

# Case study:

# South Australian Social Inclusion Initiative

# **Case study: South Australian Social Inclusion Initiative**

Produced by the UK Health Forum and commissioned by the Health Foundation.

Authors: Alison Giles, Danielle Costigan, Hannah Graff, Rebecca Stacey and Modi Mwatsama

© UK Health Forum 2019

#### **About the UK Health Forum**

The UK Health Forum is a health charity generating evidence to support better policymaking through policy research and modelling.

www.ukhealthforum.org.uk

#### **About the Health Foundation**

The Health Foundation is an independent charity committed to bringing about better health and health care for people in the UK.

www.health.org.uk



# **Contents**

Ca	ase study: South Australian Social Inclusion Initiative	3
	Summary	3
	Introduction	5
	Timeline	5
	Description of the policy	6
	SII announced as an election commitment by opposition leader	6
	The SII launched by new government	6
	Example SII approach to tackling poor retention rates in schools	7
	Example SII approach to tackling homelessness	9
	Evaluation	.10
	Outcomes of the SII programme	.11
	Process outcomes	.11
	Outcomes on the determinants of health	.11
	Political outcomes	.11
	Lessons learned	.12
	What worked	.12
	What didn't work	.12
	Implications for the UK context	. 14
	References	15

# **Case study: South Australian Social Inclusion Initiative**

# **Summary**

Historically, the state of South Australia has lagged behind other Australian states and territories on a range of economic, social and health indicators. For example, in 2004 the average weekly income in South Australia was AUD\$848 per week, compared to the national average of \$914 per week. As a result, the major health issues facing South Australia include high levels of socio-economic inequalities, increasing rates of chronic disease and disability, and the substantially poorer health of its indigenous population. Tackling these socio-economic inequalities was the main goal of the South Australian Social Inclusion Initiative (SII) which was established by the incoming Rann government in 2002.

The SII was a collection of governance and administrative arrangements designed to facilitate a whole-of-government approach to social inclusion and exclusion, which was modelled on the UK Blair government's Social Exclusion Unit. It was led by an independent Social Inclusion Board that was outside the government's departmental system and reported directly to the head of government. The board was supported by an executive Social Inclusion Unit that was housed within the government's department of Premier and Cabinet. All SII integrated policies were presented to and approved by the Cabinet, and funded by the Treasury.

The board initially focused on the priority areas of drug misuse, homelessness and school retention and subsequently looked at Aboriginal health and wellbeing, youth offending, mental health and disability. These areas received almost \$80m in new funding over the first five years. Specific cross-departmental targets on social inclusion were included in the South Australia Strategic Plan in an effort to mainstream social inclusion and sustain progress when specific SII funding ceased.

The SII assisted government departments in applying joined-up, integrated social inclusion policies and eliminating bureaucratic barriers to implementation. Inter-ministerial committees were established for each SII mandated priority area to monitor the progress of government departments, solve any problems and maintain momentum. This unique arrangement provided the board with the delegated power of the head of government to work independently by 'providing independent advice, while embedded in government'.

SII examples included the successful Innovative Community Action Network which worked to improve poor school retention rates through local multi-stakeholder committees. The programme included the development of innovative accredited learning opportunities in non-traditional out of school settings. As part of its approach to tackling homelessness, the government's Common Ground programme invested in new housing developments for homeless people to provide affordable, long-term accommodation and ongoing on-site support services in partnership with actors from the not-for-profit sector.

No formal evaluation of the SII appears to have been undertaken, however a rapid appraisal case study examined the main factors which contributed to the success of the initiative. Among its main outcomes, the SII served as a catalyst for change in government processes by bringing government departments together to remove the blocks to intersectoral working. Some of the SII's priority areas

achieved impressive outcomes; for example, South Australia bucked the national trend in rising homelessness, with a decline of 5% between 2001 and 2006, and its homeless programmes were adopted elsewhere in the country. The success of the SII led to the development of a federal social inclusion strategy in 2007.

Among the lessons learned, key governance aspects which contributed to the SII's success were:

- high-level political commitment and delegated power from the state Premier
- the adoption of a whole-of-government and whole-system approach to tackling complex issues complemented by funding from the Treasury department
- the adoption of a bottom-up approach to community engagement in the identification of problems and development of solutions
- the inclusion of specific SII targets in the South Australia Strategic Plan against which performance was monitored and measured.

