Service Integration for Aboriginal and Torres Strait Islander Early Childhood Development
Final Report

SNAICC | First 1000 Days Australia | The University of Melbourne

Service Integration for Aboriginal and Torres Strait Islander Early Childhood Development Final Report

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Terminology
Unless noted otherwise, throughout this document the term 'Aboriginal' should be considered inclusive of both Aboriginal and Torres Strait Islander peoples. The term 'Indigenous' refers collectively to the First Peoples of Australia, New Zealand, North America, and other countries around the globe. 'Non-Indigenous' is used to refer to those who do not identify as a member of the community of First Peoples of their respective countries.

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Acknowledgments

Acronyms

ACCOs	Aboriginal community controlled organisations
ACFCs	Aboriginal Child and Family Centres
BBF	budget-based finance
COAG	Council of Australian Governments
ECEC	early childhood education and care
MACS	Multi-functional Aboriginal Children's Services
OOHC	out-of-home care
PICC	Palm Island Community Company

The importance of the early years

Evidence demonstrates that the period from conception through the early years of a child's life is critical in providing strong foundations for lifelong physical and mental health, and for social and emotional wellbeing (Ritte, Panozzo et al. 2016).

When children do not feel safe, calm or protected, their brains place emphasis on developing neuronal pathways that are associated with survival before those that are essential to future learning and growth. There is a cumulative negative effect on learning and development when children are exposed early in life to adverse environments and experiences, and continue to be exposed to such experiences. While this trajectory is reversible it clearly points to the value in providing quality primary prevention and intervention in the early years of life (Moore et al. 2017).

Aboriginal and Torres Strait Islander child wellbeing includes safety, health, culture and connections, mental health and emotional wellbeing, home and environment, learning and skills, empowerment and economic wellbeing. These wellbeing domains are inter-related – for example, having access to material basics is essential to full participation in learning and education which contributes to safety and security. Achievement of wellbeing outcomes depends on a complex interplay between individual (child) and family factors and broader community and societal factors. This means that focusing on just one wellbeing domain to the exclusion of others will not lead to improvements in overall child wellbeing (Queensland Government 2016).

While most Aboriginal and Torres Strait Islander children and families thrive, there remains a proportion who continue to experience extreme disadvantage and vulnerability. Inequity trajectories start early, with pregnancy, birth and early childhood critical transition periods for families, especially mothers and infants. These periods also present a time of great opportunity to contribute to healthy growth, learning and development and to reduce vulnerabilities associated with child protection notifications (Holland 2015).

For expectant mothers, experiences of disadvantage are closely linked to a range of factors that affect the healthy development of children during pregnancy and early in a child's life. Key factors that negatively impact child development at this critical stage include domestic violence, psychological stress, substance misuse and poor nutrition (Moore 2017). This disadvantage is compounded by the social determinants of health, such as poorer housing, insecure employment, lower educational outcomes, and limited access to health care including during pregnancy (Carson et al. 2007). Supports and quality services that are initiated during pregnancy, and continue throughout the first years of life (the 'early years'), can improve child development and wellbeing outcomes, shift developmental delays and contribute to population-level outcomes.

The range of personal, family and social life issues faced by parents and carers experiencing vulnerability can prevent them from providing the positive, safe and nurturing care environment that is needed for a child. Poor physical and mental health, intellectual disability, poverty, insecure housing, family violence, alcohol and other drug misuse, or a lack of social support and connectedness can negatively impact on people's capacity to parent especially when these factors occur in multiple combinations.

In Australia, Aboriginal and Torres Strait Islander children are over-represented at virtually every decision making point in the child protection system that is currently reported at a national level. Aboriginal and Torres Strait Islander children are far more likely than non-Indigenous children to be notified, investigated, substantiated and/or placed on a protection order, and to reside in out-of-home care (OOHC). Furthermore, the disparities between Aboriginal and Torres Strait Islander children and non-Indigenous children have continued to increase dramatically for each and every one of these measures in recent years.

There are a variety of factors that may bring children and families to the attention of statutory child protection agencies. For Aboriginal and Torres Strait Islander families, the drivers of child protection involvement are a consequence of the economic, social and political contexts in which families live (UNICEF 2010).

Children and young people placed in OOHC are 16 times more likely than the equivalent population to be under youth justice supervision in the same year (AIHW 2016). In Victoria, a study of young people sentenced to imprisonment by the Children's Court found that 88 per cent had been subject to an average of 4.6 notifications to the Child Protection Service. Almost one-third had been the subject of six or more notifications, and 86 per cent had been in OOHC (ALRC & NSWLRC 2010).
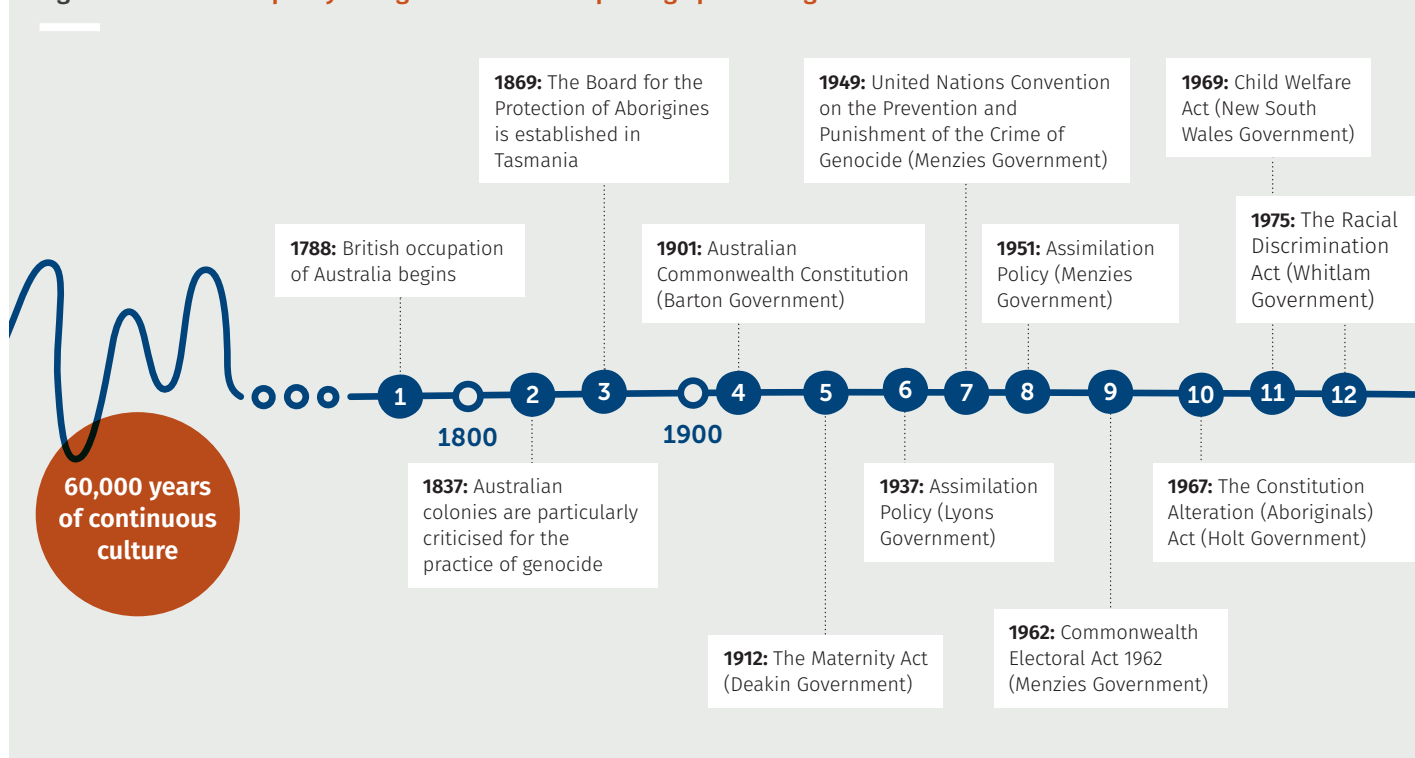
Juvenile detention is a key driver of adult incarceration. One study found that 90 per cent of Aboriginal and Torres Strait Islander young people who appeared in a children's court went on to appear in an adult court within eight years, with 36 per cent of those receiving a prison sentence later in life (SSCRRIC 2010).

