenous Australians’ (Wyatt 2019).

There have been some early signs of success, including the NT Government’s introduction of new processes and systems in the statutory child protection system and the signing of local decision-making agreements with several communities across the Northern Territory (chapter 1). Work is underway on planning and delivering some of the new Child and Family Centres (chapter 4). And both governments worked together to establish the Children and Families Tripartite Forum and have started discussing what a Commonwealth–NT Government coordinated funding framework might look like.

However, in some areas the nature and extent of progress is less clear, and some participants to this study raised concerns about the reform process.

[There is a] lack of clarity that exists in relation to the implementation of Royal Commission recommendations and the progress of the NT Government in this regard. Earlier in our submission we raised the confusion that exists in relation to which recommendations are being progressed by what Government department. (NAAJA, sub. 28, p. 18)

The NT Government has engaged in extensive consultation regarding the implementation of the Royal Commission recommendations, and in particular regarding the associated law reform measures ... However, the effectiveness of this extensive activity is questionable. One after another, implementation of key recommendations of the Royal Commission have been postponed, diluted or abandoned. (NT Legal Aid Commission, sub. 9, p. 2)

Other participants submitted that much of the new NT Government funding is earmarked for statutory services and IT infrastructure rather than preventive measures (Danila Dilba Health Service, sub. 22, p. 6), and that many of the policy changes announced after the Royal Commission were existing government priorities (Children’s Ground, sub. 23, p. 17).

## **Implementation can be complex and difficult**

There is a general sense that many attempts to reform how governments deliver human services have been abandoned before their impacts on outcomes were known or could be

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measured. Research undertaken for the review of the Australian Public Service identified a tendency for successive governments to replace the programs of their predecessors — even when the initiatives are showing signs of promise — and a reluctance on the part of politicians and public servants to learn from doing for fear of the adverse public impact of failure (Althaus and McGregor 2019, p. 10). Some study participants also identified political cycles and changes in government ministers as factors that can compromise reforms (for example, Children’s Ground, sub. 23).

The Royal Commission remarked that:

The relationship between governments and the Aboriginal community has been a defining part of the Australian story ... There have been numerous commitments to reset the relationship. This has generally followed an election and a change of government; a catastrophic event such as the death in custody of the young woman in the Swan Valley community; a government-initiated measure like the abolition of the Aboriginal and Torres Strait Islander Commission (ATSIC); the Northern Territory Emergency Response (the Intervention); or the establishment and reporting of an inquiry. The creation of a government-selected advisory body or consultation process predictably follows, which then predictably dies a natural death at the next election where an incoming government continues the cycle and once more commits to resetting the relationship. This circularity of policy and approach has produced a generation who are both cynical and fatigued. (RCPDCNT 2017, vol. 1, pp. 256–247)

Why this should be so is one of the great intractable problems of public policy. Failure occurs at a system level, in spite of the many skilled and motivated people on the ground and within government. The problems are structural, and much bigger than individual entities.

In a review of the implementation of previous inquiries relating to child harm (undertaken for the *Royal Commission into Institutional Responses to Child Sexual Abuse*), the Parenting Research Centre identified several major barriers to implementing reforms, including:

- practical constraints, including budgetary constraints, a lack of human resources, existing workloads and time constraints
- organisational culture, including resistance to change, lack of collaboration and a struggle to maintain a child focus
- structural constraints, including jurisdictional differences and the difficulty of effecting change across non-government organisations (Parenting Research Centre 2015, p. xvi).

Such challenges are likely to arise in the course of implementing the recommendations of the Royal Commission, as well as the recommendations of this Productivity Commission study. Some of the practical challenges that will need to be worked through include:

- moving to different forms of contracting and engagement with service providers while existing contractual arrangements remain in place for several years into the future
- how to effectively fill gaps in service provision while maintaining continuity of services where funding arrangements are already in place

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- responding to workforce issues, including shortages of staff, skills and worker accommodation in remote locations, especially in a context where it can take considerable time for local community members to be trained to deliver services.

Financial barriers may also appear. Many participants in this study identified a need for greater investment in prevention and early intervention, but this investment will need to be made without compromising the ability of the statutory child protection system to respond to the immediate demands being placed on it (AMSANT, sub. 20; Children’s Ground, sub. 23; Danila Dilba Health Service, sub. 22). As the Royal Commission argued, the constant demands on the statutory system ‘make a reactive and crisis driven approach almost inevitable’ (RCPDCNT 2017, vol. 1, p. 30). Other participants explicitly called for an increase in the overall funding of children and family services in the Northern Territory (AMSANT, sub. 20; CAAC, sub. 25; NACCHO, sub. 21).

## **Barriers to change can be overcome**

The challenges are not insurmountable, particularly if tackled incrementally, starting with more transparency and better coordination between governments on what they are funding and how they commission and work with service providers.