## Barriers to progress included:

- insufficient knowledge and capacity to deliver intersectoral work within some government departments
- failures in some departments to buy into and support the SII's projects.

Reducing inequalities remains a priority in the UK today. This case study provides a number of useful lessons for UK actors concerned with implementing joined-up, whole-of-government approaches to working with socially excluded individuals.

# Introduction

South Australia has a population of 1.64 million, of which around 1.7% is aboriginal (around 5% of the total aboriginal population of Australia). Historically, the state has always lagged behind Australia's states and territories on a range of economic indicators, with the exception of Tasmania. Its population tends to be older, and poorer with higher levels of unemployment than the rest of the country. The state was hit disproportionately harder than other states by the economic recessions in the 1980s and 1990s. Manufacturing more than halved from 15% of value added in 1990 to 7% in 2017, compared to a decline of 10.5% to 6.2% for the rest of the country. South Australia's decline has been accompanied by a shift from full-time manufacturing work to part-time and lower-paid health care jobs (10% of gross value added – GVA) and agriculture jobs (6% GVA) in 2017. (3) These factors all contribute to average incomes in the state of South Australia being the lowest in the country: in 2004, the average weekly income in South Australia was \$848<sup>1</sup> per week, compared to the national average of \$914 per week.

Around 60% of the disease burden in South Australia is attributable to injury, domestic violence, cardiovascular conditions, cancer, diabetes, asthma, renal disease/failure, arthritis and musculoskeletal conditions. <sup>(1)</sup> In keeping with its economic inequalities, South Australia is characterised by higher levels of poor health and health inequalities compared to the national average. For example, disability adjusted life years (DALYs) are a measure of the amount of years of life lost due to premature mortality in a population. <sup>(5)</sup> In 2008, the DALYs for the most disadvantaged area in South Australia was 172.6 per 1,000 persons, around 80% greater than the DALY rate in the least disadvantaged area (94.9 DALYs per 1,000 persons). <sup>(1)</sup>

Between 1987 and 2006, premature mortality in those under 75 in South Australia declined by 35.8% compared to a national average of 39.7%. However, over the same period, the difference in standardised mortality rates between the most and least disadvantaged populations declined by 39.6% in Australia, but only by 14.8% in South Australia. (6) The health status of South Australia's aboriginal population is significantly lower than the state's average. In 2008, the life expectancy gap between the general population in South Australia and its aboriginal population was 18.5 years for males and 15.3 years for females. (1)

As a result of the trends described above the major health issues facing South Australia include high levels of socio-economic inequalities, increasing rates of chronic disease and disability, and the substantially poorer health of its indigenous population. (6) Tackling these socio-economic inequalities was the main goal of South Australia's Social Inclusion Initiative (SII) which will be described in more detail in this case study.

# Timeline

Year	Event
2000	Mike Rann, leader of the opposition in South Australia, commits to tackling social
	issues in his address to the Australian Labor Party State Platform Convention
2002	New Labor government elected in South Australia, headed by Mike Rann
2002	The South Australian SII was established, with the creation of the Social Inclusion
	Board

<sup>&</sup>lt;sup>1</sup> Figures are quoted in Australian dollars.

5

2002	The Rann Government sets up the Social Inclusion Unit, to support the work of the
	Social Inclusion Board
2004	Mike Rann appointed to new position of Social Inclusion Minister initiated by the
	South Australian government
2006	Monsignor Cappo appointed to new position of Commissioner for Social Inclusion in
	South Australia
2007	New Labour government elected at the federal level in Australia, with Prime
	Minister Rudd
2007	Australian federal government adopts a Social Inclusion Framework
2011	New Labor government elected in South Australia led by Premier Jay Weatherill
2011	New Labor government of South Australia disbands the Social Inclusion Unit and
	'mainstreams' its activities
2013	Election of federal Coalition government led by Prime Minister Tony Abbott
2013	Australian Social Inclusion Unit and Board disbanded by Coalition government

# **Description of the policy**

#### SII announced as an election commitment by opposition leader

In his address to the Australian Labor Party State Platform Convention on 14 October 2000, Mike Rann, then leader of the opposition in South Australia, announced that there would be a Change for the Better. He proposed the establishment of the SII as an election commitment. It was to be a 'cornerstone of a different way of tackling pressing social issues'. He policy was announced in recognition of growing concerns around social justice among the electorate due to the rise in high-profile problems such as homelessness, drug use, poverty and widening inequalities. (9)

### The SII launched by new government

Once elected, the new state government undertook consultation on the proposed SII across the public sector through chief executives. The responses were supportive of the initiative, however there were concerns that the Social Inclusion Unit should build on existing approaches, work within an overarching policy framework, address systemic problems and provide systemic solutions.

