Local Decision Making Framework
Policy

NORTHERN TERRITORY GOVERNMENT

Contents

Foreword

The NT Government view

The Northern Territory Government has an ambitious reform agenda to transform the relationship it has with Aboriginal Territorians in order to support self determination.

In the words of the Chief Minister in The Jabiru Statement:

"Underpinning it all is Local Decision Making – if not the most significant Aboriginal Affairs reform of this generation it is, at least, the most decent.

The degradation and humiliation of the Intervention convinced me 10 years ago meaningful progress, engagement, reconciliation and protection of culture lay not in taking power but returning power.

My team and I believe this today more strongly than ever. We will partner with Aboriginal communities and organisations to determine the shape and control of local healthcare, schools, justice systems, local governments, housing, and how to grow happy and healthy kids.

Instead of government telling communities how it will be, communities will tell government. This could be how to best nurture the kids who have slipped through the gaps, because we know governments can fall short.

Returning decision making is not only decent, it is smart. Because history shows us when a wrong decision is made in Darwin it's hard to fix. And when a wrong decision is made in Canberra, it's even harder to fix. Local decisions are the best decisions.

I understand there is not one homogenous Aboriginal Northern Territory and so each community will take on only what they are comfortable taking on and when they are comfortable doing so.

We will move at your manner and pace. This is big reform and it will not happen overnight

– we are working to a 10-year Territory-wide timeframe – and there will probably be mistakes along the way."

The APO NT view

Aboriginal Peak Organisations Northern Territory (APO NT) is an alliance comprising the Central Land Council (CLC), Northern Land Council (NLC), and the Aboriginal Medical Services Alliance of the NT (AMSANT). The alliance was established to give Aboriginal people a platform to respond to policies which affect them and to provide practical solutions to governments.

In October 2013, APO NT launched a set of principles aimed at empowering Aboriginal organisations and communities in the NT to take control of their futures. More than 20 local, national and international non-government organisations (NGOs) which deliver health and community support services have signed up to the principles, which are also supported by the NT Government.[1]

The principles embody the spirit and substance of the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP), and grew out of a need to change from a narrow service delivery focus in Aboriginal communities to one based on a development approach.

APO NT wants these principles to underpin the NT Government's implementation of Local Decision Making, to help achieve the goal of building strong Aboriginal organisations and benefiting local economies and employment, service provision, culture and control – as demonstrated in the graphic below.
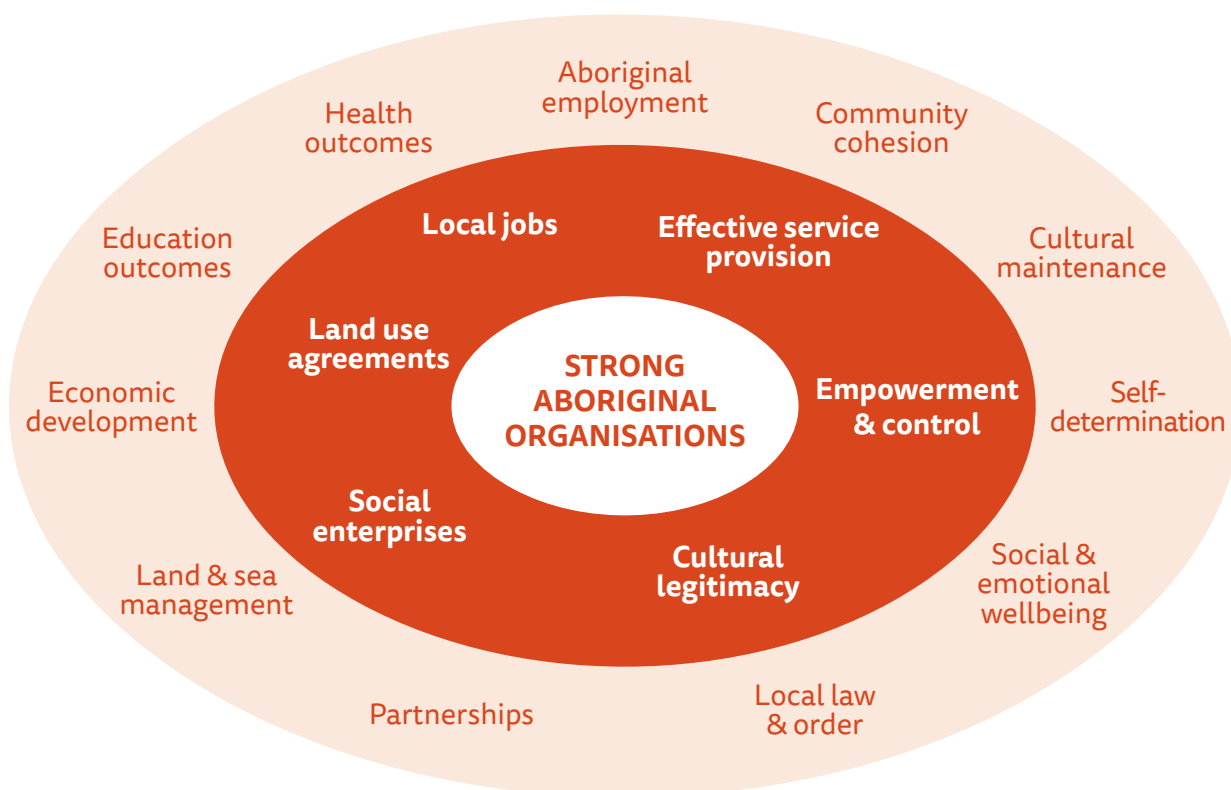
APO NT has experience working with community organisations to strengthen local governance and management. APO NT, through its role on the LDM Reference Group, will continue to work with the Department of Chief Minister (DCM) to advocate for greater Aboriginal control and improve the delivery of services to Aboriginal communities.

[1] http://www.amsant.org.au/apont/our-work/non-government-organisations/apo-nt-ngo-principles/

The NT Government LDM Framework

This NT Government LDM Framework consists of two interconnected documents, which describe the policy of LDM, as well as guidelines, tools and templates for implementation. The process of developing all documents aligns with the LDM principles described on page 15. As such, they are being co-designed with input from APO NT, government agencies and stakeholders. They will evolve over time in an action learning manner, incorporating learnings and new content as it
comes to hand.

Policy

This document describes:

- The "why" - giving the rationale for NT Government and community.

- The "what" - describing what LDM will look like in the NT.

It also touches on the how at a high level, introducing the roadmap for LDM and the staged approach to implementation with communities and in sites across the NT.

Operational Guidelines

This document describes:

- The "how" - giving the detail of activities and key steps in each stage of the LDM approach, including monitoring and evaluation.

- The "who" - describing roles and responsibilities, especially for government.

- The "where" - providing high level guidelines to help community and government decide the places where LDM will work well.

This document provides a series of practical tools, templates and other useful resources.