Previous inquiries and reports have identified strategies that can help governments in the implementation journey (Parenting Research Centre 2015, pp. xv–xvi, 2016, pp. 8–9; QPC 2017, pp. 242–250; RCPDCNT 2017, vol. 4, pp. 67–73). Three key themes emerge: leadership, building on strengths, and transparency. The Royal Commission drew particular attention to the importance of leadership in driving a move towards a public health approach.

The shift to a public health approach will by necessity, entail a shift in how government undertakes its business, implementing flexible approaches to funding and contract design, fundamental changes in how it interacts with and responds to communities and families, then allowing this shift to inform policy, practice and workplace culture. At a fundamental level, this is a shift from doing things *to* communities, to working *with* them. Without leadership and the accountability that goes with it, this will not occur, or at the very least, will not be sustained. (RCPDCNT 2017, vol. 3B, p. 240)

The Commission is mindful of the history of reforms to children and family services in the Northern Territory, and of how these reforms have affected families and communities. In developing our recommendations, we have sought to build on existing institutional arrangements, and where possible, complement reform efforts already underway. Our proposed coordinated funding option (recommendation 6.1) can be implemented without the need for a fundamental realignment of responsibilities of each government. And several of our proposals draw on existing organisational architecture, including the Tripartite Forum and each governments’ regional network (recommendations 6.1, 6.2, 6.3 and 8.3). Importantly, our recommendations are compatible with, and support, the NT Government’s Local Decision Making policy, which seeks to transition government services and programs to community control.

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Transparency on the progress of reform can also help communities hold governments to account — and embed an incentive for governments to remain committed to reforms. Some of the foundations for greater transparency of reforms are already in place.

- A Reform Management Office has been established to lead the reform program across the NT Government and report regularly on progress (NT Government 2018e).
- Further, in response to a recommendation of the Royal Commission, the NT Government has increased funding for its existing Children’s Commissioner, with a commitment to replace this within three years with a new Commission for Children and Young People that has a broader suite of powers (NT Government 2018d). The Royal Commission recommended that the new Commission for Children and Young People be tasked to monitor and report on the NT Government’s implementation of the Royal Commission’s recommendations and report annually to Parliament, for at least five years (RCPDCNT 2017, vol. 4, p. 72). The NT Government supported this recommendation in principle but it does not yet appear to have formally committed to providing these powers. This should be done as a priority.

Some of the recommendations in this report will also help to commit governments to a particular course of action, and make it harder (but not impossible) to renege on those commitments.

- Greater transparency on the needs and priorities of communities (recommendation 6.1) and on current services and expenditure (recommendation 7.3) will make it harder for either government to withdraw funding or to avoid bringing services up to a minimum level.
- Publishing details on what Ministers have agreed to fund, as a schedule to the joint funding agreement (recommendation 10.1) would encourage accountability of relevant Ministers and funding providers to act in accordance with the agreement and not to fund services outside the agreement. To further support accountability, the joint funding agreement could include provisions for periodic review of the agreement (such as every five years). The review would consider the extent to which the objective of the agreement has been achieved — that is, has it resulted in better coordination of government expenditure on children and family services in line with the needs and priorities of communities?
- Introducing at least seven-year contracts for service providers (recommendation 8.1) will make it difficult or costly to upend the service provision landscape mid-contract. Longer-term contracting will elevate the importance of good contract design and having robust relational contracting processes in place (recommendation 8.3).
- More strategic use of reporting, monitoring and evaluation (recommendation 9.1) will make it harder for governments to shift funding away from services with demonstrated effectiveness.

There is momentum now to build on reforms. Governments must show a willingness to exercise courage, trust and patience over an extended period. But ultimately, success will hinge on leadership, collaboration and commitment by all involved.



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## A Public consultation

The Commission has actively encouraged public participation in this study. This appendix outlines the consultation process undertaken and lists the organisations and individuals that have participated in this the study.

- Following receipt of the terms of reference on 14 March 2019, an advertisement was placed in *The Australian* and *NT News* newspapers, and a circular was sent to identified interested parties.
- An issues paper and a one page summary document was released on 15 May 2019 to assist those wishing to make a written submission to the study. The Commission received 32 submissions (table A.1) and 1 comment (table A.2) in response.
- A draft inquiry report and two page summary was released on 8 November 2019 and 18 submissions were subsequently received: a total of 50 submissions and 1 brief comment were received throughout the study. The submissions and brief comment are available online at [www.pc.gov.au/inquiries/completed/nt-children/submissions](http://www.pc.gov.au/inquiries/completed/nt-children/submissions).
- Consultations were held with the Commonwealth, State and Territory government agencies, service providers and their peak bodies, community representatives, academics and researchers (table A.3).
- As detailed in table A.4, roundtables were held in Canberra on 5 September 2019 and 5 February 2020.
- The final study report was delivered to the Australian Government on 30 March 2020.