The Rann government established the SII in 2002 with the aim to facilitate a whole-of-government approach to social inclusion and exclusion. It was modelled on the UK Blair government's Social Exclusion Unit in its focus on partnerships and innovation. SII's focus was on providing the South Australian government with advice on innovative ways to address complex social issues and on developing cross government policies and services to bring about public sector reform. <sup>(10)</sup> The initiative had a strong emphasis on providing opportunities for the most vulnerable members of society to participate in the social and economic life of the community.

'Underpinning the board's work was an understanding that groups of people within the broad community were excluded from an active and dignified participation in the economic and social life of the community. Barriers and obstacles existed both structurally and personally that prevented some people and groups of people from living out their active citizenship.

'The Social Inclusion Board saw as its primary task the removal of these barriers and to provide people in disadvantage with access to secure housing, learning and employment, health and other services, social support and connections, in order to participate as fully as possible.'(11)

# Governance and approach

The SII was a collection of governance and administrative arrangements which was led by an independent Social Inclusion Board, chaired by Monsignor David Cappo, which reported directly to the head of government, Premier Mike Rann. The board was supported in its policy development and implementation by the Social Inclusion Unit – an executive body with 20 staff at its peak. The unit was housed within the department of Premier and Cabinet, and was directly and independently supervised by the chair of the board from outside the government's departmental system. All SII integrated policies were presented to and approved by the Cabinet. The SII worked closely with the Treasury to ensure that the plans were funded.

The SII then assisted government departments in applying the joined-up, integrated policies and eliminating bureaucratic barriers to implementation. Inter-ministerial committees were established for each SII mandated priority area. These committees monitored the progress and performance of government departments, and were responsible for ensuring that momentum was maintained. This unique arrangement provided the Social Inclusion Board with the delegated power of the head of government to work independently by 'providing independent advice, while embedded in government'. The Premier of South Australia also adopted the position of Minister for Social Inclusion, and introduced a process of dual accountability on social inclusion in which the chief executives of the government departments were not only responsible to their (silo) minister but were also directly responsible to him for social inclusion work.

'This was a unique arrangement emphasising the authority and independence of both the board and unit. It was a clear signal that the power base established by the head of government and the Chair/Commissioner for Social Inclusion could bypass normal bureaucratic lines of authority, if needed, to achieve policy integration and effective implementation.' (11)

The board initially focused on the priority areas of drug misuse, homelessness and school retention during its first five years, before subsequently examining Aboriginal health and wellbeing, youth offending, mental health and disability. These areas received almost \$80m in new funding over the first five years of the SII. (12)

The SII was a catalyst for change, bringing government departments together to remove the blocks to intersectoral working. One way in which this was done was by encouraging a culture of teamwork to break down silo thinking. While funding was provided, a key goal of the SII was to ensure that new funding for social inclusion programmes led to reduced spending in the immediate system or in other related systems through reduced demand for services over time. (13) In an effort to mainstream social inclusion and sustain progress when new funding ceased, the SII also began to build consensus among the various stakeholders on its importance when specific SII funding ceased. This was helped by the inclusion of specific targets related to social inclusion in the South Australia Strategic Plan that translated into performance agreements for government chief executives.

#### Example SII approach to tackling poor retention rates in schools

One of the aims of the Social Inclusion Board's 2004 action strategy, *Making the Connections*, was to increase South Australia's poor school retention rate which at 67% had been lower than the Australian average for the previous five years. The SII developed a School Retention Action Plan (SRAP) to trial projects to retain young people on learning (either school based or outside school)

and earning pathways. The Department of Education provided funding of \$28.8m over four years. (14) This was in recognition that poorer educational outcomes contributed to social inclusion through their association with low paying and insecure jobs, lower incomes and poorer health outcomes.