Early education and care, together with support for parents and other family members, can play a vital role in giving all children a fair start in life. High-quality services can be both protective and enriching, with all children benefitting from them. The benefits are particularly significant for children experiencing disadvantage (Pascoe & Brennan 2017).

Children who are developmentally vulnerable are less likely to do well at school, and are more likely to leave school early and to have poorer life outcomes. Aboriginal and Torres Strait Islander children are 2.5 times as likely as other children to be developmentally vulnerable when they start school (SCRGSP 2016). There has been some improvement in the measured developmental vulnerability of these children in recent years but the differences between them and their non-Indigenous counterparts have not changed (SCRGSP 2016).

It is a significant achievement that enrolments of Aboriginal and Torres Strait Islander children in pre-school programs in the year before school are now almost on par with non-Indigenous children. However, Aboriginal and Torres Strait Islander children remain under-represented in early education and care services, start early education later and attend for fewer hours than non-Indigenous children (SCRGSP 2018). Their under-representation in early education and care services correlates strongly with developmental vulnerability. The 2015 Australian Early Development Census identified that Aboriginal and Torres Strait Islander children are consistently more than 2.6 times as likely to be vulnerable on two or more domains as non-Indigenous children (SCRGSP 2018).

Figure 1: Some of the policy changes in Australia impacting upon Aboriginal children and families

60,000 years of continuous culture

1788: British occupation of Australia begins

1800

1837: Australian colonies are particularly criticised for the practice of genocide

1869: The Board for the Protection of Aborigines is established in Tasmania

1901: Australian Commonwealth Constitution (Barton Government)

1900

1912: The Maternity Act (Deakin Government)

1937: Assimilation Policy (Lyons Government)

1949: United Nations Convention on the Prevention and Punishment of the Crime of Genocide (Menzies Government)

1951: Assimilation Policy (Menzies Government)

1962: Commonwealth Electoral Act 1962 (Menzies Government)

1967: The Constitution Alteration (Aboriginals) Act (Holt Government)

1969: Child Welfare Act (New South Wales Government)

1975: The Racial Discrimination Act (Whitlam Government)

The Australian policy context

Aboriginal and Torres Strait Islander participation in early education and care occurs in the context of both Australian Government policy and programs, as well as State/Territory government policy and programs.
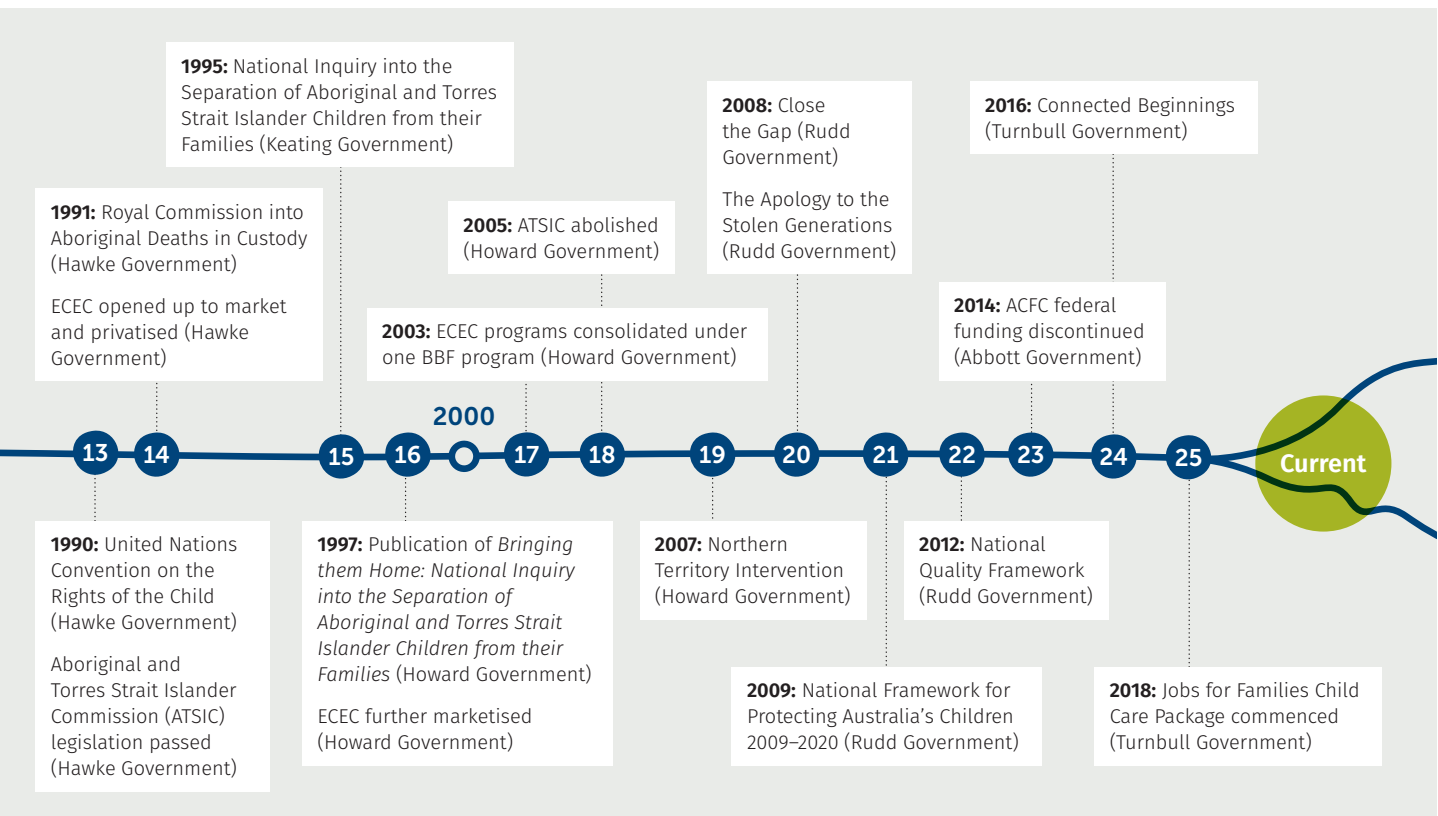
Aboriginal and Torres Strait Islander children and early years services are impacted by a number of government policies and frameworks that have changed over time reflecting a variety of policy goals and approaches and shifting priorities (see Figure 1 below).

Beginning in the 1970s, Aboriginal and Torres Strait Islander early years services grew organically out of a range of different service models and now include:

▶ Multi-functional Aboriginal Children's Services or MACS. These are culturally centred community-based services that provide long day care and at least one other form of childcare or activity, such as out-of-school hours care, playgroups, nutrition programs and/or parenting programs

▶ Crèches, which provide culturally appropriate childcare programs over flexible hours, based on the needs of their community

▶ Indigenous playgroups – in which children not yet attending formal schooling are provided with a range of culturally appropriate developmental, educational and socialisation activities that are relevant to the local community

▶ Mobile childcare services – which visit regional and remote areas to provide long day care, parenting support, and toy and video lending libraries

▶ Outside school hours care and enrichment programs – such as sport, homework centres and nutritional services.

All Australian governments, to a greater or lesser extent, make reference to the importance of 'integration' in relation to the delivery of early childhood education and care services, and a desire to provide 'integrated services'. Specifically, models of integrated service delivery have been adopted in two key multi-governmental partnerships by the Council of Australian Governments (COAG): the *National Partnership Agreement for Indigenous Early Childhood Development and the Protecting Children is Everyone's Business: National Framework for Protecting Australia's Children 2009–2020* (COAG 2009).