This will be supported by other resources, for example (if possible and within resource parameters), those available through the APO NT Aboriginal Governance and Management Program (AGMP).

Why Local Decision Making?

A vision for the future

VISION
Aboriginal people determining their own future.

MISSION
Government and Aboriginal community partnerships in the transition of services and programs to community control.

Community-led example – Miwatj Health

Miwatj Health Aboriginal Corporation was established in 1992. It is an independent, Aboriginal-controlled health service administered by a Board of Directors representing communities across East Arnhem Land. Miwatj is the largest remote Aboriginal Community Controlled Health Service in Australia. Miwatj has five clinics located across East Arnhem Land at Galiwin'ku, Milingimbi, Yirrkala, Nhulunbuy and Gunyangara. Miwatj has a community representative board that includes people from all communities in the region including Yolngu, Anindilyakwa and Nunggubuyu language groups. We provide primary health care to approximately 6,200 people. In addition Miwatj is providing public health programs across the whole of East Arnhem, including Groote Eylandt and Numbulwar, servicing approximately 10,000 people.

Miwatj takes a rights based approach to health and sees that the structural inequities that impact so negatively on people's health in communities must change for the gap in health status between Aboriginal and non-Aboriginal people to change. As such, Miwatj has this statement as its core vision:

"Building the capabilities of Miwatj mala so they can take control of their lives, and direct their own futures."

At Miwatj Health we say: "Health services delivery is our day job but our business is about providing empowerment for Yolngu through social transformation and delivering upward socioeconomic status".

Miwatj Health's mission is to improve the health and wellbeing of residents of the communities of East Arnhem Land through the delivery of appropriate and comprehensive primary health care and to promote the control by Aboriginal communities of primary health care resources.

The underlying philosophy of Miwatj Health is the fundamental right of Aboriginal people to control their own health services. This supports the Alma Ata Declaration of the World Health Organisation, which emphasised peoples' right to participate in the planning and implementation of primary healthcare services, and supports the long-accepted principle of self-determination for Indigenous peoples. Miwatj embeds an approach that has Aboriginal self-determination and agency as the core tenant of any program to ensure that social transformation and individual development are part and parcel of all program outcomes. We implement this through our board governance structure, and through our daily involvement in health issues at a grass-roots community level. Miwatj understands, along with Professor Sir Michael Marmot, that the best health strategy of all is to ensure that people have control over their lives and can move up the social gradient.

Miwatj has put this strategy for self determination into action through expanding Aboriginal community control across East Arnhem with the transition of Top End Health Service managed clinics across to Miwatj. Miwatj is continuing this expansion with the clinics at Ramingining and Gapuwiyak transitioning in 2019-20.

Miwatj believes the way forward in Aboriginal health lies in a holistic approach to the implementation of comprehensive primary health care. This includes primary medical care, but also goes beyond that to emphasise culture at its core and self determination as its driver.

Evidence says Local Decision Making works

In the NT, Aboriginal community control has been documented successfully in diverse areas including healthcare, substance abuse, nutrition and food security, financial independence and resilience, personal budgeting and access to banking services.[1] Strong Aboriginal organisations are the precursor to achieving these outcomes, as described in the APO NT graphic on page six.

LDM produces outcomes for community and government

Based on evidence from literature, other jurisdictions and the experience of APO NT and other organisations working with Aboriginal communities, LDM is likely to produce the following outcomes in the NT:

- Better health and wellbeing outcomes for Aboriginal Territorians.

- Improved economic outcomes for Aboriginal communities, including job creation.

- Improved education outcomes.

- Empowerment for Aboriginal people, including strengthening culture.

- Stronger Aboriginal organisations.

- Culturally appropriate government services.

- More effective service delivery.

- Better relationships between government and community.

Nationally, across numerous health indicators, Aboriginal Community Controlled Health Services perform as well or better than mainstream services.[2,3] In New South Wales, regional alliances are negotiating with government around transitioning to community control to produce positive and sustained outcomes for Aboriginal people in their regions.[4] Internationally, local decision making processes are proven across numerous sectors and jurisdictions, for example education[5] and environmental planning.[6]

Community-led example
– Aboriginal Community Controlled Healthcare Services[8]

Across Australia there are currently 140 Aboriginal Community Controlled Healthcare Services (ACCHSs) Aboriginal Medical Services operating in Aboriginal communities. Utilising a model of comprehensive primary health care and community governance, ACCHSs have reduced barriers to health care access and are progressively improving individual health outcomes for Aboriginal people.[7]

There is now a broad range of primary health care data that provides a sound evidence base for comparing the health outcomes for Indigenous people in ACCHSs with the outcomes achieved through mainstream services, and ACCHSs are achieving success. For example, ACCHSs have improved health outcomes in areas where Aboriginal people are considered especially at risk, for example child and maternal health.[2]

ACCHSs play a significant role in training the medical workforce and employing Aboriginal people. They have risen to the challenge of delivering best-practice care and there is a case for expanding ACCHSs into new areas.[7]

1. Australians for Native Title and Reconciliation (ANTaR), A Better Way: Success Stories in Aboriginal community control in the Northern Territory, ANTaR: Sydney, 2010.

2. Paul Mackey, Anne-Marie Boxall and Krister Partel (2014). The relative effectiveness of Aboriginal Community Controlled Health Services compared with mainstream health service. Deeble Institute Evidence Brief, No. 12. Accessible at https://ahha.asn.au/system/files/docs/publications/20140916_deeble_institute_evidence_brief_relative_effectiveness_of_acchs.pdf

3. National Aboriginal Community Controlled Health Organisation, The History of NACCHO. Accessible at http://www.naccho.org.au/about-nacho/naccho-history/

4. Aboriginal Affairs NSW, Pursuing new approaches to get better results for Aboriginal communities in NSW. Accessible at http://www.aboriginalaffairs.nsw.gov.au/working-differently/local-decision-making/aboriginal-regional-alliances

5. Felipe Barrera-Osorio, Tazeen Fasih and Harry Anthony Patrinos with Lucrecia Santibáñez (2009). Decentralised Decision-Making in Schools: The Theory and Evidence on School-Based Management. The International Bank for Reconstruction and Development, World Bank. Washington, USA.

6. Jason Corburn (2003). Bringing Local Knowledge into Environmental Decision Making: Improving Urban Planning for Communities at Risk. Journal of Planning Education and Research, Vol. 22, 4.

7. Kathryn S Panaretto, Mark Wenitong, Selwyn Button and Ian T Ring, Aboriginal community controlled health services: leading the way in primary care. Med J Aust 2014; 200 (11): 649-652. || doi: 10.5694/mja13.00005

Community context

Communities lead the way

Aboriginal communities in the NT have a continuous history of strong, sustainable community and cultural governance stretching back tens of thousands of years. NT Aboriginal communities were also leaders in the development of ACCHSs. Since the first established service over 40 years ago, the ACCHS sector is now the largest provider of primary health care to the Aboriginal community, delivering around 60 percent of services.[1]

It is time to move from consultation to community control

A common frustration in Aboriginal communities working with government is being 'over-consulted' on community 'issues'. Framing 'issues' or 'problems' in a deficit lens can be limiting.