The Commission thanks all participants for their contribution to this study.

**Table A.1 Submissions<sup>a</sup>**

<i>Participant</i>	<i>Submission number</i>
Aboriginal Medical Services Alliance NT (AMSANT)	20, DR48 #
Anglicare NT	8
Australian Research Alliance for Children and Youth (ARACY)	DR36 #
Bannister, Kathy	29, DR44 #
CatholicCare NT	7
Central Australian Aboriginal Congress (CAAC)	25 #
Central Australian Youth Link-Up Service (CAYLUS) and Tangentyere Council	6, DR40
Child Friendly Alice	16, DR43
Children and Families Tripartite Forum	DR49
Children's Ground	23 #
Child Wise	DR37
Danila Dilba Health Service	22
Department of Social Services (DSS)	26
Department of Social Services and National Indigenous Australians Agency (NIAA)	DR50
Dyer, Kathy	2
Empowered Communities – NPY Region	15
Hill, Royelene	10
Hoar, Lauren	5
James Bailey, Julie	14
Katherine Isolated Children's Service (KICS)	3 *
Law Council of Australia and Law Society Northern Territory	24 #
Local Government Association of the Northern Territory (LGANT)	27
Marzocchi, Monique	1 #
National Aboriginal Community Controlled Health Organisation (NACCHO)	21, DR46
National Association for Prevention of Child Abuse and Neglect (NAPCAN)	19, DR34 #
National Mental Health Commission (NMHC)	17
Ninti One	DR41
North Australian Aboriginal Justice Agency (NAAJA)	28, DR38 #
Northern Territory Council of Social Service (NTCOSS)	18, DR42
Northern Territory Government (NT Government)	31, DR35 #
Northern Territory Isolated Children's Parents' Association (NTICPA)	13
Northern Territory Legal Aid Commission (NTLAC)	9
Playgroup Association of the NT	12, 32 #
Royal Australian and New Zealand College of Psychiatrists (RANZCP)	11, DR39
Save the Children Australia	30, DR47
SNAICC	DR45
The Smith Family	4 #
UNSW Sydney and University of Tasmania	DR33

<sup>a</sup> An asterisk (\*) indicates that the submission contains confidential material NOT available to the public. A hash (#) indicates that the submission includes attachments.

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**Table A.2      Brief Comments**

<i>Type of respondent</i>	<i>Number of comments</i>
Government Sector	1

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**Table A.3      Consultations**

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*Participant*

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**Victoria**

Australian Catholic University – Institute of Child Protection Studies  
Australian Centre of Child Protection  
Brotherhood of St Laurence – HIPPY Australia  
Just Reinvest NSW  
Save the Children Australia  
Secretariat for National Aboriginal and Islander Child Care (SNAICC)  
Victorian Government

**Queensland**

Create Foundation  
Gooda, Mick  
Hon White, Margaret AO  
Prof. Moran, Mark  
Queensland Government  
Queensland Productivity Commission (QPC)

**ACT**

Australian Government Department of Finance  
Australian Government Department of Social Services (DSS)  
Australian Government Department of the Prime Minister and Cabinet (PM&C)  
Australian Government The Treasury  
Australian Institute of Health and Welfare (AIHW)  
Australian National Audit Office (ANAO)  
Australian Research Alliance for Children and Youth (ARACY)  
National Aboriginal Community Controlled Health Organisation (NACCHO)

**Northern Territory**

Aboriginal Medical Services Alliance Northern Territory (AMSANT)  
Aboriginal Peak Organisations NT (APO NT)  
Aminjarrinja Enterprises Aboriginal Corporation  
Anglicare NT  
Anyinginyi Health Aboriginal Corporation  
Barkly Regional Council

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**Table A.3** (continued)