1995: National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families (Keating Government)

2008: Close the Gap (Rudd Government)

The Apology to the Stolen Generations (Rudd Government)

2016: Connected Beginnings (Turnbull Government)

1991: Royal Commission into Aboriginal Deaths in Custody (Hawke Government)

ECEC opened up to market and privatised (Hawke Government)

2005: ATSIC abolished (Howard Government)

2003: ECEC programs consolidated under one BBF program (Howard Government)

2014: ACFC federal funding discontinued (Abbott Government)

2000

13 14 15 16 17 18 19 20 21 22 23 24 25

Current

1990: United Nations Convention on the Rights of the Child (Hawke Government)

Aboriginal and Torres Strait Islander Commission (ATSIC) legislation passed (Hawke Government)

1997: Publication of *Bringing them Home: National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families* (Howard Government)

ECEC further marketised (Howard Government)

2007: Northern Territory Intervention (Howard Government)

2012: National Quality Framework (Rudd Government)

2009: National Framework for Protecting Australia's Children 2009–2020 (Rudd Government)

2018: Jobs for Families Child Care Package commenced (Turnbull Government)

Service integration – Background

Definitions

As aligned with terminology used within Australian Government documents, the dominant use of the term 'integrated children's service' refers to services in which 'care' and 'education' are provided in one setting (Haddad 2000). Most often this refers to the co-location of long day care services (care) and pre-schools (education), and where cooperative work across different disciplines occurs, often in areas concerned with child protection (Horwath & Morrison 2007) or where children are considered vulnerable (Cottrell & Bollam 2007).

The literature points to a range of descriptions that illustrate rather than prescribe the components of integrated services. These include a mix of services (Brown & Nixon 2006), a multi-disciplinary workforce (Whalley 2006) and enabling systems that include government policy, organisational governance, leadership and culture (Press et al. 2017). Existing definitions of integrated services range from descriptions of process components to the identification of staffing and program components.

The working definition of integrated service delivery for Aboriginal and Torres Strait Islander children and families is derived from multiple sources. It reflects an idealised model that describes integration as an ecological system whereby the child and their family are centrally positioned and served through service coordination and supported by multiple agencies (Siraj-Blatchford 2009). This model locates the child not only in the centre of a family and a community, but within a cultural and political context that views the child and family as members of a microsystem in constant interaction with culture, history and values (Bronfenbrenner 1979).

There is no single model of integrated service delivery. However, there is continued emphasis on service models that are developed in consultation with local communities (Whalley 2006) and which aim to support a range of locally identified personal, family and community needs (Bertram et al. 2003; SNAICC 2012a; SNAICC 2012b).

Key characteristics

Integrated service delivery models are emerging as a best practice approach to engaging effectively with children and families experiencing vulnerability. In Australia, the pursuit of increasing service integration has been viewed as a promising means both of engaging with, and responding holistically to, Aboriginal and Torres Strait Islander children and families. Services that adopt integrated modalities, and are driven by Aboriginal and Torres Strait Islander leadership, are seen to offer the greatest capacity to shift the trajectories of children, particularly those exposed to factors that influence their entry into the OOHC system.

Integration is both systems and relationships based and requires a whole-of-government collaborative approach at different levels including in regional planning, service management and direct service delivery (Moore & Skinner 2010). The literature describes integrated children's service delivery as necessary to respond effectively to complex needs in a changing and often chaotic world. However, the concept is complex and diverse and takes on different meanings and realities in the variety of service sector contexts and local service environments in and across which integrated systems operate (Whalley 2006).

Integration can take many forms. For example, as conceptualised more than 20 years ago, Integrated Management of Childhood Illness and integrated care pathways deliver health services for a range of conditions in a variety of contexts. Vertical integration brings together elements of health care, such as primary and secondary services, whereas horizontal integration brings together different agencies and sectors, for example health, education and protection. Children's health and development additionally benefits from longitudinal integration across the life course (WHO 2017).

In contrast to service approaches involving multiple organisations, agencies, individuals, timeframes and locations, integrated services are commonly described as centred around the child and their family with services responding to needs in specific family and community contexts (Siraj-Blatchford 2009; Press, Sumsion & Wong 2010). Integrated systems pursue positive outcomes for children and families as a goal rather than service delivery outputs. They seek to build the capability of families to care for children and provide opportunities for healthy development, skills acquisition and entry points to minimise factors that put children at risk of harm.

Effective integration requires services to reorient and work from the starting point of family and community strengths, with a focus on participation and Aboriginal leadership in the design and delivery of services based on community-identified needs (SNAICC 2012a). Integration calls for collaboration not just between service providers, but also between service providers and community in a way that builds capacity in community members and empowers them to bring about positive change (Whalley 2006; Alcock 2004; Press, Sumsion & Wong 2010).

The 'hook and hub' approach

Integrated service systems seek to ensure access to services and programs through multiple entry points that engage families based on: their needs at different points throughout the life cycle; geographical access considerations; and providing a service that families want and need, also termed the 'hook' (SNAICC 2012a). Early childhood education and care services ('childcare') serve as a hook for mobilising community involvement in supporting young children and families. They also serve as a 'hub' for meeting a range of service and support needs sought by community members (Ball 2005; Ball 2010). Similarly, general practitioners (primary health care doctors) serve as a hook by providing a service that is needed, wanted and attractive to the whole family.

The co-location of hook services is important because it enables ready access to health monitoring and care, screening for special services and early interventions. Once families are involved in bringing a child to the community centre-based program, many learn about other programs and services that might be helpful for their children, themselves and other family members. In this way, multi-purpose and community-based service centres can become a focal point for community connection as well as a place of cultural safety.

Multifunctional Aboriginal Children's Services and Aboriginal Children and Family Centres

The foundation of both Multifunctional Aboriginal Children's Services and the Aboriginal Child and Family Centres (ACFCs) is to provide an early childhood education and care program, for example, a long day care centre or community pre-school. Both services operate under similar programmatic models made distinct by their history and funding. MACS are designed to meet the educational, social and developmental needs of Aboriginal children. They provide long day care and at least one other form of childcare or activity, such as a kindergarten program, outside school hours care, playgroups, nutrition programs and/or parenting programs to the community. ACFCs provide early childhood and family support services, including long day care, kindergarten for three- and four-year-old Aboriginal children, visiting maternal and child health nurses, counsellors, midwives and other universal services (Emerson, Fox & Smith 2015; ANAO 2010–11).

Integrated support services for children and their families are then built around this model. Based on identified community needs and aspirations these services may include: diverse health programs such as health assessments, hearing, psychology, speech pathology and maternal health; transition to school programs; cultural and arts programs; behavioural management programs; additional needs programs; outreach and transport supports; parenting programs; playgroups; legal and housing supports; and family violence counselling. The services have Indigenous community boards that govern their operation and ensure that culture is infused throughout all service provision (Emerson, Fox & Smith 2015).

MACs and ACFCs are committed to the provision of holistic, comprehensive (or 'wrap around') care for Aboriginal and Torres Strait Islander children and families living in or visiting the catchment area in which they operate. Many families have complex needs that call for a range of service types, such as health, housing, family and justice services. Delivering these services appropriately requires implementation of client-centred, well-coordinated or integrated models of care. To facilitate the development of such models, some MACs and ACFCs have grown into multifunction organisations that provide a suite of services and/or collaborate with other organisations to ensure their clients receive the services they need (SNAICC 2012a).

Leadership

Since the mid-1970s, there has been an emergence at a national level of strong Aboriginal and Torres Strait Islander political leaders, such as Eddy Mabo, Noel Pearson, Lowitja O'Donoghue, June Oscar, Patrick and Mick Dodson, and Tom Calma among many others. There is significant literature pointing to the importance of this Aboriginal leadership in bringing about effective programming and in building the community capacity needed to deliver positive outcomes for children and families (SNAICC 2012a; Morely 2015).