The SII board sought to drive a 'paradigm shift' that placed the responsibility of this group of vulnerable students not only with the school or the education department but with the broad community. It also sought to shift power and decision making for solving the problem to the students themselves and the community, away from the education bureaucracy. The robust implementation and monitoring process meant that problems such as personnel, funding, communication or resistance to change could be quickly confronted and resolved. (111)

The Innovative Community Action Network (ICAN) was the largest SRAP initiative, with \$7.4m funding over four years. (14) ICAN was designed as regionally based local committees with power and resources to understand and respond to local school retention problems. The programme members included young people and families, schools, community leaders, business leaders and different levels of government. (14) Community consultation was a central pillar which involved 'active listening', a process of 'reporting back to the community' on the results of consultation and its recommendations, and providing feedback on implementation.

Some programmes catered for specific groups of people, such as the 'young mums' programme which supported women who were either pregnant or had young children. It aimed to improve the health and wellbeing of both the young women and their children, while also re-engaging them on learning pathways. It provided accredited learning towards qualifications such as the South Australian Certificate of Education (SACE) award for those who complete secondary school. Courses were tailored towards the audience with topics such as healthy food, budgeting, children's literacy and computing. ICAN supported the programme by providing transport, an on-site midwife, a free crèche, a counsellor and a childcare centre. (14)

Other projects were tailored towards the unique context of the community. The Gawler 15 programme developed an accredited hospitality training programme for young people aged 16–18 who had disengaged from learning. It was developed in collaboration with local businesses from the hospitality and tourism sector in response to a local skill shortage. The businesses joined with ICAN to build a commercial kitchen at Gawler High School. Students were able to gain a Certificate in Kitchen Operations, as well as their SACE. The students were also supported by individual case management to address any issues that might prevent them from succeeding in learning and earning pathways. (14)

Between 2004 and 2007, ICAN trialled more than 80 programmes in which there were over 3,000 programme participants. The initiative proved hugely successful and by 2008, 82% of ICAN programme participants had successfully reengaged with learning or earning. (14) The main factors that contributed to ICAN's success were:

ICAN recognised that many of the young people who it targeted had complex problems which
could not be dealt with by the school alone. It was able to demonstrate that, through a shared
sense of responsibility, young people at risk could be supported by bringing together
government and non-government agencies, community groups, business and industry, schools
and families, to address collectively the difficulties they were facing.

- In recognition that one size does not fit all, ICAN focused on personalised, negotiated learning which put the young person at the centre to help them take ownership of the learning.
- ICAN recognised that learning could take place in settings outside school.
- ICAN recognised the necessity of individual case management, and worked in partnership with agencies, youth and social workers to help address the complexity of issues and build the relationships that were essential to reengaging vulnerable young people. (14)

# **Example SII approach to tackling homelessness**

As part of its approach to tackling homelessness, the government's Common Ground programme invested in new housing developments for homeless people and people on low incomes who were at risk of homelessness. The programme provided affordable, long-term accommodation and ongoing on-site support services in partnership with the not-for-profit sector. Common Ground was complemented by the Street to Home programme which provided essential 'assertive outreach' capacity to engage the most chronic rough sleepers as 'the crucial ingredient in our attack on homelessness'. (13) The programmes aimed to improve lives and reduce demand and costs to government for other services such emergency hospital visits and encounters with the criminal justice system. (13)

As a result of these programmes, homelessness levels in South Australia bucked the national trend and declined by 5% during between 2001 and 2006; levels in inner city Adelaide (South Australia's capital) achieved a 30% decrease in rough sleepers over the same period. These figures were in contrast to an increase of 19% across the country as a whole. The successful implementation of Common Ground Adelaide subsequently led to the adoption of the model across Australia. (13)

# **Evaluation**

While the SII is reported to have incorporated a robust monitoring process, the official reports from that period do not appear to be in the public domain and no formal evaluation appears to have been undertaken on the initiative. Nevertheless, the findings of some of the SII's individual programmes were written up and/or presented as conference papers, and several are referenced in this case study. In addition, the Social Exclusion Knowledge Network of the World Health Organization's Commission on the Social Determinants of Health commissioned a case study on the process underpinning the overall SII to inform the Commission's work. (10) The rapid appraisal case study covered the period from 2002–2006 and involved document analyses and interviews with 10 senior experts involved in the SII. The study identified a number of outcomes; however, as with all evaluations, direct attribution of these outcomes to the SII was methodologically difficult. (10)