Consultation is a single form of engagement, often looking for insights in regards to already formulated ideas or solutions, with someone else making the decision. This can lead to frustration at being involved only in the final stages of a process, but not involved at the beginning and along the way. In contrast, LDM is based on community aspirations and being involved throughout a process as much as they want to be, and have control of decisions made.

Community-led example
– Southern Tanami Kurdiji Indigenous Corporation (STKIC)

The Southern Tanami Kurdiji Indigenous Corporation (STKIC) provides Mediation and Community Safety Patrol services in Yuendumu, a community of between 800-1000 mostly Warlpiri and Anmatyerr people, 293 km northwest of Alice Springs.

In March 2012 what was then the Yuendumu Mediation and Justice Committee was registered as a Corporation under CATSI Act, while remaining auspiced by the Central Desert Regional Council. In March 2016 the Corporation was registered under its new name, the Southern Tanami Kurdiji Indigenous Corporation, to reflect its expansion into Willowra and future plans to work with the Nyirripi community. Around the same time, the board of directors secured the agreement of the council to apply for funding as a council program for a further two years before becoming a fully independent, autonomous body in 2018.

STKIC is now in the midst of this transition. For now it is bound by the council's policies and procedures and does not have financial autonomy, and this is changing incrementally. It does have a large membership, holds annual general meetings, elects a board of directors and operates according to its own Rule Book.

STKIC plays a powerful role in building community harmony and is a positive and compelling example of the drive of the community in taking control of the matters that affect them.[2]

1. APO NT data.
2. Presented at the APO NT Innovating to Succeed Forum, 3 March 2017, Alice Springs. Program accessible at
http://aboriginalgovernance.org.au/uploads/images/Presenter-Bios-and-Case-Studies-APONT-Innovating-to-Succeed-Forum-3-Mar-2017.pdf

Government context

Government cannot keep doing things the same way

Aboriginal Territorians have strong culture and connection to country and are ready to work with government to improve outcomes for families and communities. Almost one in three Territorians are Aboriginal. 98 percent of landmass in the NT is subject to Aboriginal land tenure arrangements.

Due to the impacts of colonisation and ineffective policies in the past, health, education, employment and justice outcomes are poor for Aboriginal people (when considered as a group).[1] In health for example, Aboriginal people have a higher burden of chronic disease, higher mortality and lower life expectancy than non-Aboriginal people.[2] Life expectancy is ten years less for women and twelve years less for men[2]; Indigenous people living in remote Australia have chronic kidney disease at a rate of 20 times the comparable non-Indigenous population; Aboriginal people are 70 times more likely than non-Aboriginal people to develop rheumatic fever and 65 times more likely to have rheumatic heart disease.[4] The only national Closing the Gap target on track is year 12 attainment. Outcomes for child mortality, life expectancy, early childhood education, school attendance, reading, numeracy and employment remain poor.[5]

Existing resources need to be used better

In 2015-16, estimated total government expenditure per person for Aboriginal Territorians was more than double the rate for non-Indigenous Territorians.[6,7] Some of this difference is accounted for because 78 percent of Aboriginal Territorians live outside Darwin[8], nearly 60 percent in very remote areas.[9] However, this does not explain the disparity in outcomes for Aboriginal Territorians compared to non-Indigenous people in remote areas.

This is why the Federal Government is undertaking a refresh of Closing the Gap and the NT Government has a strong foccus on Aboriginal Affairs, particularly in LDM.

A new direction for the Northern Territory Government

Despite government effort, clearly government doesn't always have the right solutions, and needs to do things differently. LDM will be working with community to ensure community aspirations can transpire to better outcomes. The NT Government is leading LDM in the Territory, however the Federal Government, local governments and regional councils are key partners with a role in helping LDM succeed in benefiting communities and stakeholders. Better use of the resources available can achieve better outcomes for community. LDM is a key platform of government to drive change in the Territory. Together with the Aboriginal Affairs Strategy Refresh and the review of procurement to include more local and Aboriginal organisations, LDM stands to benefit community and government by transforming the way services are delivered and having a positive impact on community.

Those in community understand the issues and opportunities better than those in Darwin. Government will engage Aboriginal Territorians on how to address services in their community. This framework provides the mechanism to do that, and translate this vision into action and on the ground outcomes. It was developed following extensive consultation completed by the Department of Chief Minister (DCM) over twelve months between 2017- 2018.

1. Australian Institute of Health and Welfare, 2013

2. Northern Territory Department of Health Annual Report, 2015-16 and NT Aboriginal Health Key Performance Indicators, Results from 2014.

3. Kidney Health Australia, 2016.

4. Rheumatic Heart Disease Australia, 2017.

5. Closing the Gap Prime Minister's Report 2017, Department of Prime Minister and Cabinet, Australian Government.

6. 2017 Indigenous Expenditure Report, Productivity Commission for the Steering Committee for the Review of Government Service Provision.

7. Total direct and indirect expenditure of the Territory and Australian Governments, as analysed by PwCs Indigenous Consulting.

8. Australian Bureau of Statistics, 2075.0 - Census of Population and Housing - Counts of Aboriginal and Torres Strait Islander Australians, 2016.

9. NT Aboriginal Health Key Performance Indicators, Results from 2014

Principles and concepts

What is Local Decision Making?

LDM is about people determining their own futures. It is a process for community control.

LDM aims to facilitate a new working relationship between Aboriginal communities and government agencies, setting out a pathway for communities to have control over service delivery and programs. To be successful, LDM requires genuine agency participation, and a public promise from government to share authority and decision making.

What is local?

In different places and different projects, the question of what is local has been handled differently. It is important to be clear on the meaning of local for each LDM project, and ensure this understanding is shared. What government might consider local, community may consider regional. Neither is right or wrong, placed-based and regional models can work. Shared understanding must be built, so when one group is saying 'local' it is understood in the same way by everyone.

What do we mean by decision making?

Local Decision Making means enabling people to have a say in what happens in their community. It means government and community have shared authority that ultimately leads to community control. Key considerations include:

- **Capacity and resourcing:** to provide robust and valuable advice, there must be some investment to ensure communities have the resources and experience to properly partner with government;

- **Sharing authority:** ensuring communities have a

genuine voice naturally requires government to create the appropriate environment. In some areas, this may lead to community control of services, for example health, housing and education.

- **Change:** for government, communities and service providers, LDM will challenge existing ways of thinking and operating. People and organisations will need to understand and be open to change.