Australian Aboriginal authors have emphasised different dimensions of leadership, including the need for Aboriginal people to take control of their own lives (Perkins 1990), to remove the reliance on welfare dependence (Pearson 2001) and to build the capacity of local communities (Dodson 2002). Within these Aboriginal perspectives, community development and self-determination involves empowering individuals to achieve their potential, creating sustainable employment and building lasting partnerships between communities, government and the private sector.

The literature relating to Indigeneity in leadership is complex, reflecting a number of cross-cutting perspectives. While there has been considerable commentary relating to Aboriginal political leadership, far less attention has been given to understanding practical examples of Aboriginal leadership working to improve outcomes for Aboriginal children and families through integrated service provision and from the perspective of community development.

Aboriginal leadership has its own distinctive attributes as it is more relationally based than non-Indigenous models and developed from a sense of connectedness – in that self-identity (including the identity of a 'leader') is defined in relation to a collective 'Aboriginal identity'. Community acceptance of a leader is, therefore, community related and, where effective, Aboriginal leaders are respected and validated by their community. The highly relational Aboriginal leadership attributes described in the literature include: listening, being patient, helping people and communicating in a straightforward and appropriate manner (Stewart & Warn 2017; Maddison 2009).

Leadership in Aboriginal communities has been described as comprising networks of influential individuals who exercise authority, who are interconnected through webs of relationships, shared histories and personal qualities, and who are valued for their experience and knowledge. The more 'visible' leaders of Aboriginal organisations are linked into the surrounding networks of local and regional leaders (Burris, Drahos & Shearing 2005).

While there has been considerable commentary relating to Aboriginal political leadership, far less attention has been given to understanding practical examples of Aboriginal leadership working to improve outcomes for Aboriginal children and families through integrated service provision and from the perspective of community development.

Governance

Aboriginal leadership is crucial to the development of a strong governance culture. Effective governance, leadership and the recognition of culture are essential in the social and economic development of Aboriginal and Torres Strait Islander Australians. In this context, governance is defined as the evolving processes of decision-making and the how these decisions are implemented or not implemented (Barten et al. 2011). It refers to relationships, institutions and structures by which a group of people, community or society organise themselves (Hunt et al. 2008), and comprises both formal and informal structures and processes (Martin 2003).

The term 'governance' has considerable currency in the policy and practice arena with terms such as 'governance', 'capacity building/development' and 'organisational development' being seen as fundamental to addressing social and economic disadvantage in the developing world and the 'Fourth World', as well as among Indigenous peoples within developed 'First World' nations (UN 2002).

In Aboriginal and Torres Strait Islander Australian settings, community governance involves actively strengthening Aboriginal decision-making and control over organisations, as well as building people's skills, personal and collective contributions, and shared commitment to an organisation's chosen governance processes, goals and identity. It is important in its own right and for improving service delivery and raising the health and prosperity of Indigenous communities (Dodson & Smith 2003; Hunt et al. 2008; Sanders 2004; SCRGSP 2009).

Decision-making in community governance is shaped by multiple historical, cultural and political relationships. There are family and personal histories and affiliations associated with particular communities and sets of regionally linked communities, and these kinship and social systems are central to community governance dynamics and arrangements. The senior Traditional Owners of lands on which discrete communities are located have particularly powerful rights and interests that permeate all areas of community governance. As such, relations and governance responsibilities among and between Traditional Owners and residents are still being negotiated in many parts of Australia (Smith & Hunt 2008).

The literature concerning governance, organisational capacity and strengthening is mostly descriptive, providing suggestions for what needs to be done rather than evidence on strategies and approaches that work (or don't work). Effective governance remains a contested issue. It is defined by culturally based values and normative codes about what is 'the right way' to get things done (Hunt et al. 2008). It is generally agreed that good governance comprises legitimacy, leadership, power, resources and accountability (Dodson & Smith 2003). In contrast, poor governance is identified by factors such as corruption, favouritism, nepotism, apathy, neglect, red tape and self-serving political leaders and public officials (Knight et al. 2002).

Governance of an integrated service also involves drawing together different disciplines with their own varying cultural norms, value systems, language and approaches, as well as practice based on different professional training (Horwarth & Morrison 2007). This is fundamentally challenging, particularly if service integration is pursued with a view to developing mutually respectful professional relationships that extend the ways of working to meet the needs of children and families more fully.

Culture

Culture is a key aspect of Aboriginal and Torres Strait Islander wellbeing. It includes not just the knowledge and practice of culture by Indigenous Australians but also gaining respect for, and recognition of, that culture among the wider community.

Growing up with a connection to, and understanding of, Aboriginal culture acts as a strong protective factor for children and families (Lohoar, Butera & Kennedy 2014). Current research confirms this link between culture, child development and wellbeing, and demonstrates that interventions that include opportunities for the expression of cultural identities are associated with measurable improvements in the health and wellbeing of Aboriginal and Torres Strait Islander peoples (MacLean et al. 2017).

The term 'culture' is used to depict the diversity of the myriad Aboriginal and Torres Strait Islander nations and peoples, each with their own 'distinct cultural norms, law, language and identity' (AHRC 2013). Aboriginal and Torres Strait Islander cultures are not fixed but dynamic exchanges and re-interpretations, and differ from place to place and across generations.

Cultural views of health, wellbeing and the importance of family and parenting need to be well understood and respected when working with Aboriginal families. Services need to be responsive to cultural needs and have an understanding of the cultural determinants of health and wellbeing, while recognising the broader social determinants that impact upon the health outcomes of Aboriginal people (Lohoar, Butera & Kennedy 2014). For Aboriginal people, it is the interconnection of social, emotional, physical and cultural factors that contribute to individual health and wellbeing.

Relationships and family are central to Aboriginal culture and deeply connected to spirituality, identity and wellbeing (SNAICC 2010). Aboriginal kinship reflects a complex and dynamic system that is not captured by existing non-Indigenous definitions of family (Lohoar, Butera & Kennedy 2014). Kinship systems define how people are related to each other and each person's place within the community. The level at which kinship systems define relationships and interactions varies across communities and individual families.

For Aboriginal children, families and communities, culture enhances a deep sense of belonging and involves a spiritual and emotional relationship to the land that is unique (Bamblett, Harrison & Lewis 2010). However, the potential undermining of culture has also been highlighted within the literature as a key barrier to Aboriginal families accessing services. A lack of understanding and respect for Aboriginal cultures has resulted in parents being judged unfairly because of their cultural practices such as co-sleeping with children (Grace & Trudgett 2012).

Implementation challenges

The effective integration of health, welfare and education services is not straightforward in Australia. This is because of the conflicting and sometimes competing policies, goals, indicators of achievement and funding mechanisms that exist across both government departments and service sectors. Thus, although integrated services are considered ideal, the reality of implementing them remains challenging (Nichols & Jurvansuu 2008).

Most funding is attached to separate programs and projects, and organisations delivering comprehensive models of care are subject to increasingly complex funding arrangements. Multiple funding streams must be accessed and relevant activity reported for each stream, which necessitates the use of multiple databases and reporting processes. This imposes a high technical and staff training burden and introduces significant organisational risk. Increasing the complexity of the supporting infrastructure and processes can reduce an organisation's capacity to innovate, including in the delivery of new models of integrated care. This is because organisations are challenged by the substantial effort required to implement change across a number of platforms, so that the additional reporting burden associated with some funding opportunities can outweigh the potential benefit of accessing those funds (Grace & Trudgett 2012).

The literature in the field of service integration is predominately descriptive and mostly presents a list of desirable features, qualities and principles associated with effective service integration rather than evidence. This may lead to an over-reliance on a description of practice rather than the generating of evidence, including measuring both outcomes – *'did it work?'* – and the key aspects of implementation – *'how did it work?'* (Ghate 2015; Davis 2011).