*Participant*

**Northern Territory (continued)**

Barkly Regional Deal Backbone Team  
 Bushmob Aboriginal Corporation  
 Catholic Care NT  
 Central Australian Aboriginal Congress (CAAC)  
 Central Australian Aboriginal Family Legal Unit (CAAFLU)  
 Central Australian Youth Link-Up Service (CAYLUS)  
 Central Desert Regional Council  
 Central Land Council (CLC)  
 Child Friendly Alice  
 Children and Families Tripartite Forum  
 Children's Ground  
 Communities for Children Tiwi Local Committee  
 Danila Dilba Health Service (DDHS)  
 East Arnhem Regional Coordination Group  
 East Arnhem Regional Council  
 Groote Eylandt and Bickerton Island Enterprises (GEBIE)  
 Groote Eylandt Coordination Sub-Committee  
 Julalikari Council Aboriginal Corporation  
 Katherine Women's Information and Legal Service (KWILS)  
 Larrakia Nation Aboriginal Corporation  
 Laynhapuy Homelands Aboriginal Corporation  
 Local Government Association NT  
 Menzies School of Health Research  
 Mikan Reference Group  
 Miwatj Health Aboriginal Corporation  
 National Association for Prevention of Child Abuse and Neglect (NAPCAN)  
 National Indigenous Australians Agency (NIAA)  
 National Indigenous Australians Agency – Regional Network Managers  
 Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council (NPY Women's Council)  
 North Australian Aboriginal Family Legal Service (NAAFLS)  
 North Australian Aboriginal Justice Agency (NAAJA)  
 Northern Territory Government – Reform Management Office  
  
 Northern Territory Government Department of Education (DoE)  
 Northern Territory Government Department of Health (DoH)  
 Northern Territory Government Department of Local Government, Housing and  
 Community Development (DLGHCD)  
 Northern Territory Government Department of the Chief Minister (DCM) – Darwin  
 Northern Territory Government Department of the Chief Minister (DCM) – Big Rivers  
 Northern Territory Government Department of the Chief Minister (DCM) – East Arnhem  
 Northern Territory Government Department of the Chief Minister (DCM) - Tennant Creek  
 Northern Territory Council of Social Service (NTCOSS)  
 Office of the Children's Commissioner (OCC)

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**Table A.3** (continued)

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*Participant*

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**Northern Territory (continued)**

Papulu Apparr-kari Aboriginal Corporation  
Red Cross NT  
Relationships Australia  
Rirratjingu Aboriginal Corporation  
Save the Children Australia – Katherine Office  
Secretariat for the Royal Commission into the Protection and Detention of Children in the Northern Territory  
South32  
Tangentyere Council  
Tennant Creek Police  
Territory Families  
Territory Families – East Arnhem  
The Smith Family  
Warlpiri Youth Development Aboriginal Corporation (WYDAC)  
Yothu Yindi Foundation  
Yuendumu Child and Family Centre  
Yuendumu Women’s Centre Aboriginal Corporation (YWCAC)

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**Table A.4 Roundtables**

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*Participants*

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**5 September 2019 – Canberra**

Australian Government Department of Education (DoE)  
Australian Government Department of Health (DoH)  
Australian Government Department of Social Services (DSS)  
National Indigenous Australians Agency (NIAA)  
Northern Territory Government

**5 February 2020 – Canberra**

Australian Research Alliance for Children and Youth (ARACY)  
Australian Bureau of Statistics (ABS)  
Australian Government DoE  
Australian Government DoH  
Australian Government DSS  
Australian Institute of Health and Welfare (AIHW)  
Australian National University (ANU)  
Indigenous Data Network  
Menzies School of Health Research  
NIAA  
Northern Territory Government

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## B Case study: Yuendumu

### **Purpose of the case study**

A detailed case study was undertaken to supplement the information and submissions provided to this study and to deliver practical insights into service delivery in a remote Aboriginal community in the central desert region of the Northern Territory.

This case study enabled us to develop a better understanding of the issues from the perspective of service providers and the people accessing those services. A Productivity Commission staff member conducted semi-structured interviews and information requests with four service providers and three community organisations (box B.1).

We would like to thank all of those people and organisations involved in the development of the case study.

### **Background on the case study community**

This is a case study on children and family services in Yuendumu, a community 3.5 hours drive from Alice Springs in the central desert region of the Northern Territory. The community has about 760 residents; of whom about 250 are children (ABS 2017a). The majority of the people in Yuendumu are Aboriginal people (about 86 per cent of the population), most of whom are Warlpiri people.

Until the first European contact in approximately 1826, the Warlpiri people lived off and managed the land using traditional knowledge. European miners and pastoral activities directly impacted the Warlpiri way of life (Brown et al. 2011, p. 25). The Yuendumu community has experienced several significant events, including the Coniston Station massacre in 1928, the Northern Territory ‘Emergency Response’ intervention in 2007, and the Northern Territory wide amalgamation of councils in 2008 (Brown et al. 2011, p. 25; Australian Government and NT Government 2011, p. 12). The Australian Human Rights Commission suggested that one of the implications of the amalgamation of community councils has been a loss of community control over service delivery and diminished capacity of communities to deliver on their priorities (AHRC 2012, p. 131).

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## **Box B.1      Case study method**

Yuendumu was chosen based on its population and service size, and the willingness of service providers to engage in this case study.

### **Respondents**

The Commission interviewed four service providers (Warlpiri Youth Development Corporation, Wanta Aboriginal Corporation, Southern Tanami Kurdiji Indigenous Corporation and the Central Desert Regional Council) that are heavily involved in delivering services to strengthen children's wellbeing and prevent harm.