- **Information sharing:** often between government and communities there can be an information gap. LDM will require government to share more information with community. Wherever possible this information should be provided in a relatable, easy to understand and culturally appropriate way, including in the language of the local community. Community need to be able to request information they want and need. The NT Government's committed to providing information to guide the process for change.

What does it mean for the NT?

LDM is not a new idea. It builds on significant hard work, success and lessons learned from existing initiatives, including by community organisations and by the Departments of Health and Education in moving to community control. Whether community or government initiated, all successful projects include a level of community control. Some communities and agencies are already well advanced. The framework will be useful to support this approach. Other agencies might do good community engagement, and can use this as a guide to take that further. The framework is flexible, and will be accompanied by tools, templates and stories to help transform LDM from a concept into practical action, and change on the ground for communities.

What can be achieved?

The priorities for community control through LDM will vary between projects and community. The NT Government is committed to working to meet community aspirations, recognising regulatory, legislative and Commonwealth requirements.

How will it work in government?

LDM within the NT Government can be coordinated by individual agencies, or DCM. DCM has a place-based approach, with senior staff on the ground in community, and will lead coordination of government. Details of how this coordination will work in practice will be given in the operational guidelines, which will be developed in consultation with community stakeholders.

How will it work in community, and what is the role for local authorities?

Community can engage in LDM through a local governance structure of their choice, for example cultural governance structure, Aboriginal organisations or local authority. This body should represent the views of the whole community on the priorities under consideration. This can be an entirely new community body, or it may be an existing community body or local authority. Details of how this will work in practice will be given in the operational guidelines.

Community-led example – Gunbalanya Community School

Gunbalanya Community School is an Independent Public School (IPS) in West Arnhem Land, 320 km south-east of Darwin. The community-led approach within the school has evolved through the efforts directed by the school's unique and powerful leadership comprising two principals – Indigenous and non-Indigenous. The principals' exploration of constructive governance and operational frameworks has brought the school community together for improved service delivery that has responded to the community needs. This has led the school and community on a 'turtle step' journey towards self-determination as expressed through authentic local decision making.

The Gunbalanya Community school board was formed in 2017 through an extensive community-led election process. The School Board has membership of elected community members, staff and senior students.

The Gunbalanya IPS's Business Plan 2017-2022 has been created after extensive consultation with the IPS Board and Community. This community led and government funded school board has been co-designed with government in a collaborative process and will be monitored in partnership with the Department of Education. The board has courageously and fearlessly discussed the complex array of issues facing the school and community it serves, and has arrived at five focus areas which it believes are fundamental to how the school may best serve students' and the community needs.

The school board has been working all along in governance and leadership development through the school funded development of the Waralnang – Kunwinjku word meaning "saw a vision" (Business Plan 2017-2022).

The five focus areas are:

1. Parents are engaged in their children's education.

2. The school provides increased opportunities for school leavers, and support for students in transition to further education, jobs and training.

3. Strengthen two-way teaching and learning across all year levels.

4. The Gunbalanya IPS Board governs the school with a focus on strategic improvement.

5. The school environment meets the needs of students and staff.

Local Decision Making guiding principles

Based on experience in the NT and other jurisdictions, and best practice, the following principles will guide government and communities as they begin LDM processes in the Territory. To truly be considered LDM, a process must align with ALL the principles.

These principles were informed by and align with the APO NT Partnership Principles, designed to guide non-Aboriginal NGOs working with Aboriginal organisations and communities in the NT.

In undertaking the LDM process, government and partners acknowledge and commit to the following:

Self-determination

Aboriginal people and communities understand their own needs and have the ability to develop their own solutions. They are leading decision making processes. We will respect culture and existing or traditional decision making processes. Aligns with APO NT Partnership Principle 8.

Place-based

We will respect connection to country. We recognise the importance of cultural fit. Our processes and expectations are adaptable to different locations, communities and services. We will recognise and value existing practice, capacity and outcomes in each location. We will develop cultural competency in dealing with individual communities. Aligns with APO NT Partnership Principles 2, 3, 6, 10.

Flexible

We will take the time to get it right. We will ensure culturally safe processes. Government will explore being genuinely flexible around funding and reporting cycles. Government will coordinate between agencies and processes, and will be responsive to local decision-making time-frames'. Wherever possible, we will provide the resources to build necessary capacity to engage meaningfully. We accept that things may go off-track, and will provide support mechanisms for these cases. Aligns with APO NT Partnership Principles 1, 2, 3, 4, 5.

Co-design

We commit to working alongside each other. We will not design something and come to community for input. We will design together from the very beginning. We will be open and transparent throughout the process. Aligns with APO NT Partnership Principles 4, 5, 7.

Community control

We will transfer control from government to community throughout the process, where agreed. Wherever possible, we will be flexible with short term requirements, aligning them with the long-term vision. We will respect community views, and support community to reach their aspirations throughout the process. Aligns with APO NT Partnership Principle 7, 8, 9.

1. Accessible at http://www.amsant.org.au/apont/our-work/non-government-organisations/apo-nt-ngo-principles/

Two-way capacity strengthening

"Taking genuine decision–making powers away from communities and organisations, and handing them back later and expecting Indigenous people to assume 'ownership' of models and rules they have had no say in developing, will not work."[1]

Two-way capacity strengthening enables government agencies and community representatives to work together. The NT Government is committed to remote engagement and better service coordination with remote Aboriginal community members, as described in the Remote Engagement and Coordination Strategy (RECS). LDM goes to another level, enabling community control in decision making. To enable this, government will invest in two-way capacity strengthening.

Government will provide support and resources in the early stages to set LDM up for success. In the first instance, each group brings different strengths:

- Government has institutional power such as regulations and legislations, it has financial control, a specialist

workforce and policy specific knowledge of different services.

- Within community there is cultural authority and responsibilities, traditional governance, local knowledge, resilience and longstanding connection to country.

Where required, community representatives must be supported to revitalise and strengthen their negotiation skills, leadership aspirations and traditional support structures. Government agencies must also better understand place-based approaches and frontline leadership, then work to strengthen local cultural competency, preferably through training provided by people from that particular community.

Trust will need to be built through clear communication, keeping promises and meeting deadlines, and making good faith gestures. This will set LDM up for success. The two-way capacity strengthening required to enable this engagement is described in more detail in the LDM operational guidelines.

