University of South Australia

The Australian Alliance for Social Enterprise

CatholicCare NT

Expenditure on Children in the Northern Territory
CatholicCare NT submission to the Productivity Commission

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This submission has been prepared by the
The Australian Alliance for Social Enterprise
In partnership with CatholicCare NT

Introductory remarks

CatholicCare NT is a significant not for profit organisation that has been operating in the NT for over 25 years. We have operational sites and infrastructure in the following communities, Darwin, Palmerston, Katherine, Tiwi Islands, Daly River, Wadeye, Katherine, Tennant Creek, Ali Curung, Alice Springs, Santa Teresa, Finke, Titjikala, APY Land, Maningrida and Jabiru. Our investment in local's communities ensures that our services are driven by local people and are responsive to community need. CCNT operates a broad range of clinical, case management and community development programs.

CatholicCare NT and The Australian Alliance for Social Enterprise based at the University of South Australia have an established research partnership. The research undertaken within the terms of that partnership includes extensive and in-depth research and collaboration in remote Aboriginal communities throughout the Northern Territory.

In responding to the *Issues Paper* this submission focusses on the core question of "What does it take?" to improve the lives of children and families, particularly in relation to the reduction of harm. In response to the question sets, we have identified and developed the following themes:

- Question set one: Appropriate and Meaningful Service Provision.
- Question set two: Integrated Service Delivery
- Question set three: Jurisdictional Roles and Responsibilities.
- Question set four: Effectiveness and Efficiency of Funding Arrangements
- Question set five: Evaluation and Outcomes
- Question set six: Future Funding and Collaborative Solutions

Herein we provide a generalised response to each theme with 25 recommendations for the Productivity Commission to consider in relation to the expenditure on children in the Northern Territory.

In regard to the context set by the *Issues Paper*, we make the following introductory observations:

From a public health model to a wellbeing agenda.

The public health model provides a template to respond to complex social issues through the lens of primary, secondary and tertiary interventions and initiatives. Coordinating within and between what is sometimes an arbitrary taxonomy should be a priority and part of the development of meaningful integrated service delivery. Moreover, the focus must be on the improvement of social determinants which requires 'whole of society', 'whole of community' and 'whole of government' approaches and a redefining of governance and delivery systems. In essence, this is about producing policies that promote wider societal social protection within localised settings (Marmot, et al., 2012).

The recent shift in New Zealand to introduce wellbeing measures to determine budget spending and priorities is worthy of significant investigation for deployment in the Northern Territory context. The

release of the New Zealand Wellbeing Budget (2019) identifies indicators for both quality of life (domains of wellbeing) and sustainable and intergenerational wellbeing (capitals). The former includes a range of diverse indicators including cultural identity, health, housing, knowledge and skills and safety and security. The latter category focuses on capitals: financial and physical, human, natural and social.

The shift away from traditional economic measures that mark against gross domestic and gross national product belongs to an ascendant worldwide movement. Prioritising 'wellbeing' elevates the whole of life experience as a foundational starting point when seeking to better respond to complex social issues.

Place-based service delivery

The evidence is clear in that innovation needs to drive localised service models that prioritise where 'people are at'. This is not simply a reference to geographical location (although that is important): it implies a need to understand the worldview of end users. Where 'people are at' is about how individuals and their communities understand the world within which they live. Time in community, time understanding communities, time working with communities is essential.

Exceptionalism of service delivery in the Northern Territory.

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 (Louth & Goodwin-Smith, 2018).

Recommendations

1. That the deployment of a public health model be responsive to the emergent wellbeing agenda.
2. The increased emphasis on improving social determinants as a part of 'whole of –' approaches must be prioritised when developing program outcomes and reportable activities.
3. Place-based service delivery should be prioritised wherever possible and that time in community is appropriately resourced.
4. That the Productivity Commission explicitly note the exceptionalism of program service delivery in the Northern Territory. This should include the acknowledgement that efficiency dividends will be challenged within this unique setting.

Question Set One – Appropriate and Meaningful Service Provisions

This set of questions identifies the types of services available (or not available), the nature in which they are accessed, the cultural appropriateness of them, the consultative process and whether the services build on cultural strengths within communities.

For the purpose of this submission, we frame this set of questions around the theme of Appropriate and Meaningful Service Provision. We provide a generalised response to the theme.