Staff of the primary school, Child and Family Centre and health clinic were also interviewed to provide their perspective of service delivery in the community and the impact that services are having for children and families.

Information has also been provided by the Central Land Council on behalf of the Granites Mine Affected Area Aboriginal Corporation and Warlpiri Education and Training Trust.

The information has not been attributed to parties or individuals to ensure anonymity.

### **Format**

The case study was derived from semi-structured interviews with key stakeholders. Interviews were conducted face-to-face during an extended visit to the community. The main respondent from each of the service providers was a manager or key person delivering the service in that community.

The interviews were supported with information from a written set of questions regarding the specific services they deliver, desktop research and the results of the Commission's stocktake of expenditure (chapters 2 and 3).

### **Questions**

The interviews were structured around the following questions:

- How do you assess the needs of the community?
- What are the strengths and weaknesses of current funding programs and was the community consulted in funding decisions?
- How are the services in the community coordinated?
- Is there sufficient access to services in the community and what are the barriers to accessing services?
- What are the requirements for reporting and evaluation of your programs and could these methods be improved?

### **Case studies**

The case study summarises some of the key themes raised during our discussion with stakeholders. Elements of the case studies are also used throughout the report.



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The Yuendumu community has led the development of several influential children and family initiatives, including:

- the Mt Theo Program, which began in 1994 as a community initiative to address the petrol sniffing crisis in Yuendumu and the surrounding areas (Preuss and Brown 2006, p. 190). The program removes young people at risk of petrol sniffing to detoxify at the Mt Theo station where they can seek treatment and guidance from elders (Stojanovski 1999, p. 3). Preuss and Brown (2006, p. 189) found that ‘academics, politicians and journalists are increasingly citing Mt Theo as a ‘best practice model’ in preventing petrol sniffing’.
- the Marlpa Jungu Jintangka (Early Childhood Reference Group) advocated for the development and establishment of a Child and Family Centre in Yuendumu. The centre has been operating since 2016 as a hub for children and family services.

The community faces many of the same challenges as other communities with respect to how children and family services are coordinated and funded. There are 17 government-funded services and 19 services funded from land-use agreement income (box B.2). These services are delivered by six service providers (table B.1), with the majority of services provided by five local service providers: Warlpiri Youth Development Corporation (WYDAC); Wanta Aboriginal Corporation (Wanta); Southern Tanami Kurdiji Indigenous Corporation (STKIC); the Central Desert Regional Council (CDRC) and the Northern Territory Department of Education (DoE) via the Yuendumu School.

### **Box B.2      Warlpiri land use agreements**

In 2003, the Warlpiri people consolidated various exploration and mining agreements into a single land use agreement with the Newmont Mining Corporation that allowed the mine to operate on Warlpiri land. As part of the agreement, Newmont Mining Corporation agreed to support Warlpiri people achieve their community development aspirations by:

- providing direct royalty payments to the Warlpiri Education and Training Trust (WETT) to support education and training initiatives in the Tanami communities of Yuendumu, Lajamanu, Willowra and Nyirrpi
- continuing to pay affected area compensation payments to the Granites Mine Affected Area Aboriginal Corporation (GMAAAC). Half of these payments are put into investments and the other half are used for community development projects (Australian Trade and Investment Commission 2018).

The spending decisions for both payments are decided by two separate governance groups that consists of people from the Tanami communities. Both WETT and GMAAAC have agency agreements with the Central Land Council to administer the funding and undertake contract management to oversee the projects. The income from WETT and GMAAAC is used to co-fund some services that are also funded by governments (table B.1), as well as providing sole funding for some community projects (such as the Yuendumu Men’s and Women’s Ceremony support projects and the designs and costings of the Yuendumu school improvement plan) and capital projects (such the Yuendumu Women’s Museum and cultural infrastructure and the nature-based playground at the Child and Family Centre).

Some services are also delivered by visiting providers, but these have not been captured in the case study due to limited public records of these visits. The community also has a health clinic, pre-school, and primary and secondary schools that benefit the health and wellbeing of children and families.