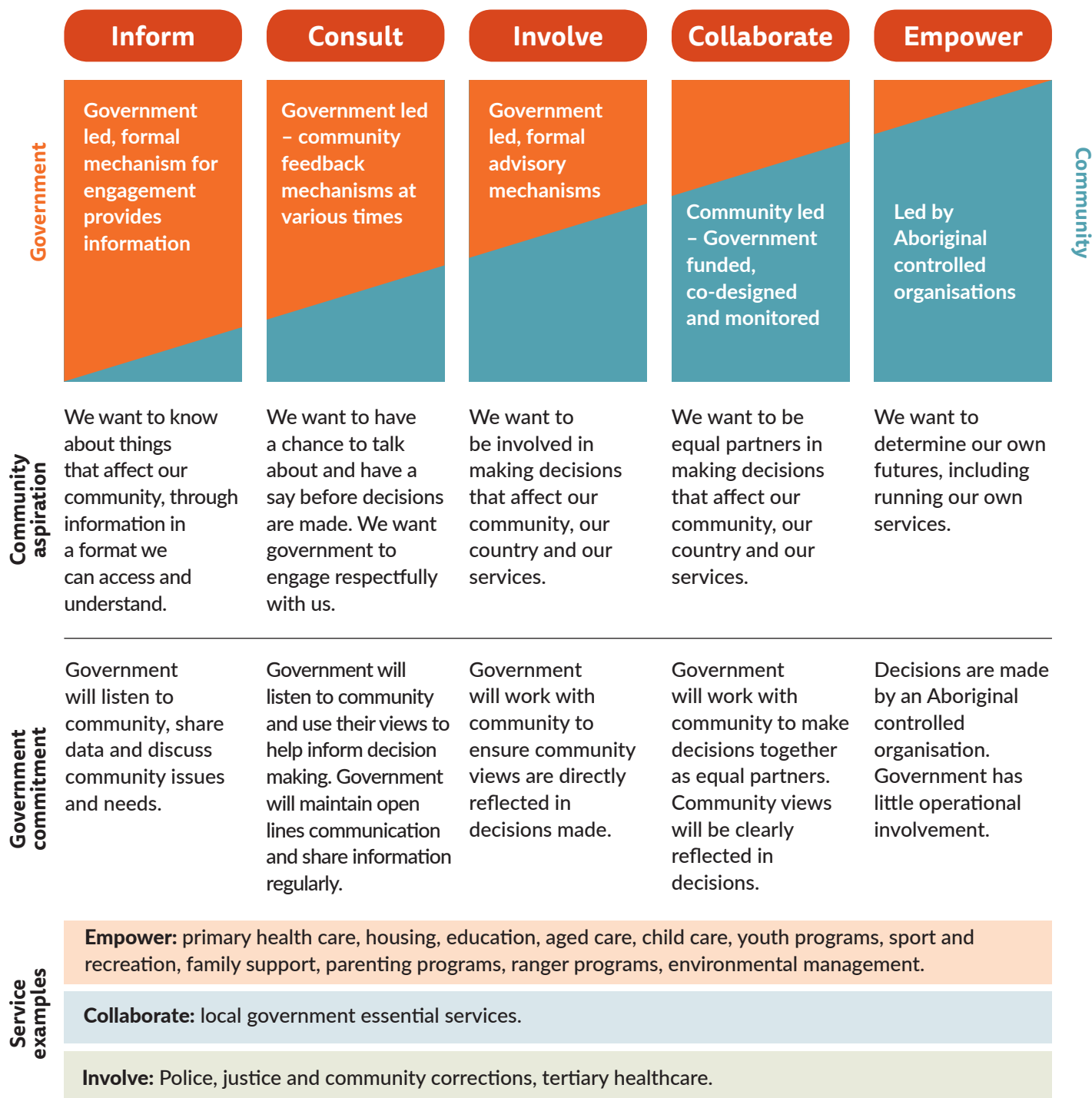| **Community**	**Government**
May need capacity strengthening	
Negotiation training	Coordination between agencies
Community support structures	Flexibility in processes, practices, reporting and success measures
Governance training	Local cultural competency
Existing authority	
Resilience	Departmental policy
Cultural authority	Financial resources and control
Connection to country	Institutional power, legislation and regulation

[1.] Janine O'Flynn, John Wann (2009). Collaborative Governance: A New Era of Public Policy in Australia? Canberra: ANU E Press

Community control continuum

Government will work in partnership with Aboriginal communities, in accordance with LDM principles, to facilitate community control over decisions relating to social, cultural, environmental and economic priorities. Different communities have different aspirations. Some communities may want to have more of a say, while some may want to take on the running of services. The leve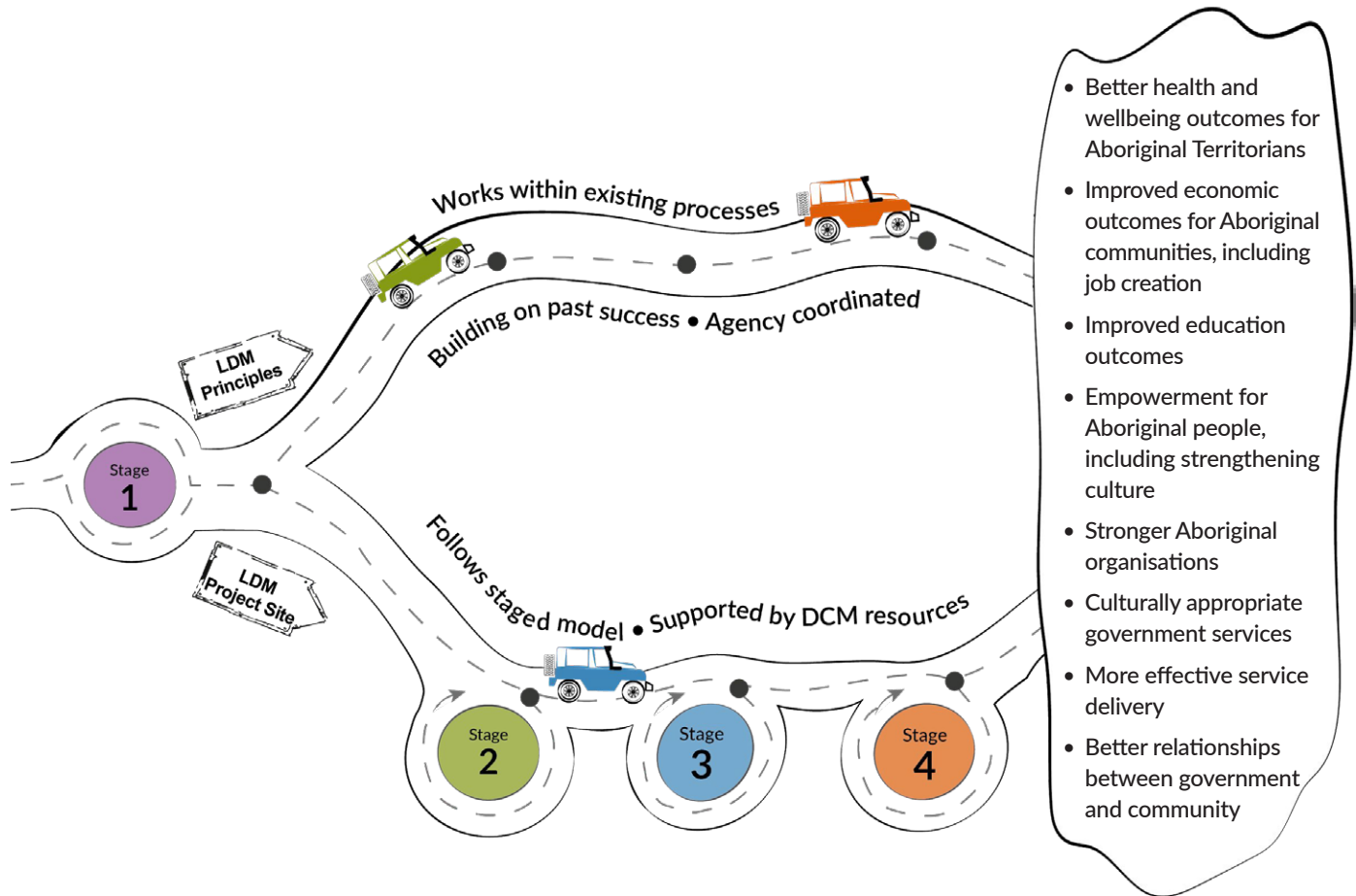l of ownership or LDM will depend on community capabilities and aspirations. Aspirations can change over time. The model below indicates that there is a continuum for an Indigenous community to have ownership, decision-making power, and control, of their communities. Depending on legislative, regulatory and Commonwealth requirements differing levels of decision making authority may apply.