# **Outcomes of the SII programme**

#### **Process outcomes**

The SII served as a catalyst for change, bringing government departments together to remove the blocks to intersectoral working. One way in which this was done was by encouraging a culture of team work across agencies to break down silo thinking. An example of success in this area was the police force in one region putting community police officers on each of the local ICAN management boards in Port Pirie, following a 39% reduction in youth crime over the first two years of the ICAN programmes. (14) The success of the ICAN initiative also led to mainstream changes within the education system with the introduction of the Flexible Learning Options programme in which education budgeting rules were relaxed to enable school funds to be spent on a broader range of non-traditional activities beyond the confines of the school in 2007. (11, 14)

The SII also helped to build consensus among the various stakeholders on the importance of social inclusion in an attempt to sustain progress when specific SII funding ceased. An example of this in practice was the Common Ground combined housing and social support programme in which government and the not-for-profit sector joined forces to address homelessness and its related challenges.

#### Outcomes on the determinants of health

The Rann government's SII was credited with helping to raise the profile of some of the problems relating to the determinants of health such as homelessness and indigenous disadvantage. (15, 16) As discussed previously, some of its programmes demonstrated impressive outcomes and were adopted elsewhere in the country or mainstreamed. For example, in the area of school retention, the ICAN and related programmes contributed to an overall increase in school retention rates in South Australia from 67% in 1999 to 86.3% in 2011. (11) Similarly, South Australia bucked the national trend in rising homelessness, with a decline of 5% between 2001 and 2006 a result of its homeless programme.

#### **Political outcomes**

The success of the South Australian SII led to the development of a social inclusion strategy by the incoming Labour federal government under the leadership of Kevin Rudd in 2007. A new Social Inclusion Unit was established within the Department of the Prime Minister and Cabinet in 2007, with responsibility for coordinating a whole-of-government approach to social inclusion through undertaking research and analysis. This was complemented by the establishment of the federal Australian Social Inclusion Board in May 2008. (17)

# **Lessons learned**

#### What worked

Several aspects of the governance and administration of the SII contributed to its success, including the following: (12)

- 1. There was high-level political commitment from the state Premier, complemented by high profile 'champions' and leaders in the form of the chair of the independent board and associated board members who were respected leaders and experts in the area.
- 2. A whole-of-government and whole-system approach was used to tackle complex issues.
- 3. The involvement of the Treasury department ensured that its programmes were adequately resourced.
- 4. The formal delegated power and authority bestowed on the Social Inclusion Board from the Premier enabled it to intervene effectively across the system to achieve change.
- 5. The bottom-up approach to community engagement in the identification of problems and development of solutions helped to ensure they were grounded in reality.
- 6. The inclusion of specific social inclusion targets in the South Australia Strategic Plan translated into performance agreements for chief executives of government departments.
- 7. The SII also led to improved measurement of social inclusion through the adoption of a social indicator framework to monitor exclusion, which provided impetus to better identify areas of achievement and failure. (10, 15)

#### What didn't work

#### Governance

There were potential improvements to the governance and administration of the programme:

- 1. Greater attention could have been paid to building capacity and knowledge on how best to deliver intersectoral work
- 2. Despite the efforts to sell the programme across government, the SII work was viewed as 'additional' by some government departments and they were unwilling or unable to support the SII's plans
- 3. Similarly, some of the agencies involved also struggled to fund the changes in the ways of working that arose from the SII through their existing budgets and without significant incentives
- 4. The traditional annual budget cycle was found to have hampered departmental ability to make long-term plans that would have encouraged and sustained joined-up working across government.<sup>(10)</sup>

#### **Politics**

Despite providing increased funding for social policies, the Rann government's SII was criticised for its coercive stance, which focused on 'assertively' addressing problem behaviour in difficult individuals and groups – such as the homeless and drug users who had the potential to become a threat to society (see section on homelessness). This focus on problem individuals and their difficulties, as opposed to the systemic determinants of their problems, was a departure from traditional Labor approaches to tackling social inclusion. (4) A related criticism was that the initiative failed to widen its focus to encourage broader cultural change to address the beliefs, attitudes and actions of 'those who were doing the excluding'. (2, 12, 15) As a result, the high-level political support

enjoyed by the SII during the reign of Premier Rann proved to be a double-edged sword. The SII was disbanded in 2011 by the new incoming Premier of the South Australian government, Jay Weatherill, who was from a different faction of the South Australian Labor Party. (4)

#### **Outcomes**

Despite the improvements achieved in areas such as reducing homelessness and improving school retention rates, the gap between South Australia's overall levels of inequality and the national levels is reported to have remained constant by the time Rann left office. Some characterised this as a failure of the SII to tackle economic disadvantage, although the Rann government considered wealth redistribution to be part of the federal government's remit on fiscal and monetary policy.