CatholicCare NT's commitment to serving communities in the Northern Territory is drawn from its commitment to work in genuine partnerships that encourages local investment and place-based service delivery. CatholicCare NT is grounded in a philosophy that guides a grassroots approach to service design and delivery. This valuing and prioritisation of the local wisdom of everyday people in communities where CatholicCare NT has a presence is essential to respecting and valuing the human dignity of every individual and the common good of all (Ife, 2009).

However, funding arrangements are one of the most limiting factors when developing program provision to best align with the above philosophy. The tables below identify the breadth of program provision, all of which can be argued to be fundamental to contributing to preventing harm to children and strengthening the resilience of communities.

Contracts – Territory Families	
Program	**Funding Body**
Intensive Family Preservation Service	Territory Families
Mens Behaviour Change	Territory Families
Milikapiti Family Centre Safe House	Territory Families
Nauiyu Nambiyu Child Care Centre	Territory Families
NO MORE Campaign	Territory Families
Safe House Daly River	Territory Families
Youth Diversion	Territory Families

Contracts – Department of Social Services	
Program	**Funding Body**
Children & Parenting Support	Dept of Social Services
Childrens Contact Services (CCS)	Dept of Social Services
Community Mental Health	Dept of Social Services
Emergency Relief	Dept of Social Services
Family and Relationship Services (FARS)	Dept of Social Services
Financial Wellbeing and Capability - Darwin, Katherine, Tennant Creek	Dept of Social Services
Intensive Family Support Services	Dept of Social Services
PHaMs (Personal Helpers & Mentors) - Tennant Creek & Elliott	Dept of Social Services
PHaMs (Personal Helpers & Mentors) – APY Lands	Dept of Social Services
Specialised Family Violence Services (SFVS)	Dept of Social Services
Supporting Children after Separation (SCaSP)	Dept of Social Services

Current Contacts – AOD	
Program	**Funding Body**
AOD Wadeye	NT Dept of Health
AOD Urban	NT Dept of Health
AOD Tiwi	NT Dept of Health
Drug & Alcohol Intensive Support for Youth (DAISY)	NT PHN
Comorbidity Project	NT PHN

Current Contacts – Housing Programs	
Program	**Funding Body**
Youth Program Tennant Creek	Dept of Housing
Housing Support Program - Barkly	Dept of Housing
Housing Support Program - Big Rivers	Dept of Housing
Housing Support Program - Darwin	Dept of Housing

Current Contacts – Mental Health	
Program	**Funding Body**
Youth Mental Health Service	NT PHN
TATS - Taking Action to Tackle Suicide	NT PHN
Partners in Recovery (PIR)	NT PHN
ATAPS Triage	NT PHN

When considering a public health model (primary, secondary and tertiary), it is an integrated service model that will provide the space to innovate and develop localised responses. Impact – in terms of shifting social determinants – requires co-ordination between specific program outcomes. 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. For instance, the housing support and the financial wellbeing and capability programs address the material wellbeing of families: a fundamental requirement when dealing with harm reduction and preventative initiatives.

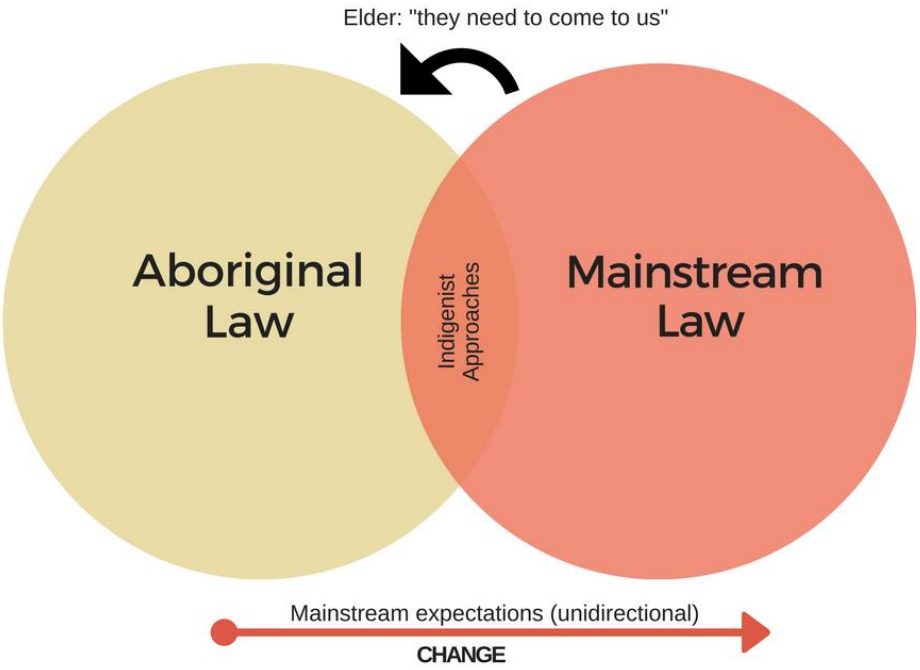
Universal KPIs for single programs limit what can be achieved and deny a 'whole child' or 'whole of family' or community wide response, and they are an impediment to integrated collaboration, which might otherwise be achieved by a focus on wellbeing outcomes.