	Inform	Consult	Involve	Collaborate	Empower
Government / Community	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
Community aspiration	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 making decisions that affect our community, our country and our services.	We want to determine our own futures, including running our own services.
Government commitment	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 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 together as equal partners. Community views will be clearly reflected in decisions.	Decisions are made by an Aboriginal controlled organisation. Government has little operational involvement.

Service examples

Empower: primary health care, housing, education, aged care, child care, youth programs, sport and recreation, family support, parenting programs, ranger programs, environmental management.

Collaborate: local government essential services.

Involve: Police, justice and community corrections, tertiary healthcare.

The Community Control Continuum is based on the principles of 'International Association for Public Participation (IAP2) Public Participation Spectrum'

Roadmap for Implementation

Roadmap for implementation of Local Decision Making

Works within existing processes

Building on past success • Agency coordinated

LDM Principles

Stage 1

LDM Project Site

Follows staged model • Supported by DCM resources

Stage 2

Stage 3

Stage 4

- Better health and wellbeing outcomes for Aboriginal Territorians
- Improved economic outcomes for Aboriginal communities, including job creation
- Improved education outcomes
- Empowerment for Aboriginal people, including strengthening culture
- Stronger Aboriginal organisations
- Culturally appropriate government services
- More effective service delivery
- Better relationships between government and community

Embedded, adaptive monitoring and evaluation

Stage 1: Preparing	Stage 2: Becoming an LDM site	Stage 3: Negotiating	Stage 4: Implementing
Community and government prepare to engage in the LDM process, understanding if they are ready to negotiate, what they might want to negotiate about, how to engage together, what's in and what's out, and share meaningful information.	The LDM project site and who will engage for community and government are confirmed. What is and is not on the table must be decided, and areas of specific interest identified (e.g. health clinic, safe house etc).	Formal negotiations start. Details such as level of community control and mechanism for transfer are agreed. A common purpose is reached.	Changes agreed during stage three are implemented, according to details agreed. This may include phased transfer of services and skills development, enabling community control of services.

Roadmap for the staged approach for Local Decision Making

The process of LDM will be different in each site and for each service. The roadmap for implementation in the NT takes a staged approach but is flexible to enable communities and government to best meet community aspirations. The LDM roadmap is based on these key concepts:

The LDM principles guide all LDM interactions and activities.

Outcomes are similar, but there are different ways to get there.

LDM can deliver better outcomes for Aboriginal Territorians, yet there is no one path to get to those outcomes, shown by the two roads.

The 'top road' relates to a single issue or service, or LDM Principles. It can fit within existing processes, for example transitioning a health service to community control. It will be primarily coordinated by the relevant government agency. Regional staff from DCM will be informed of the process, and can offer support if requested.

The 'bottom road' relates to LDM Projects which are place-based, coordinated by DCM and supported by specific resources.

Community and government can undertake more than one LDM process at a time.

Government and community can be in the process of working through community control on more than one issue at the same time. They could be transitioning one service with one government agency, while still preparing to engage with another agency on a different issue.

The process is flexible.

Community and government can agree to move from the top road (LDM Principles) to the bottom road (LDM Project Site). They can turn around on the road and go back to further explore community aspirations or possibilities as new information or experience comes to light.

LDM follows a staged approach, which helps community and government decide how to go forward.

This is shown by the roundabouts, numbered by stage. These stages can proceed quickly, or take some time.

Checkpoints show you when you move from stage to stage.

LDM is not time bound, rather clear checkpoints indicate moving from stage to stage. These checkpoints are described in detail in the operational guidelines, shown on the roadmap by black dots.

### Some communities and agencies have already undertaken significant work.

Some communities have already transitioned services to community control, as described in the examples on pages 8, 9, 10 and 14. This is shown on the conceptual roadmap by the road travelled before reaching stage 1. This work can 'fast track' moving through the checkpoints and relevant stages.

Monitoring and evaluation is embedded throughout the process.

Making decisions together

Throughout the LDM process, government and community are making decisions together. This includes about how to go forward through the stages, and the road they want to be on.