**Table B.1 Children and family services available in Yuendumu**

Children and family services funded in 2018-19 **a, b**

<i>Service category</i>	<i>Commonwealth Government funded</i>	<i>NT Government funded</i>	<i>Funded by income from land use agreements</i>
Crime, justice and legal	<ul style="list-style-type: none"> <li>• Community Safety Patrol (STKIC)</li> <li>• Mediation and Community Justice program (STKIC)</li> <li>• Strong and Resilient Communities Grant - Youth diversion support (WYDAC)</li> </ul>		<ul style="list-style-type: none"> <li>• Mediation and community justice program vehicle (STKIC)</li> </ul>
Early childhood	<ul style="list-style-type: none"> <li>• Long day care service (CDRC)</li> </ul>	<ul style="list-style-type: none"> <li>• Families as First Teachers (DoE)</li> <li>• Child and Family Centre Coordinator (DoE)</li> <li>• Family Support Centre Grant (DoE)</li> </ul>	<ul style="list-style-type: none"> <li>• Early childhood support fund for the Children and Families Centre (DoE)</li> </ul>
Education	<ul style="list-style-type: none"> <li>• Remote School Attendance Strategy (Wanta)</li> <li>• Menstrual health and hygiene education (WYDAC)<sup>c</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Co-funded Bilingual Resource Development Unit (DoE)</li> </ul>	<ul style="list-style-type: none"> <li>• Country visits and elder payments</li> <li>• Yuendumu school uniforms (DoE)</li> <li>• School vehicle (DoE)</li> <li>• Co-funded Bilingual Resource Development Unit (DoE)</li> <li>• Salary of the Yuendumu School Linguist (DoE)</li> <li>• Interstate excursions for students (DoE)</li> <li>• Assistance for children at boarding schools</li> <li>• Adult learning centre (WYDAC)<sup>d</sup></li> </ul>
Family support	<ul style="list-style-type: none"> <li>• Intensive Family Support Services (WYDAC)</li> </ul>		

(continued next page)

**Table B.1** (continued)

<i>Service category</i>	<i>Commonwealth Government funded</i>	<i>NT Government funded</i>	<i>Funded by income from land use agreements</i>
Health and nutrition	<ul style="list-style-type: none"> <li>Co-funded school nutrition project (Mai Wiru Regional Store)</li> </ul>		<ul style="list-style-type: none"> <li>NDIS community connector and vehicle loan (WYDAC)</li> <li>Co-funded school nutrition project (DoE)</li> </ul>
Mental health and substance misuse	<ul style="list-style-type: none"> <li>Mt Theo (WYDAC)<sup>c</sup></li> <li>Warra-Warra Kanyi Counselling and Mentoring Services (WYDAC)</li> </ul>	<ul style="list-style-type: none"> <li>Improvement of youth facility at Mt Theo (WYDAC)</li> </ul>	
Sport, recreation, culture and wellbeing	<ul style="list-style-type: none"> <li>Co-funded youth development and diversionary program including after school and holiday programs (WYDAC)</li> <li>Tanami Girls Dance and Culture Camp (WYDAC)</li> </ul>		<ul style="list-style-type: none"> <li>Co-funded youth development and diversionary program including after school and holiday programs (WYDAC)</li> <li>First ceremony support project (Central Land Council)</li> <li>Swimming pool operations (WYDAC)</li> <li>Wanta Yuendumu program (Wanta)</li> <li>After school and holiday programs (Wanta)</li> <li>Yuendumu sports weekend (WYDAC)</li> <li>Buses to support sports trips (WYDAC)</li> </ul>

<sup>a</sup> The organisation that delivers the service (i.e. the funding recipient) is provided in brackets. <sup>b</sup> This table does not capture visiting services. <sup>c</sup> These programs are funded by the Central Australian Youth Link Up Service, which is a brokerage service largely funded by Commonwealth agencies. <sup>d</sup> This service is available for people aged 15 years and older.

Source: Unpublished information from Yuendumu service providers.

## Case study results

Service providers and other organisations the Commission met with raised several key issues (elaborated on in the following sections) regarding the funding and provision of children and family services in Yuendumu. In particular, there were concerns that:

- needs are assessed on an ad hoc basis in the community. The main barrier to completing a needs assessment is a lack of data at the community level

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- there is inadequate coordination between services being provided in the community and inadequate coordination between the different levels of government in deciding what services to fund
  - the community had more awareness of (and access to) services provided locally compared to services from visiting providers, although local staffing shortages sometimes resulted in key services being temporarily closed
  - governments are at times shifting the cost of funding children and family services onto non-government funding sources (principally, income from land use agreements)
  - there is a high level of reporting required of service providers with little link to the desired outcomes.

Several ideas for improving outcomes in the community were offered, namely:

- the release of de-identified data at a community level to allow service providers to undertake needs identifications and to better respond to changes in the community
- creation of a service list to be available in the community that showed what services were available in the community and when they were available
- the development of a public visitors register that visitors would be required to fill out in advance of their visit to notify organisations and community members of their visit
- all levels of government should engage the community prior to making funding decisions and in designing services
- implementation of greater accountability for service providers by linking funding to the achievement of outcomes and delivery of the activity that has been funded.