Indigenist approaches

Meeting the cultural needs of Aboriginal and Torres Strait Islander children and families in a Northern Territory requires a shift away from universal and unidirectional mainstream thinking that has been reinforced by many funding bodies.

The diagram below is adapted from a conversation with an Elder about the importance of finding shared ground (see Louth & Goodwin-Smith, 2018). The Elder (who drew a version of the image below)

felt that it was only Aboriginal people who are compelled to understand the mainstream way of doing things, with little or no interest by government to sit, listen and understand Aboriginal lifeworlds. Until that occurs the area marked 'Indigenist approaches' in the diagram will be compromised due to the unidirectional expectations around knowledge.



Recommendations

5. Services can be improved through the development and co-ordination of shared outcomes *between* programs.
6. In order to improve social determinants, it is outcomes not programs that need to be prioritised (as opposed to the call to hand-pick particular programs).
7. Programs must be delivered in a culturally appropriate manner that engages with Indigenist understandings. These approaches offer alternatives and can reverse the unidirectional and universalised mainstream expectations that accompany the setting of the majority of program KPIs.

Question Set Two – Integrated Service Delivery

This second set of questions seek to interrogate what programs are in or out of scope while simultaneously questioning the full range of programs that may contribute to the prevention of harm. The question of which 'programs matter most' is contentious and needs to be viewed through the lens of integrated service delivery.

For the purpose of this submission, we frame this set of questions around the theme of **Integrated Service Delivery**. We provide a generalised response to the theme.

The Productivity Commission *Issues Paper* identifies a public health approach around primary, secondary and tertiary interventions. In doing so, the Commission also outlines jurisdictional responsibility (drawing from and earlier COAG document). Further, the *Issues Paper* identifies a series of predicative factors (Table 2, p.6): economic factors; social factors; community factors; parental factors; child characteristics; family characteristics; ecological factors, environmental toxins; and, abuse or neglect.

While identifying underlying causes, structural factors and what type of intervention would best suit a *particular* 'problem' is a component of undertaking this type of work, it should not be the exclusive or primary focus. Indeed, emphasising predictive factors and a deficit understanding ignore or displaces culturally appropriate protective factors that can be harnessed and integrated into program service delivery.

Moreover, there needs to be a shift from reductive program provision and to consider a "whole child" approach that is family and community centred (Ball, 2010). This will require a shift away from **single contracts** and a move towards **inter-program sharing** and **measurement**.

The frustrations around the lack of a holistic response are not unique to Australia or the Northern Territory. Drawing from Canadian experiences of integrated service delivery in Indigenous communities, the ability to join up across programs is challenged repeatedly dues to funding rules, competitive tendering, short-sightedness, through to administrative and governance issues:

> *For First Nations that are blazing new trails for communities across Canada to realize their vision of comprehensive, community-centred strategy to address children's development holistically and contextually, the path has not been smooth. Participants in the research identified many sources of frustration—for example, with the duplication of grant applications and accountability requirements, over-specialized training programs, premature termination of funding for pilot programs, and the tendency towards competition among departments in their community. If integration and intersectoral coordination makes so much sense, why are we not doing more of it? What are the barriers? Whose needs are being served by perpetuating top-down, expert-driven approaches that reproduce fragmented patchworks of programs and services?* (Ball, 2010, p. 48).