Despite limited implementation evidence, researchers, service providers and policy makers promote service integration as a way of responding effectively and efficiently to the diverse and often complex needs of children and families. Integration is considered critical for enabling access to services for children and families experiencing disadvantage and vulnerability.

However, there is still a limited understanding of what works (and what doesn't) in service integration. Domains that are considered important for effective service integration are yet to be rigorously interrogated including: having a shared vision; being community-based and owned through design and delivery; asset mapping; leadership; and genuine partnerships (SNAICC 2012a).

About this research

There is an enormous diversity of Aboriginal situation and circumstances across Australia: from small remote settlements and larger towns in which Indigenous people are the majority, to other centres where Aboriginal and non-Indigenous people live in the same region, but often in quite different circumstances, to predominantly urban-based Aboriginal minorities.

This study was conducted during 2018 in two sites in Australia:

1 **Toronto**: a lakeside suburb within the city of Lake Macquarie in the Hunter region of New South Wales.

2 **Palm Island (Bwgcolman)**: an Aboriginal community located on Great Palm Island on the Great Barrier Reef in North Queensland.
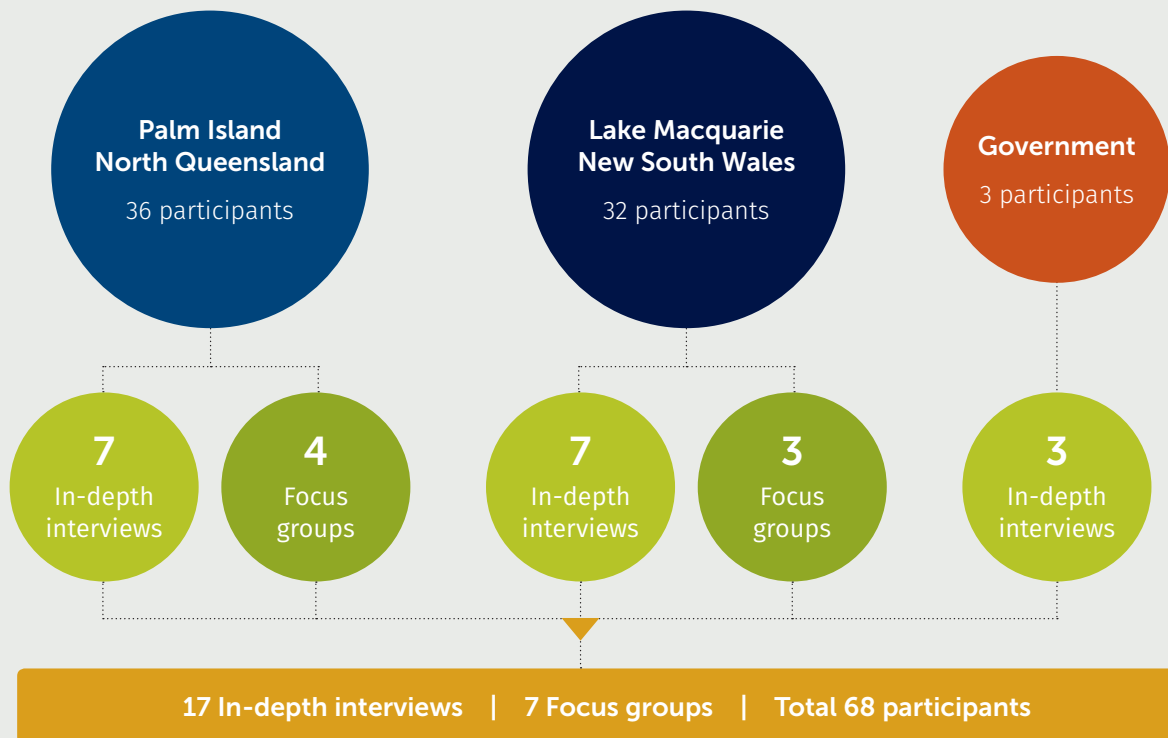
Both settings are distinct with very different histories, geography, communities, strengths and vulnerabilities. The research did not set out to compare settings or organisations.

Research partners

SNAICC – National Voice for our Children (SNAICC) undertook collaborative research in partnership with two Aboriginal and Torres Strait Islander community controlled organisations (ACCOs) that provide early childhood education and care (ECEC) services: (i) Palm Island Community Company (PICC); and (ii) Nikinpa Aboriginal Child and Family Centre (managed through Muloobinba Aboriginal Corporation). The research was supported by the Lowitja Institute operating in partnership with the Indigenous Health Equity Unit at the University of Melbourne under the First 1000 Days Australia initiative.

SNAICC and the Indigenous Health Equity Unit originally proposed the study to contribute to the evidence base and to deliver practical strategic results both for them and the broader Aboriginal and Torres Strait Islander early years sector. The leaders of the community research partner organisations (PICC and Nikinpa) are also members of SNAICC board and council. They were involved in the design of the research proposal and agreed for their organisations to host the research.

Figure 2: Research sites and methods

Palm Island North Queensland — 36 participants

Lake Macquarie New South Wales — 32 participants

Government — 3 participants

7 In-depth interviews

4 Focus groups

7 In-depth interviews

3 Focus groups

3 In-depth interviews

17 In-depth interviews | 7 Focus groups | Total 68 participants

Nikinpa, an Aboriginal childcare organisation operating in Toronto, and PICC, operating in Palm Island delivering integrated services for children and families through its Aboriginal Child and Family Centres, hope to achieve better insights into their organisational and leadership structure, governance and service integration through the research outcomes.

The research did not set out to compare organisations, which were quite different from each other in programming, purpose, their role in the community and so on, but to look at the merits or otherwise of each strategic approach independently.

Aims and questions

PICC and Nikinpa are both committed to the provision of holistic, comprehensive (or 'wrap around') care for Aboriginal and Torres Strait Islander children and families living in or visiting the catchment area in which they operate. The two organisations are distinct, reflecting the diversity of their unique communities and geographies, and offer different perspectives and insights into understanding the extent to which services are integrated to meet the needs of children and families in different places, organisations and communities.

The research aims to resolve a gap in existing evidence around best practice approaches for delivering services to Aboriginal and Torres Strait Islander children and families experiencing vulnerability, with a specific focus on integrated models of early childhood service delivery that are led by Aboriginal and Torres Strait Islander community controlled organisations.

This project aims to interrogate two central questions around enabling early childhood service integration:

1 How can processes of early childhood service integration concurrently support community empowerment and control in service delivery? What does Aboriginal and Torres Strait Islander community control look like in the context of developing an integrated service model? How can integration initiatives build on existing community leadership structures? **(The community enablers)**

2 How can government program design and resourcing better create an enabling environment for communities to flexibly develop or coordinate the range of services needed to meet early childhood development needs? **(The system enablers)**

Based on existing literature relating to best practice frameworks for service integration, and the alignment with Aboriginal and Torres Strait Islander community controlled approaches, this research project investigates four domains of inquiry:

1 Aboriginal and Torres Strait Islander strengths-based approaches

2 Partnerships

3 Cultural safety and security

4 Sustainability

The research team identified these domains as the four pillars of integrated approaches that respond to many of the service integration barriers described in the literature and reflect the broader evidence base of effective service design and delivery for Aboriginal and Torres Strait Islander organisations. While each domain of inquiry is critical to the success of integration initiatives, the first element – Aboriginal and Torres Strait Islander strengths-based approaches – is an essential underpinning factor to achieving positive outcomes for Aboriginal and Torres Strait Islander children and families.

Study design

This in-depth exploration and detailed study employed a qualitative case study methodology to answer the research questions, resulting in a narrative description and analysis of behaviour, experience and perspectives. The two case studies were purposively sampled and defined as Aboriginal community controlled organisations that delivered integrated services through an ACFC.