The decision tree below is an example of how this can be done at each stage. Decisions are shaded to match the stages.
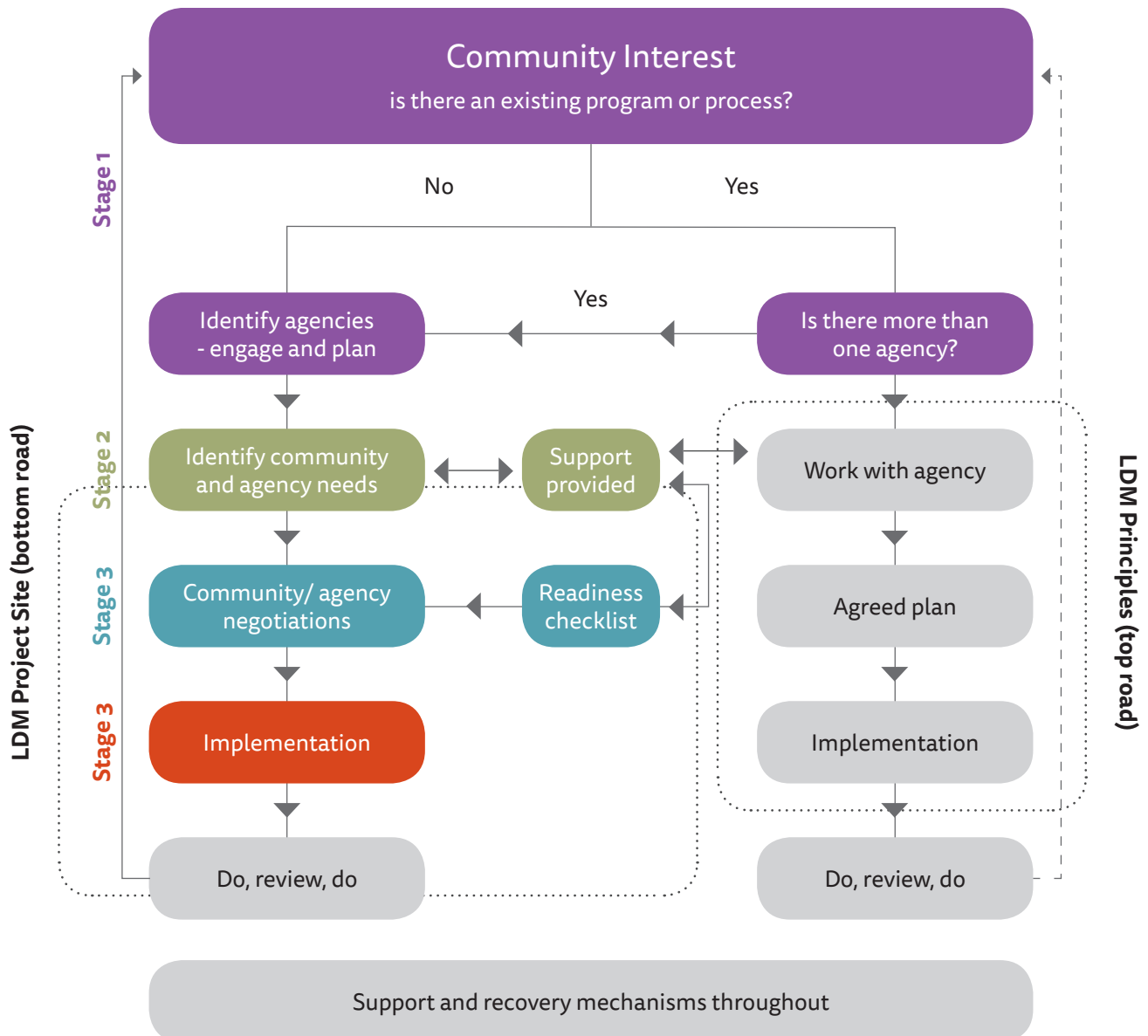
The staged approach for Local Decision Making

The LDM Framework uses a staged approach which will assist communities and government to mutually understand and agree what's required and to ensure there is time to work together to develop site-specific approaches, reflecting individual community and agency needs and aspirations. The overarching policy also allows for other communities to begin transitioning to LDM outside project sites using existing resources or processes in place.

There is no time bounds for each stage, rather there are crucial checkpoints that demonstrate progression between the stages. There may be any number of communities

in various stages on the LDM roadmap at any one time. There is an expectation some communities will be well advanced and may transition to community control quicker than others, and some may be starting on their journey of wanting to have more control and therefore will require additional support and resources.

The Checkpoints: Checkpoints are tools that will help both government and community to progress from one stage to another. Progress through these does not have to be linear.

Stage 1. Preparing

Conversations are held between and within community and government. This takes time and resources, supported by government.

Community explores their aspirations or community priorities and shares these with government. They decide who will represent them in negotiations, possibly forming a new community governance body. There are many examples of how this can occur.

Government gets ready, including coordination between agencies and understanding implications of any changes made to meet community aspirations.

Together, communities and government must decide how to go forward, taking into consideration whether there is an existing government process or program which can be used to make the changes agreed. The decision tree given on the opposite page is an example of how government and community can decide to proceed.

Checkpoint: This stage may end with an exchange of letters acknowleddging a commitment to work together.

LDM Principles – Top Road

Where community aspiration is for community control related to a single issue service, this should be pursued through LDM Principles. An agency coordinates the government response in line with LDM Principles. Existing agency processes and resources should be used, with flexibility to adapt to community aspirations as required. Agencies should keep DCM informed through their regional network, and can call on DCM for advice or assistance in their LDM Principles project. Agencies may choose to follow stages 2-4 described on the next page, or they may choose a different approach.

LDM Principles – Bottom Road

Potential LDM Project Sites are where community aspiration is broader and relates to multiple priorities, issues or services. DCM will coordinate the government response through their regional network, with resource support. The LDM process will follow stages 2-4, as described on the next page.

Stages for Local Decision Making Project Sites

Stage 2. Becoming an LDM Project Site

Communities and government build strong relationships based on trust and good faith. They identify who has the authority to negotiate and sign off, and define what is 'in' and what is 'out', based on community aspirations, legislative or regulatory requirements.

Government provides community relevant data and information to make informed decisions.

This stage can also be resource intensive, and may take some time.

Checkpoint: This stage ends with an memorendum of understanding or formal agreement between community and government, describing how they will work together to share control for decision making and/or service delivery. The agreement will include a plan for stages 3 and 4, and an agreed monitoring and evaluation framework.

Stage 3. Negotiating

Community and government begin negotiations. The details of LDM, such as service transition, resources, governance and timeframes are agreed.

Communication stays open, checking in regularly on progress and support is available for government and community when required. This will require a strong

relationship between community organisations (and peak bodies) and government agencies.

Checkpoint: This stage ends with exchange of a formal contract or other agreed instrument, with agreed terms for all parties.

Stage 4. Implementing

Community and government proceed with changes agreed, such as transition of services. They maintain a strong transparent relationship through clear and regular communication.

Checkpoint: This stage ends when the terms of the agreement are reached and changes implemented as agreed.

Embedded monitoring and evaluation

Effective monitoring and evaluation is vital to the success of LDM. Monitoring and evaluation is flexible and does not reflect 'monitoring and evaluation' in a traditional sense. For each Project Site it is different, as each project is different. If the goals of a single Project Site change and evolve over time, this should not be considered failure.

Crucial to the success of monitoring and evaluation is flexibility and two-way communication. The use of the language of monitoring and evaluation is very important in

LDM as it is about 'continuing the conversation' or 'two-way checking in' rather than making people feel they are being tested or monitored. The focus is how the project is going, not targets or data.

Cultural adaptivity and liaison is essential. Project resourcing and timelines will consider this. An important aspect of monitoring and evaluation will be a support and recovery mechanism that ensures there is sufficient support when required. Two-way honest communication will be crucial to be able to respond early.