## **Community needs**

The identification of children and family needs within the community is done on an ad hoc basis, using several methods, including:

- a need is identified by the service provider's representative board which instructs the service provider to address the need
- staff of the service provider identified the need from their observations and experience delivering services in the community
- community or family members raised the need to service providers
- the government identified a need and approached service providers directly or through a competitive grant round to provide a service in the community. In cases where this has happened, for example the introduction of the Commonwealth Remote School Attendance Program or the Intensive Family Support Service, the service providers were unclear of how the government identified the need

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- the board of Granites Mine Affected Area Aboriginal Corporation and Warlpiri Education and Training Trust directly funded service providers to deliver a service their board and community consultation identified.

Service providers highlighted the lack of available data as being a key reason for comprehensive needs analysis not being performed at a community level. Some providers would like access to de-identified police data (such as on the number of break ins) and health data (such as incidence of rheumatic heart conditions) at a community level to enable them to be more responsive to changes in community circumstances.

Service providers were supportive of the development of a whole of community needs analysis being conducted on a regular basis. There was a strong preference that the analysis should cover all needs, as without improvements to basic needs, such as food, income and housing, service providers thought there would be little benefit from targeting higher level needs, such as education and youth engagement services.

Providers cautioned that the data used in any analysis should be based on sufficiently long time periods (potentially four years) to more accurately reflect the community. Point in time data can be biased by fluctuations in behaviours and the transient nature of some of the population.

Particular gaps in service provision identified were mental health services, parental services, domestic violence services to support men to change their behaviour, and alcohol and drug support services.

## **Coordination of funding and service delivery**

The parties consulted considered that there was little if any coordination between the funding agencies in deciding what services to fund in their community.

The organisations interviewed had seen no improvement in coordination between the Northern Territory and Commonwealth Governments since the *Royal Commission into the Protection and Detention of Children in the Northern Territory*.

Service providers considered that all levels of government should engage the community prior to making funding decisions and designing services.

There was also insufficient coordination between service providers in the community in providing and designing services. The coordination that does exist is informal and reliant on the relationships between the staff working for the service providers. But it was acknowledged that even this type of informal and ad hoc coordination can ultimately benefit clients through a more integrated approach to meeting their needs.

The reasons given by service providers for the lack of coordination between each other were client confidentiality, continual staff changes, competition for funding and insufficient time.

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To improve coordination of services in the community some organisations suggested the creation of a service list for the community that would be available publicly. A services list was expected to increase awareness of what other services are being provided in the community and when they are available. This would enable better client referrals and reduce potential overlap.

Another complementary suggestion was to have one person in the community who would be employed to coordinate services, although this would need to be adequately resourced.

There were also concerns that each organisation in town had its own board (there are at least eleven separate boards in total) which was resulting in strain on board members having to attend multiple meetings. Anecdotal evidence was given that most board members sit on several boards and are attending up to five board meetings a week. Service providers were concerned that board members were exhausted and donating such a significant amount of time to boards while still working, and meeting cultural and family commitments.

There were two solutions suggested by service providers — either to have one board for the whole community or to have one designated session a month when all service providers would have to hold their board meeting. This was expected to reduce the burden on board members and to promote coordination between service providers, as many would be dealing with similar issues and board members could take a more holistic approach to providing recommendations across service providers. Any improvements to coordinating funding should also involve non-government funders, particularly those responsible for managing income from land use agreements.

## **Access to services**

There were conflicting views regarding community members' knowledge of services being delivered by local service providers in the community. Some organisations thought that people had a good awareness of what services were available and when, others thought there was very little awareness, which would impact their access. The proposed services list (above) would also help to increase awareness of services available in the community if it was visible to community members.

There was also concern that people might not be accessing the most appropriate service for their needs. This was in part due to the lack of knowledge of service availability but also due to lack of information on the service type that best meets their particular needs. Service providers stated that clients would likely just access the first service provider they talked to rather than the service provider that offered the most appropriate service.

Service providers also raised the issue that they were unaware of what services, if any, clients were accessing from other service providers. This meant that if a client stopped using their service, the service provider would be unaware if the client was accessing assistance from another provider or whether they had simply stopped accessing the service.

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There was consistent feedback that there was very little awareness of services provided by visiting service providers and therefore a view that people were not accessing those services. Anecdotal evidence was given about visiting service providers arriving hours or days late to appointments and arriving in town without any notification to the community. One service provider suggested developing an online public services visitor register, which would be required to be filled out in advance, so local organisations and community members could be notified of the visit from drive-in-drive out/fly-in fly-out service providers. Such a system already exists for health-related visits, but not child and family services.

Another common barrier to access that was raised was that services would have to close temporarily due to staffing shortages. This meant that people could not access services for months at a time. Service providers found it very difficult to attract and retain staff in the community due to high levels of job related stress and remoteness. As an example, the domestic violence shelter had recently been closed in the community for several months due to staffing issues. Another example was the childcare service which was required to close for three months due to insufficient staffing. By the time it began operating again, another service provider was operating a similar service to meet the unmet need.