The study uses the Aboriginal research methods (Smith 1999; Wilson 2008) of qualitative semi-structured interviews, participatory workshops designed to balance power and informal 'yarning' (Mann, Knight & Thomson 2011) as data collection tools. 'Yarning' was considered an authentic way to involve Aboriginal people in research, enabling them to participate in ways that are familiar and feel safe; it was usually accompanied by a cup of tea in an informal setting such as a front yard, under a tree in a local park, or at a kitchen table.

Data collection summary

Data collection method	Palm Island, Qld (no. participants)	Lake Macquarie, NSW (no. participants)	Government (no. participants)	Total interviews (no. participants)
In-depth interviews	7 (7)	7 (8)	3 (3)	17 (18)
Focus group discussions	4 (36)	3 (32)	—	7 (68)

Data collection

Data were collected from March to October 2018. As a first step, information on the context and overall situation of early childhood implementation was collected at the national level, through individual interviews. Participants included Aboriginal and Torres Strait Islander and non-Indigenous direct service practitioners, managers, organisational leaders, board members and government bureaucrats working on Aboriginal and Torres Strait Islander early years services, as well as other national experts on early childhood education and care.

During the second step, local information was collected from each of the two sites at Palm Island and Lake Macquarie. The researchers used three main methods to compile the data: focus group discussions, in-depth interviews and participant observation. Interviews and focus groups were conducted at the premises of the partner organisations, and lasted between 30 and 90 minutes. The researchers spent one week at each of the sites to gather information and compile observations on how services were integrated and responsive to the needs of families and children. The first site visits prioritised participatory methods designed to balance power, encourage talking and reflexivity. A number of key themes were explored through 'yarning', conversations and discussions.

Data analysis

Each site was considered a data set, meaning that all the information gathered from both sites – observation reports, interviews and documents – was examined together and differentiated from the other site. Interviews and focus group discussions were transcribed verbatim, and all the material analysed following thematic analysis (Braun & Clarke 2006).

The first step in the analysis consisted of familiarisation with the material. The researchers read the transcripts and developed dense descriptions of cases. In addition to conducting the analysis based on pre-determined codes (see Appendix 1), this step allowed the authors to identify three stages in the process of early childhood service transformation: start-up; development and sustaining/expanding/downgrading.

The second step consisted of generating codes. The original transcripts of the interviews and focus group discussions were imported into NVivo software to manage the coding process, while printed documents, such as policies, programs or reports, were coded manually. The coding was based on the pre-determined research questions, but new topics also emerged from the material, which served to fine-tune the research themes.

The third step comprised of returning to the sites and validating the results to assist in further exploration of themes and in determining the key recommendations.

Ethical considerations

Special ethical considerations apply when working with Aboriginal and Torres Strait Islander communities and community organisations. This is due to historical marginalisation as well as the ongoing socio-economic status of many communities. Aboriginal and Torres Strait Islander families continue to be more likely to experience vulnerabilities than other families. This study aimed for an inclusive approach to ensure that participants were also stakeholders and that the outcomes would be relevant and useful to the participating organisations. For this reason, service representatives from both sites, as well as representatives for each of the participating organisations, were invited to co-design the study protocol.

The research was guided by Aboriginal and Torres Strait Islander community development principles – including working together, self-determination, respect for knowledge and following culturally appropriate practices (AIATSIS 2012; Laycock et al. 2011) – and followed the National Health and Medical Research Council's guidelines for ethical conduct in research with Aboriginal and Torres Strait Islander people (NHMRC 2018). The University of Melbourne's Human Ethics Advisory Group and Human Ethics Sub-committee approved the research approach prior to starting. Engagement was carried out in collaboration with staff and key community members associated with the two sites.

Prior to each interview or focus group discussion, researchers explained the consent process and sought the informed consent of participants, all of whom were 16 years of age or older. At the outset of each data collection period, everyone involved was informed about the role of the researchers and the objectives of the study, and their consent was obtained.

Limitations

The research team implemented rigorous methods to complete the objectives of this project, but there were some limitations that need to be considered when reviewing the results of this research, including:

▶ Aboriginal and Torres Strait Islander people who were not working or accessing the two centres at the time of data collection were not included in this research (leading to a potential bias in the data collected).

▶ The Aboriginal Child and Family Centres involved in the research were selected by SNAICC and the directors of each centre were affiliated with the SNAICC Board and Council (leading to a potential bias in the data collected).

▶ Restricted timeframes and changes to organisations meant the research team could only visit sites twice throughout the research process (for data collection and data validation).

▶ There were different expectations from the various stakeholders involved in this research (Aboriginal Child and Family Centres, SNAICC, the University of Melbourne and the First 1000 Days Australia research teams), which meant significant time was spent negotiating the terms of the research prior to beginning as well as during data analysis and reporting writing.

▶ Some significant organisational changes occurred during the research, including staffing changes, which made it difficult to validate the data with some participants.

▶ Only two sites were included in the research, and so some caution is required when interpreting the results.

Results

The following six themes emerged as being significant when considering the extent to which services were integrated and responsive to the needs of Aboriginal and Torres Strait Islander children and families:

i Key characteristics of integrated services

ii Recognising the strength of culture

iii Aboriginal leadership

iv Governance: Aboriginal and non-Indigenous ways of working

v Relationships

vi Sustainability.

In this section we report on the results of our research by reporting the comments and opinions of our interviewees and focus group discussants as they relate to each theme.

Key characteristics of integrated services

One-stop-shop

During the research, participants described their early years programs as 'comprehensive', 'holistic', a 'one-stop-shop' and 'integrated'. As such, these programs include a range of services such as early childhood education and care; health screening and programs such as maternal child health, speech pathology and occupational therapy; and family supports and referral pathways to specialist services such as housing support, mental health and Centrelink.[1]

Not all participants in the research believed that 'integrated services' was the correct terminology to explain their structures as not only was the label was limited, but it diminished the importance of the community building and self-determination that transpired beyond service provision. These integrated services were seen as vital community hubs and gathering places for families and community.

> **The design – the physical design of the space really encourages service integration and for families to feel welcome. It's free flowing and open and there are lots of outdoor spaces. People gather here and have a coffee. It doesn't feel like you're in a 'service' or a 'program' and that's really important. And the kids absolutely own it – look at them at pick-up 'bye aunty, by uncle' – this is one big family.**
> *(Program Manager)*

It was clear that the childcare service in one centre and the primary health care doctors at the other centre were 'hook' services. Participants explained that as these services were the ones people really wanted, the staff were able to use them as the anchor point for relationship building and to facilitate referrals later as needed.

> **The childcare centre is like the heart of the centre. We have lots of families using childcare – we have working families, single parent families, families on Centrelink but I think the childcare part is the hub of the wheel. There's no stigma because everyone wants it, you know. There's no shame coming for childcare. We've got a waiting list, you know. We have heaps of non-Indigenous families wanting to come. There's no shame, you know. And then for us, we start to build the connection with the families at drop-off and pick-up and slowly we can link them into different services.**
> *(Practitioner)*

Participants explained that using these 'hook' services as the anchor for relationship building was intentional and that a lot of time was spent coordinating care plans and follow-up support for families.

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1 The Centrelink Master Program, or more commonly Centrelink, is a Department of Human Services master program of the Australian Government. It delivers a range of government payments and services for retirees, the unemployed, families, carers, parents, people with disabilities, etc. The majority of Centrelink's services are the disbursement of social security payments.

> **The doctors here really help. Two have really excellent relationships with the community. One is from here and so everyone wants to see him. We are like the connection between them and the families. We'll remind them, 'Hey doc, so-and-so's care plan is due – you need to write another one'. So they do and that's how we can get families ongoing sessions with the [specialists] and OTs. And it's easy with the doctors because they are literally here in this building. We all hang out in this space [community room] so people feel really comfortable just having a chat without feeling like it's all official and 'going to the doctor'.**
> *(Practitioner)*

Connection, identity and sense of belonging

Participants believed that for Aboriginal and Torres Strait Islander children, building a strong sense of self was aligned with developing identity as part of both a family and the broader community. Additional to the provision of essential services, the centres[2] were seen to foster a sense of community and build social connection.