A regional model for government coordination

The NT Government will take a coordinated, regional approach to LDM (regions are shown in the graphic to the right). Where multiple issues or services are involved, a Regional Coordination Group could be the key mechanism through which the government engages with community. This group consists of all relevant government agencies, together with partner organisations, such as local authorities and the Commonwealth government. Each member agency or organisation contributes priorities, issues and data. From this, the community is engaged in a coordinated way. Other departments are pulled in as required, and updates shared with the entire group. In this way, the approach is coordinated, efficient and effective in producing outcomes for community and government. An example of how this is working in practice is shown in the graphic below.
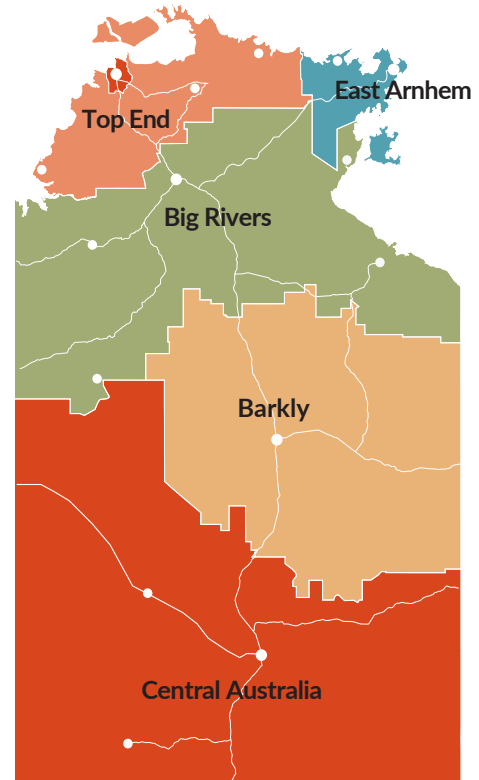
The Regional Coordination Group:

- Provides strategic leadership
- Can address service delivery issues
- Enables regionally based cross-agency collaboration
- Can address emergency management.

Legend:
- Reporting
- Participant on regional coord
- Participation varies per region
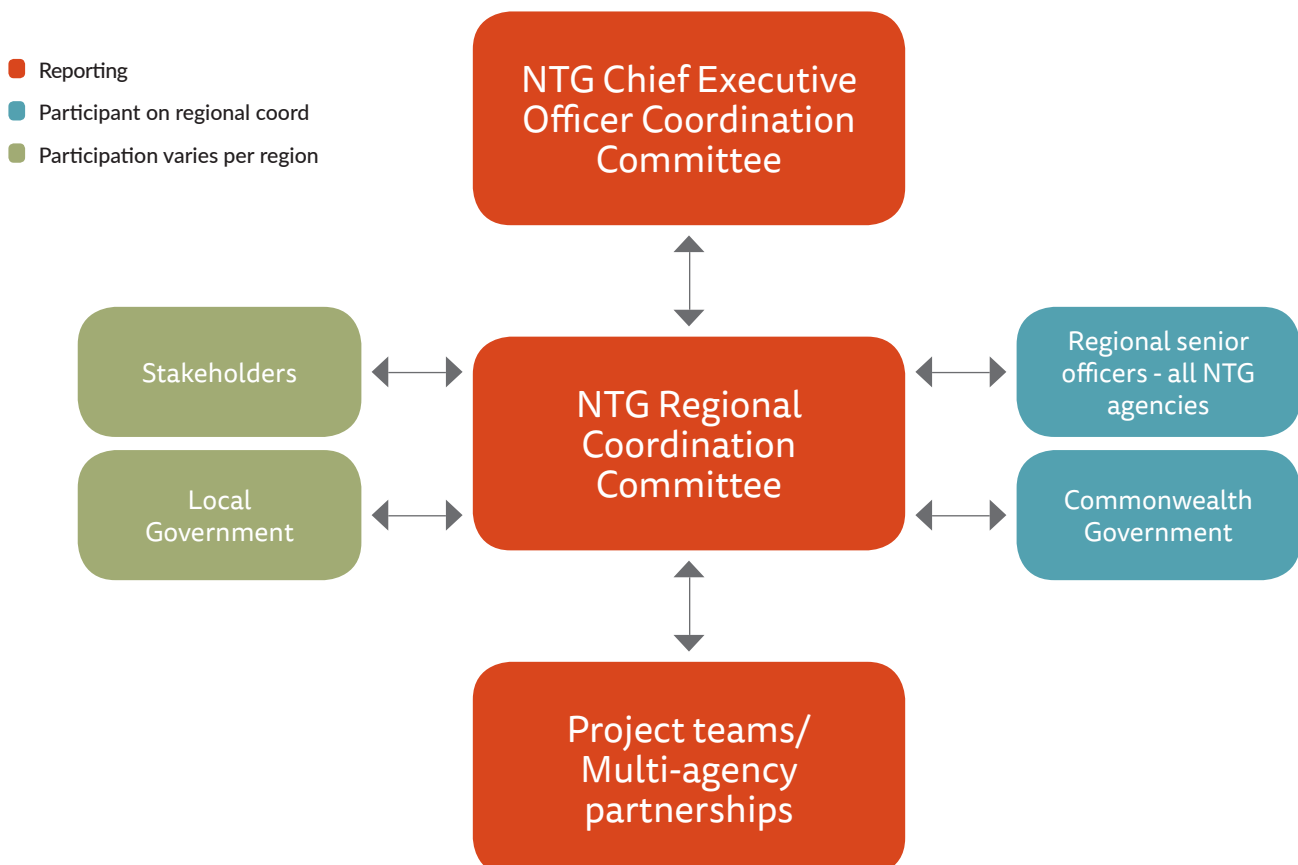
Implementation guidance

The implementation of this framework will be supported by a number of initiatives and resources. Government understand the need for genuine partnerships between our stakeholders and partners as well as within Government for this framework to be effective and to deliver the desired outcomes sought.

Stakeholders and partnerships

Successful implementation of this framework will rely on developing a strong relationship based on trust and courage. This 'new way' of doing business will require NT Government agencies to have the courage to be flexible, to listen and to give communities the chance to demonstrate ability and willingness to take control. Trust is an outcome of effective relationships and implementation of principles of LDM.

APO NT is a key LDM partner. The work they are undertaking in the Governance and Management Project and co-designing the framework is already strengthening both community and government as they prepare to engage in LDM.

The Commonwealth Government and the agreed community representative bodies (which may in some cases include local authorities), are other key partners.

Resources

A combination of existing and additional resources will be required in order to implement this framework. A mapping exercise to identify the existing NT Government resources that communities and government can utilise to support implementation, minimising duplication and waste. The government is aware that in some cases additional resources will be required in order for communities to have equitable opportunity in implementing the LDM framework. Resources may include expertise, personnel, training , interpreting services and funding.

Operational guidelines and tools/templates

Following release of this policy, operational guidelines and tools/templates to support LDM will be developed using a co-design approach and shared with all partners and stakeholders in an easily accessible way. These can then be customised, and used to support or replace existing processes. They will evolve over time in an action learning manner, incorporating learnings and new content as it comes to hand.