The co-location of service providers can also be a barrier to access if that colocation is between child protection and other services. Some community members are distrustful of child protection and are concerned that if they seek help from a service provider in the same location, child protection workers may be notified or intervene, as has occurred in this community in the past. Recently, the NT Government relocated its child protection service to the Child and Family Centre, without consulting the community or other service providers. This resulted in some community members feeling uncomfortable attending the facility. Some providers suggested that colocation of services should not occur without consultation with the community to ensure that it does not reduce access to other services.

## **Funding of services**

There was concern that the significant amount of funding spent in the community was not achieving results or improving outcomes for children and families. There was a call for a higher level of accountability of service providers and for funding to be linked to achieving outcomes and delivery of the activity that has been funded.

To improve accountability, service providers called for greater transparency on what services governments are funding. There was a view that if the community and other local organisations could see what services all providers were funded to deliver they could more easily hold them to account to deliver those services.

Moreover, service providers noted that:

- competitive funding rounds resulted in barriers for coordination between service providers, because each is competing for a limited pool of funds and the same population of service users

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- decision makers did not consider which service provider would be the most appropriate to deliver the service. For example, a decision was made to fund two complementary youth diversionary services to be delivered by two different service providers. Information regarding clients is not shared between service providers due to client confidentiality concerns. This funding decision was thought to reduce the effectiveness of both services.

There was also concern that because the community received income from land use agreements, governments were cost-shifting some of their responsibilities onto that funding. The primary example used was that the income from the land use agreements was used to fund bilingual education resources for the school as well as language teachers.

There is ambiguity over the ongoing funding responsibilities of the Child and Family Centre within the community, which reduces the accessibility and effectiveness of the facility and the services housed within in it (box B.3).

## **Reporting and evaluation of services**

Service providers were frustrated by the significant level of reporting required by funding providers with very little clarity regarding what the reporting is used for. Service providers found that the reporting is centred around the number of employees and number of people using the service, rather than the desired outcome of the service.

There was also an issue of duplicative reporting requirements for projects funded by multiple funding providers. For example, if food for a program (such as a camp) is funded by one funding body, but the activity itself is funded by another funding body, the service provider has to report to both funders for the same program. This has not always been the case. Previous to the initiation of the Indigenous Advancement Strategy, service providers would produce one annual report and send the relevant parts to both funding bodies.

Concerns were raised that very little information was provided back to service providers by funding bodies regarding the collation of reporting information. Service providers indicated it would be useful to receive best practice approaches or innovations that have been successful in comparable communities.



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### Box B.3      **Operationalising the Child and Family Centre**

The community has a Child and Family Centre that was designed by the NT and Commonwealth Governments in consultation with the community as an asset that the community could use to house children and family services and be a safe haven for children and families (PM&C 2016).

The Child and Family Centre was constructed in 2016 from Commonwealth Government funding through the National Partnership Agreement on Indigenous Early Childhood Development (COAG 2008, p. 13; Ellis and Lawrie 2018). Since this time the NT Government (through its Education Department) has managed the operational funding of the Child and Family Centre (SNAICC 2018, p. 11). Income from land use agreements has also been used to fund a nature-based playground at the Child and Family Centre.

The Child and Family Centre currently has five services operating from the centre: Child care, Families as First Teachers, Territory Families Child Protection Workers, Warra-Warra Kanyri Counselling and Mentoring Services and visiting health professionals. An Early Childhood Reference Group provides guidance to the manager of the Child and Family Centre regarding the services in the centre and ideas for improving the wellbeing of children in the community.

Although there are good intentions and collaboration between service providers, several issues were raised during consultations for this case study including:

- the service providers using the Child and Family Centre have not been provided with a lease or Memorandum of Understanding regarding their use of the facilities. This has meant that there is no clear understanding of who is responsible for maintenance or utility bills. The service providers and the manager of the centre have been working with the NT Department of Education to rectify the issue for three years but this issue has not yet been resolved.
- due to ambiguity regarding operational expenses, some maintenance issues (such as broken windows) have gone unresolved for significant periods. There is also some concern that because the entrance to the centre is via the main street, that some people are unwilling to access the services and supports available. One of the service providers has funding available to install a less visible door at the back of the Child and Family Centre, but has not been able to install it due to confusion over the necessary approvals process.
- the previous Child and Family Centre manager had approved for Territory Families, family support services to operate out of the Child and Family Centre. When Territory Families recently merged their operations, the child protection staff commenced operating out of the facility. There is a perception from some people in the community that the presence of these workers has made some families unwilling to visit the facility due to the perceived threat of child protection intervening.



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