> **It's about how the space makes them feel. And that's not just community members or educators, doctors, or psychologists, or family or nurses. To me it's about everybody who's in this space, about how you fellas kind of feel sitting here, it's about how the staff feel. It's like my second home!**
> *(Practitioner)*

While service provision within a comfortable physical space was seen to be important, it was the sense of belonging and cultural connection to community that participants described as being fundamental to children's physical, emotional, social and cultural wellbeing.

> **In connection to culture, families come here and bring their children here so that they… [are] connected to the same people… have their cultures… [It] makes a sense of belonging which is an excellent thing… and essential for children's development.**
> *(Practitioner)*

Participants defined 'belonging' as the sense of connection with a group or service or centre, for example, a family or a group of peers and/or cultural affiliations. Having safe spaces where people were not judged but respected and treated as an equal was seen as helping to create a sense of belonging.

> **Have a safe shared environment equal for everyone. Like, they're welcome, they go on, make respect. The people, they feel safe and they feel like I can create space for them – a sense of belonging. Trust helps build the sense of belonging.**
> *(Practitioner)*

The centres were seen as 'safe spaces' where the features of a positive and non-judgmental community promoted positive interactions, respectful relationships and good mental health and wellbeing. Respectful, dignified relationships were identified as the glue that holds a community together. These safe and non-judgmental spaces were seen to be particularly important considering the diversity of experience, cultural knowledge and history. The feeling of cultural safety and being welcomed and supporting cultural (re) connection was evident in the way that participants spoke about the space.

> **In this part of Australia, Aboriginal people are scattered around. You know, it's not like other places where you see all the Aboriginal people living together. And lots of people have come from different places so they're not, like, living on Country and others might be on Country but have disconnected or lost their connection to Country and culture. So when we were designing this building and the centre it really was a way for people to come together – for Aboriginal people to come together. It brought people together. You know there was a real purpose, beyond childcare and other services. It kinda renewed interest in their Aboriginal culture and community. Gave people some pride. So it was such a pivotal moment – it meant people were coming together and had a place to be Aboriginal. From the get-go it really provided a space for belonging. You can step in and ahhh [*big sigh*], drop the shoulders and relax. You don't need to be on guard.**
> *(Practitioner)*

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2   While both organisations delivered a range of services from a co-located physical space, most participants referred to the organisation or services or programs as 'the centre'.

The centres were seen to be places of healing and connection. Participants described situations where many people were (re-)connecting with their culture and family history – the stories about who they are and where they've come from – after experiencing trauma and separation. According to one participant, healing and connection also extended into children's feelings of being connected to the wider community contributing to their world, thereby fostering their sense of social awareness and responsibility.

> **It's about how we create a feeling of belonging. Feeling safe to be who you are – or find out who you are. Lots of younger ones are really lost you know. That's why the centre is so important... These centres are like glue. So much has come unstuck. So much talk about 'close the gap', all the bad things, so these centres are about putting people back together. Giving kids a strong start and some good models on how to be responsible. It's about identity.**
> *(Practitioner)*

Participants provided examples of why the centres were seen as vital community assets, explaining that many Aboriginal and Torres Strait Islander people still experienced racism and discrimination. Many participants described feeling safe in the centres, as being places where they were free to be who they were and where they were able to rebuild their confidence. A strong sense of identity and positive self-esteem were seen as critical for ensuring the mental health and wellbeing of children and a fundamental development milestone.

> **Some people connected to the culture – they used to be ashamed of black culture. Ashamed. And lots of families of this area used to deny the culture and even say they were from another culture because it was easier, because of racism. You can't blame people for that, for the safety... maybe someone of a prior generation that doesn't have that connectedness that we have here you know. That's why this place is so important for the young ones, you know, so they grow up strong and stand up. It's about how we create a feeling of belonging. Feeling safe to be who you are – or find out who you are... So they're ready when they get out there [to school].**
> *(Administration/reception)*

Besides fostering positive cultural connection, the centres also help to equip Aboriginal and Torres Strait Islander children with the knowledge and skills to prepare them for school and life in mainstream Australia.

> **It helps in the transition to the outside world and that difference between Aboriginal and non-Aboriginal.**
> *(Program Manager)*

Responding to needs

The two organisations selected for the research offered a range of programs and services that directly reflected family needs, but they also highlighted significant differences in context with distinct histories, communities, geographical location and organisational structures.

> **But they all provide a range of different services as well, so access to allied health services, other medical services, family support services, a range of different counselling options. There are Elders' groups and like I said, all of the centres differ from one another so they really provide what their community tells them that they want.**
> *(Manager, Government)*

Each of our partner organisations adapted and changed their programs over time both to suit the evolving needs of families and in response to changes in government priorities and funding. Participants explained that although community needs and gaps in services were quickly identified, the formal responses from government to address these were often slow and relied on making a case for funding. In this interim period, the centres would have to find a way of prioritising the needs of families and bearing the costs themselves.

> **Family violence is a big issue. Because there is gaps in services and there's a gap of service for men who have been perpetrating domestic and family violence. And so [one member of staff] has put this program together. It's not funded yet but we have to do something while we get the longer funds.**
> *(Practitioner)*

Many participants urged caution when talking about problems and stressed the importance of understanding the effect of inter-generational trauma.

> **Let's move away from always talking about the problems. There [are] good things happening here. There really are, but there's also a lot of trauma and we can't shy away from that. We need a lot of healing. That's what's needed. It's all connected to that. Because, we might not suffer now, but our parents and their grandparents and their grandparents before suffered, and it's just passed down, it's hereditary. It's just passed down, it's not passed down in seeing it, but it's passed down in feeling.**
> *(Practitioner)*

Unmet needs existed for a range of reasons but most participants felt there were system barriers that made it difficult for programs to be flexible and agile enough to respond rapidly to complexity and urgent needs. Even where there were recognised gaps and needs, participants defended the decision to respond to these by always making a formal plan and project proposal, reaching out to other organisations and brokering new partnerships, and/or covering the costs for immediate response.

> **If we can't provide it, we always try to source it or make a contact for families to then be able to source it.**
> *(Program Manager)*

There were situations where service discretion was required. Participants emphasised that it wasn't always appropriate to offer all services to all clients, particularly in response to sensitive issues where privacy and confidentiality was essential but also where specialist expertise was needed.

> **So it's not to say that we wouldn't see people around a whole range of other issues like mental health or drugs and alcohol... [but] we don't say that we specialise in those areas. So if someone had a mental health issue, as long as they're able to sort of participate in counselling, then we can see them. If we're worried about the person, then we might make referrals elsewhere. If someone wants to come to counselling but their drug and alcohol issues are really getting in the way of them getting something out of it, the same sort of thing. We would try and make some more referrals and suggestion and say look, I'm gonna recommend that you get some support around that first and then come and talk to us.**
> *(Program Manager)*

Participants described some situations as challenging and sometimes as overwhelming. While the centres provided essential services, many participants pointed to the need for greater investment to respond to the complexity and multiple layers of vulnerability and disadvantage.

> **I think the issue at the moment around that stuff is bigger than Ben Hur, so even though we have services that provide specific little areas of service... we still need local, State, and [financial] federal intervention.**
> *(Practitioner)*

Bridging the gap between families and services

The way that staff and the centres challenged negative stereotypes and contributed to shifting negative discourse was seen as a significant differential to mainstream organisations and services. Participants highly valued the way staff and the centres focused on family strengths and potential as an entry point for relationship building rather than only seeing the problems.