The question set refers to the "myriad of services and programs" that could be considered in order to prioritise, this submission contends that this is the wrong question. To focus on prioritisation of single programs, will simply repeat the known limitations of this type of service delivery identified in the quote above.

Instead there should be a focus on **service integration** and **iterative program development**. The core focus should be on improving social determinants overall and *not* just the successful administrative

deployment of a particular program. To simply administer a program that primarily focuses on a single issue can actually contribute to increased harm through the unintended consequence of further fragmenting the family. Moreover, there needs to be consultation with community, an emphasis on localised information and data, and space for organisational learning and ongoing program development.

Children's education is a case in point. There needs to be locally defined outcomes that are premised on locally generated data that cut across program provision and service delivery. Current tendering processes divide and break up how education is approached, damaging any attempt to engage holistically in a child's education. Housing, for instance, is largely not brought into the fold when looking at education (in respect to program provision) and the impact of inadequate housing undermines many programmatic responses.

Finally, iterative program development and delivery needs to be incorporated. This would mean that consultation and the development of any program (including how it integrates with other programs) should form a part of the reportable activity for the first six to twelve months of its delivery. This will ensure appropriate community involvement, the opportunity to feedback key lessons, and the production of a truly localised and tailored program that responds genuinely to local need. Moreover, supported iterative program development will allow for innovation and the identification of efficiencies.

Recommendations

8. Ensure that language around strength-based protective factors are given equal standing alongside deficit-based predicative factors.
9. Move away from the provision of single contracts that are not integrated with agreed and collaboratively developed outcomes that are shared across multiple programs (with the explicit aim of improving social determinants).
10. Appropriate housing must be a core component of any integrated service delivery response.
11. The iterative development of a program should be a reportable activity for the first six to twelve months of the delivery of the program.

Question Set Three –Jurisdictional Roles and Responsibilities

Question set three focuses on the role and responsibilities of the different spheres of government in respect to the development of children and family services and relevant policies. The roles and responsibilities are also extended to Aboriginal Corporations and non-government organisations.

For the purpose of this submission, we frame this set of questions around the theme of Jurisdictional Roles and Responsibilities. We provide a generalised response to the theme.

CatholicCare NT enjoys excellent working arrangements with both the Northern Territory Government and the Australian Government. Improved integrated service delivery could be achieved through the development of an appropriate mechanism to enhance the development of shared outcomes. This is a process that should be directly linked to policy development.

Local government should also be acknowledged as an important and third sphere of government when working collaboratively to develop outcomes.

CatholicCare NT has a proven track record of working with Indigenous corporations across the Northern Territory. However, increased assistance from funding providers to enhance and resource shared governance arrangements would further empower communities.

Recommendations

12. Development of a more effective mechanism for the sharing of funding information and the development of shared outcomes between all three spheres of government.
13. Ensure that appropriate partnering and governance arrangements are supported through funding arrangements.

Question Set Four – Effectiveness and Efficiency of Funding Arrangements

The fourth set of questions focus on funding. While the Issues Paper clearly indicates that questions around an increase in the quantum of funding is not within its remit, identifying efficiencies, the allocation and the administrative burdens associated with funding are. This includes an important discussion around 'who benefits' from funding arrangements.

For the purpose of this submission, we frame this set of questions around the theme of **Effectiveness and Efficiency of Funding Arrangements**. We provide a generalised response to the theme.

Given the complexity and number of different programs delivered by CatholicCare NT and other NGOs of comparable size, 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.

Contract administration requires significant capacity in order to ensure the compliance and effectiveness of program delivery. Funding bodies can benefit from this arrangement as NGOs of a medium to large size are in an excellent position to leverage efficiencies and to incorporate localised knowledge and data. Moreover, NGOs like CatholicCare NT are well placed to collaborate with communities and Aboriginal corporations to ensure that compliance and outcome development across multiple contracts has genuine local buy in and that governance and skill development is cascaded throughout the service provision network with all partner organisations.

Recommendations

14. That the Productivity Commission recognise the increased administrative burden that has been placed upon NGOs to manage multiple and highly complex contracts.
15. That the management of multiple contracts by NGOs be seen as an opportunity to identify efficiencies and to coordinate and develop shared outcomes across programs.
16. The management of multiple contracts offers opportunities to meaningfully collaborate with communities and Aboriginal corporations to ensure that the benefits of funding arrangements are shared both in terms of outcomes and capacity development.