# **Implications for the UK context**

Reducing inequalities remains a priority in the UK today. This case study provides a number of useful lessons for UK actors concerned with implementing joined-up, whole-of-government approaches to working with socially excluded individuals. Among them are:

- 1. the need for high-level political leadership, as well as delegated power and authority, to implement a whole-of-government approach
- 2. the need for high level champions to advocate for change
- 3. the need for bottom-up community engagement in identifying the problems and their solutions
- 4. the provision of seed funding and adoption of measurable targets.

These elements all serve to help drive successful joint working.

In addition to the above, South Australia's SII was modelled on the Blair government's Social Exclusion Unit. A comparison of the two programmes is outside of the scope of this study, and while the two programmes operated at different levels of government, it could nevertheless be worthwhile to compare approaches and success achieved across the two.

# References

- 1. South Australia Department of Health. *South Australia: Our Health and Health Services*. South Australia Department of Health; 2008.
- 2. Manwaring R. *Reinventing Labor: the South Australian Rann government (2002-2011).* Flinders University of South Australia; 2013.
- 3. Jericho G. Why South Australians are older, poorer and on their way interstate. *The Guardian*; 14 March 2018 (<a href="www.theguardian.com/business/grogonomics/2018/mar/15/south-australia-dragged-down-by-demographics">www.theguardian.com/business/grogonomics/2018/mar/15/south-australia-dragged-down-by-demographics</a>).
- 4. Wilson L. Social Inclusion. In: Spoehr J (ed.) State of South Australia: From Crisis to Prosperity? Wakefield Press; 2009.
- 5. World Health Organization. Metrics: Disability-Adjusted Life Year (DALY) [webpage]. World Health Organization (www.who.int/healthinfo/global burden disease/metrics daly/en/).
- 6. Hetzel D, Glover J. Health. In: Spoehr J (ed.) *State of South Australia: From Crisis to Prosperity?* Wakefield Press; 2009.
- 7. Farrington F. Social exclusion in South Australia: Analysing the South Australian Labor Party's Social Inclusion Initiative.
- (http://unijobs.holon.net/socialexclusion/farringtonsocialexclusionsapolicy.pdf).
- 8. Government of South Australia. Cabinet subjects for consideration, 3 June 2002. Social Inclusion Establishment Approved. DPC015/02CS. *Government of South Australia*; 2002.
- 9. Averis R. Averting the crisis or avoiding the compromise? A regulation approach to social inclusion policies and practices in the Australian context. PhD Thesis. Averis R; 2008.
- 10. Baum F, Newman L, Biedrzycki K, Patterson J. Can a regional government's social inclusion initiative contribute to the quest for health equity? *Health Promot Int*. 2010; 25(4): 474–482.
- 11. Cappo D, Verity F. Social Inclusion and Integrative Practices. *Social Inclusion*. 2014; 2(1): 24–33.
- 12. Popay J, Escorel S, Hernández M, Johnston H, Mathieson J, Rispel L. *Understanding and Tackling Social Exclusion*. WHO Social Exclusion Knowledge Network; 2008.
- 13. Cappo D. South Australia's social inclusion initiative: Results-driven social innovation. *The History and Future of Social Innovation conference, Adelaide, 19–21 June 2008.*
- 14. Koen S, Duigan P. Forging brighter futures: Innovative approaches to improving prospects for at risk young people. *The History and Future of Social Innovation conference, Adelaide, 19–21 June 2008.*
- 15. Gerry R. Social inclusion in Australia what has it achieved? *Australian Journal of Social Issues*. 2015; 50(2): 115–117.
- 16. Jane R. Policy approaches to addressing Aboriginal social inclusion in South Australia. *Australian Journal of Social Issues.* 2015; 50(2): 171–189.
- 17. Aboriginal and Torres Strait Council of Social Service Inc. *You, Me, Everybody: Understanding social inclusion in the ACT and Australia.* ACTCOSS; 2012.