Question Set Five – Evaluation and Outcomes

Question set five aligns with the important shift to developing outcomes and the design and implementation of appropriate evaluation methods to measure improvement against those outcomes. This submission focusses on effective evaluation models and the cost associated with developing such models, and the language around 'capacity building'. This reflects the question set in relation to the design of policy and programs through to monitoring and reporting. Further, the involvement of communities in the development of the outcomes that are to be evaluated are an important consideration.

For the purpose of this submission, we frame this set of questions around the theme of **Evaluation and Outcomes**. We provide a generalised response to the theme.

CatholicCare NT has invested significantly into developing an organisational-wide evaluation framework. The framework measures the benefits of a holistic and emergence-aware approach that aligns with the organisational vision of:

- Healthy families
- Connected communities
- Honouring culture

Using 'theory of change' as a starting point, coupled with innovative measurement and evaluation methods, the framework incorporates the **identification of underlying assumptions, complex and intersecting causal links and pathways**. Importantly, outcomes (the impact you have) are not conflated with outputs (what you do) (Dyson &Todd, 2010; De Silva et al., 2014; Walton, 2016).

Much of the emphasis with the development of the theories of change is placed upon identifying and understanding the key causal relations that contribute to 'wicked problems' (Walton, 2016). Measurement and evaluation of program and organisational outcomes have been designed to acknowledge the socio-ecological conditions that define the parameters within which they take place. Holistic measurement and evaluation offer an opportunity to sidestep the often reductive programmatic reporting required by funding bodies.

The **cost of developing and evaluation framework is significant**. Moving forward, funding bodies need to acknowledge and incorporate this cost into future funding allocations. Further, large NGOs like CatholicCare NT are in an excellent position to work **collaboratively with place-based partners** to improve their own evaluative approaches.

The problem with capacity building.

Developing community capacity as part of a wider societal response is a vital component to achieve outcomes that will contribute to the erosion of systemic inequalities (see Marmot, et al, 2012). However, the idea that capacity can be 'built' needs careful consideration. The building of capacity is political and governmental – it is not simply a transfer of knowledge (Hughes, 2011; Hameiri, 2009; Louth 2015). Capacity building often prioritises the proceduralising of regulation and administrative implementation, as opposed to the core values-based work (Black, 2000). In an Indigenous setting this can lead to assumptions that capacity building is about the transfer of knowledge in a singular direction. That the capacity needs to be built exclusively within Aboriginal communities and corporations. And, in doing so, the compliance regimes of funding bodies become the determining factor as to whether 'capacity' exists.

This submission proposes that capacity building must be a two-way (or multiple) model where learning occurs by all partners. It is this model that can positively contribute to the development of meaningful and appropriate outcomes. This means setting a community co-design agenda that seeks to empower communities and accepts Indigenous knowledges as fundamental to any capacity building project.

Indigenous knowledges

While it is important to acknowledge that many of CatholicCare NT services are aimed at non-Indigenous clients, there a significant over-representation of Aboriginal families and children. This reflects the ongoing complexity of entrenched disadvantage and intergenerational trauma. Key to partnering with communities in a culturally appropriate manner is to ensure that Indigenous knowledges are respected and integrated into the co-design of service provision.

There is space and opportunity to explore **community** and **cultural literacy** (Vass, et al., 2011). Adapting work related to health literacy (Zarcadoolas, et al. in Vass, et al., 2011), the following two definitions offer a starting point:

Community literacy: "knowledge about sources of information, and about agendas and how to interpret them, that enables citizens to engage in dialogue and decision making."

Cultural literacy: "recognizing and using collective beliefs, customs, world-views and social identity relationships to interpret and act on (as well as produce) information" (p. 36).

Indigenous knowledges should be at the forefront of developing strategies to better serve children in Aboriginal communities in the Northern Territory, and not be simply subsumed by mainstream practices (see Gibson, 1999). To simply tell people that they should live their lives in accordance with a set of rules and expectations – that do not necessarily align within the local context – is an approach that is unlikely to succeed. Understanding Indigenous life experiences and knowledges, which vary across communities and nations, should frame the development of outcomes and the consequent evaluation.

For instance, consider measurement. CatholicCare NT have incorporated both quantitative and qualitative approaches. It is, however, worth noting that qualitative methods more closely align with Indigenous knowledges. (see Botha, 2011; Martin & Mirraboopa, 2003). In particular, **storytelling has emerged as a powerful evaluative and measurement tool**. However, it is both expensive and time-consuming.

Recommendations

17. The development of outcomes should incorporate a broad systematic understanding of the contributing factors that sustain entrenched inequality.
18. Capacity building must not be viewed as the unidirectional transfer of knowledge. It must be a shared space between mainstream practices and Indigenous knowledges.
19. Community co-design needs to be central to the development of appropriate outcomes to improve the wellbeing of children and families.
20. Narrative-based qualitative measurement should be elevated (where it is not already) to best practice status.
21. Funding for programs must incorporate the increasing cost associated with appropriate and rigorous evaluation and measurement.

Question Set Six – Future funding and collaborative solutions

The final set of questions focus on funding and working collaboratively into the future. Funding frameworks, joint funding and prioritisation are central to this set of questions.

For the purpose of this submission, we frame this set of questions around the theme of **Future Funding and Collaborative Solutions**. We provide a generalised response to the theme.

'Complex social problems' or 'wicked problems' have become popular phrases that are too often used to infer to the intractability of intersecting issues (as noted above). However, these complex social problems exist within complex social and economic systems that favour some groups more than others. To overcome entrenched exclusion then there needs to be 'whole of' solutions, not single issue or reductive program service delivery. Moreover, it must be a two-way conversation with communities, it cannot be about assimilation. Indeed, the work undertaken by CatholicCare NT is about identifying and developing practices *with* communities that are culturally appropriate and reflect 'how things work' within remote and regional settings (Louth & Burns, 2018).

International evidence points to a need to move to comprehensive or integrated program service delivery as part of a complex community development approach (Bradshaw, 2010). An important component of this is for difference to be accommodated within each setting. This means that future funding and collaborative approaches need to be **place-based** and incorporate **community-led decision making**.

There are a number of community-led collaborative decision-making approaches. An emerging and popular framework for collaborating to deal with complex social dynamics is collective impact. Briefly, it is a framework that supports the coming together of community, stakeholders, civil society, through to government agencies. While there doesn't need to be strict adherence to any particular approach, the focus on a common agenda/shared aspiration, the importance of data, measurement and learning, coordinating efforts, authentic engagement and appropriate stewardship, are all commendable aims when considering the formation and development of future collaborations (Kania & Kramer, 2011; Cabaj & Weaver, 2016).

A *change process standpoint* needs to ensure that program activities and outcomes are aligned with identified pathways within and across different 'levels' within the broader ecological setting of 'complex social problems.' This means asking questions and developing integrated programs that work across individual, interpersonal, and community needs (Abramsky, et al. 2016). To do this requires deep and sustained community mobilisation and engagement. Moreover, mobilising communities to commit to a process of change is a slow process that will take time – changing social and community norms cannot be forced upon people (see Michau, 2007). Time, support, flexibility, communication and iterative learning are key dynamics that must become central considerations.

This is also supported by North American evidence that **larger and longer-term contracts that focus on integrated service delivery** across significant areas of concerns encourages partnerships (Chen & Grady, 2010). Larger contracts, in this instance, refers not only to the amount or combined quantum of funding, but to the geographic, program breadth or combination of programs, the collaborative incentives and the overall development of a suite of shared outcomes.

Recommendations

22. There must be an ongoing commitment to place-based service delivery that encourages the development and sustainability of local partnerships.
23. Community-led decision making must be a core component of any collaborative approach.
24. Alignment of future programs and activities should be a primary consideration.
25. The implementation of larger and longer contracts needs to be investigated as a method to better integrate service delivery.

Contacts

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References

Abramsky, T., Devries, K. Michau, L. Nakuti, Musya, T., Kiss, L. Kyegombe, N. & Watts, C. (2016), Ecological pathways to prevention: How does the SASA! community mobilisation model work to prevent physical intimate partner violence against women? *BMC Public Health*, 16:339, pp. 1-21.

Ball, J. (2010). Centring Community Services Around Early Childhood Care and Development: Promising Practices in Indigenous Communities in Canada. *Child Health and Education.* 2(2), pp. 28-51.

Black, J. (2000). Proceduralizing regulation: part 1. *Oxford Journal of Legal Studies*, 20(4), pp. 597-614.

Botha, L. (2011). Mixing methods as a process towards Indigenous methodologies. *International Journal of Social Research Methodology*, 14:4, pp. 313-325.

Bradshaw, T. (2000). Complex community development projects: collaboration, comprehensive programs, and community coalitions in complex society. *Community Development Journal*, 35(2), pp. 133-45.

Cabaj, M. & Weaver, L. (2016). Collective impact 3.0: An evolving framework for community change. Community Change Series 2016, Tamarack Institute

Chen, B & Graddy, E. (2010). The Effectiveness of Nonprofit Lead-Organization Networks for Social Service Delivery. *Nonprofit Management & Leadership*, 20(4), pp. 405-422.

DiSalvo, C., Clement, A. & Pipik, V. (2013). Communities: design for, with and by communities, pp. 182-210. In Simonson, J. & Robertson, T. *Routledge International Handbook of Participatory Design*, London: Routledge.

Dyson, A. & Todd, L. (2010). Dealing with complexity: Theory of change evaluation and the full service extended schools initiative. *International Journal of Research & Method in Education*, 33(2), 119-134.

Gibson, C. (1999). Rebuilding the Jawoyn Nation: Regional agreements, spatial politics and Aboriginal self-determination in Katherine, Northern Territory. *Australian Aboriginal Studies*, 1, pp. 10-25.

IAP2. (2015). Public participation spectrum: increasing level of public impact. International Association for Public Participation, Australasia.

Ife, J. (2009). *Human rights from below: achieving rights through community development*. Cambridge: Cambridge University Press.

Hameiri, S. (2009). Capacity and its fallacies: International state building as state transformation. *Millennium: Journal of International Studies* 38(1), 55-81.

Hughes, C. (2011). The politics of knowledge: ethnicity, capacity and return in post-conflict reconstruction policy. *Review of International Studies,* 37(4), 1493-1514.

Kania, J. & Kramer, M. (2011). Collective impact. *Stanford Social Innovation Review*. Winter, pp. 36-41.

Kendall, E., Sunderland, N., Barnett, L., Nalder, G. and Matthews, C. (2011) Beyond the rhetoric of participatory research in Indigenous communities: advances in Australia over the last decade. *Qualitative Health Journal* 21(12), pp. 1719-1728.

Louth, J. (2015). 'Neoliberalising Cambodia: the production of capacity in Southeast Asia', *Globalizations*, 12(3), pp. 400-419.

Louth, J. & Burns, K. (2018). The Financial Exclusion and Homelessness Nexus: Lessons from the Northern Territory. *Parity*, September.

Louth, J. & Goodwin-Smith, I. (2018). "You can't just come in like a fly and take-off": An evaluation report on client and staff experiences of the delivery of CatholicCare Northern Territory's Financial Wellbeing and Capability Program. Australian Centre for Community Services Research, Flinders University. Adelaide.

Louth, J., Mackay, T. & Goodwin-Smith, I. (2018). Developing the power to say no more to violence against women: An investigation into family and domestic violence primary prevention programs in South Australia and the Northern Territory. Australian Centre for Community Services Research, Flinders University. Adelaide

Marmot, M., Allen, J., Bell, R., Bloomer, E. Goldblatt, P. (2012) WHO European review of social determinants of health and the health divide. *The Lancet*. 380, pp. 1011–29

Martin, K & Mirraboopa, B (2003). Ways of knowing, being and doing: a theoretical framework and methods for Indigenous and Indigenist re-search. *Journal of Australian Studies*, 27:76, pp. 203-214.

Michau, L. (2007). Approaching old problems in new ways: community mobilisation as a primary strategy to combat violence against women. *Gender & Development*, 15:1, pp.95-109.

New Zealand Government (2019). The Wellbeing Budget, 30 May 2019.

Walton, M. (2016). Expert views on applying complexity theory in evaluation: Opportunities and barriers. *Evaluation*, 22(4), 410-423.

Vass, A., Mitchell, A. & Dhurrkay, Y. (2011). Health literacy and Australian Indigenous peoples: an analysis of the role of language and worldview. *Health Promotion Journal of Australia*, 22:1, pp. 33-37.