> **You start with the family... they bring the kids to [the centre] everyday and they're getting an education and being part of it all... makes them feel proud about that and give them a sense of pride in their parenting. Not about we're going to put you into these courses, you should really parent, blah, blah, blah. But it's about look what you are doing as a parent that's great for your kids, and going from there. Fill them up on them knowing they are doing a good job.**
> *(Practitioner)*

Many families and children accessing the centres were well supported and made good use of services, but some were not. Participants agreed that those families experiencing vulnerability and being seen as 'in most need' were also least likely to access support.

> **That's a sad story, not just my family, but a lot of families... and that's what we have a lot of... delays. We have a lot of problems, we have a lot of issues. And that's why we need the support as much as we can, 'cause we got a lot of disengaged young mums and, actually – all mums... But we've got a majority of disengaged grown-up mums, middle-aged mums.**
> *(Practitioner)*

Some participants explained that there was a need to re-frame and re-emphasise how to work with families. Rather than describing families as being 'hard-to-reach', participants found it useful to think of them as people who found some services harder to engage with. According to these participants, services needed to reorient some of their programs and engagement strategies to suit the needs and situations of families and to never give up on people.

> **We just keep trying. We go around in the bus and go and have a chat and see if they want a lift into the centre. Sometimes it's saying, 'Hey, drop off your kids and you can go to the shops and have a break'. It depends what's been going on. Mornings are not good so we changed to go out in the bus in the afternoon. And we have a mobile playgroup 'cause there are some mums who definitely will not come to the centre. Not yet anyway. And we just keep going out.**
> *(Practitioner/Bus Driver)*

The majority of participants talked about the challenges for families in navigating complex service systems, including interacting with mainstream services. They emphasised the advantages of the centres as trusted hubs where staff were able to fast track referrals, provide support to attend appointments and assist with follow-up if needed.

> **The other thing that is hard is you need a formal referral for everything. Like you need to go to the doctor, you get a mental health care plan, and then they send it, the doctor will send you confirmation and then the referral to the person. And then sometimes it gets lost in the system. Look, it can be a nightmare. Now, for a lot of families here, we just fast track it. We do it by phone, book them in and we sort out the formal referral, or people just hand me their referral and I just hand it to one of the psychs when they're here. 'Cause often the families are not in town but it's hard for them to follow-up and chase the appointments. We just make sure people can get seen.**
> *(Program Manager)*

Where centre staff had established and trusted relationships with people, they were able to make the referral and provide an informal case history. Participants described this as a huge advantage.

> **I think that was one of the big problems when you engage with a service, you have to tell your story over and over and it's a hard thing to do. Here, with the integrated services you might not have to tell that story as many times because people can communicate with each other, you know, they trust you and they give you the go-ahead to act on their behalf.**
> *(Practitioner)*

A number of participants reinforced the importance of multiple entry points for accessing both Aboriginal and Torres Strait Islander-specific and mainstream services. They explained that family feuds, local issues or personal preferences prevented some families from accessing some services. Thus, being able to choose from multiple services improved access to families who might otherwise become disengaged.

> **I guess in relation to services… some families don't get along with others because we all live in the same community. So having some options and just keeping individual relationships strong with the family, I guess helps them coming back. But they can go to a different service if they have a conflict with someone in the team.**
> *(Practitioner)*

Participants described effective service delivery as being able to coordinate services effectively, share knowledge and refer clients easily between services. As engagement with a childcare service was sometimes the only connection a family had with service networks, childcare was seen as a useful mechanism to support referrals between early childhood service providers and other support services. As such, the informal supports that surround childcare have become an essential gateway for introducing families to more formal, critical and specialist services.

> **We have childcare here which is kind of like a hub. Families come in and drop the kids and you start to build the relationship, but it's often childcare that is the introduction and then the relationship and then the referral. There's no stigma around childcare, you know. Everyone all over Australia uses childcare so it's a hub service and from there it's easy to build the relationship – especially starting with a 'hello' at drop off and pick up.**
> *(Program Manager)*

This co-location of services appeared to make coordination and referrals smoother. For the centre with the childcare facility, participants described referrals as being easier because families were already familiar with the building and the people.

> It's all located together... a lovely facility and the [staff] really enjoy it. Plus other services are here, like whatever service you'd bring in as well and the [staff] are really happy and that continuous care all the time and we can still check on how the [staff] are going.
> *(Receptionist/parent)*

In one of the sites, participants acknowledged gaps in some areas of service provision and duplication in others. They believed this was largely due to outside funding and external organisations setting the direction rather than positioning the community as experts in their own wants and needs.

> And I think the other things is, what we've also identified is duplication like for hearing... We got so many agencies coming [to us]... three different hearing organisations are coming, that information is not getting shared. You know and the parents are going to the three different hearing organisations and it's not efficient and families get fed up.
> *(Practitioner)*

A culturally appropriate workforce

A 'welcoming safe space' did not simply represent the physical place but also encompassed elements of the emotional (the sense of being supported and cared for) and relational (the quality of relationships between families and the centres). An important aspect of a welcoming space was the presence of Aboriginal and Torres Strait Islander staff. Relationships with staff were considered by many participants to be just as, if not more, crucial than the type of building, and/or the quality of care on offer. When strong and trusting relationships were formed, participants reported feeling that they were welcomed, respected, accepted and cared for.

Participants also spoke of the importance of providing a holistic service, one that embraced their perceptions of cultural appropriateness and practitioners (direct service workers) who were trustworthy and 'get it'. The practitioners themselves tended to speak in more practical terms, including the need to provide a 'one-stop-shop' that incorporated different types of medical care within the one facility.

> We know we do things a little different than mainstream people and we're happy about that and that's what identifies it. And they care. They don't jump straight into the issues... They ask how you are and they really mean it, not just saying it. And they help you above and beyond, you know. Like today I needed a lift to the Woollies [supermarket].
> *(Elder)*

Participants pointed to the relationships between service providers, families and the centre as being fundamental. These relationships sometimes took time to develop and were based on trust and mutual respect.

> We had a good success story there about a child we had who, we knew there was things going on but the relationship with the family [and the centre] were a bit strained... So that was the whole goal, was about establishing a relationship with the family. Slowly, slowly, slowly. It's about the relationship... We don't want to fracture a relationship for the sake of getting something done fast. It's the sustainability of having that family here to be supported. Whereas if we go in with the guns straight up they're gonna go, 'Holy shit I'm out of here!'.
> *(Practitioner)*

Aboriginal and Torres Strait Islander staff – whether program managers, childhood educators, nurses, health care workers or administration officers – made a significant difference to the nature of the relationships created within the centre. Participants talked about how Aboriginal and Torres Strait Islander staff, because of their shared cultural heritage and similar life experiences, helped to engender in families the much-needed feelings of belonging and acceptance and being understood.

> It's very important to have your own people to talk to, that sort of stuff. It makes a difference when families know there are Aboriginal workers here, you know, you have your own people here. And also other staff who 'get it' – who don't jump straight into the problem and who don't judge.
> *(Practitioner/reception)*

Diverse interpretations

Participants generally agreed that children needed guidance to map their personal identity, in order to feel safe and to feel good about who they are. To support Aboriginal and Torres Strait Islander children's cultural needs, it was seen as essential to understand that culture is a powerful force that helps to 'grow up' the child.

> **It's really important for our kids to have a connection to their culture, to the Elders and to their land. It's like a core part of them, you know, and it will help them grow up strong.**
> *(Practitioner)*

'Culture' was discussed in many different ways, including as a concept, a curriculum and an identity. The different ways participants talked about Aboriginal and Torres Strait Islander culture always included a combination of:

- ▶ **history and the past** – colonisation, ancestors and Elders, place and family stories

- ▶ **identity** – as an individual, as a family and extended family, as a community, as a citizen

- ▶ **belonging** – to a family, to a cultural group, to a time, to a place

- ▶ **believing** – in values, in practices, in ways of being

- ▶ **doing** – how you act, what you do, the language you speak

- ▶ **interacting** – relationships, non-Indigenous systems and traditions, beliefs and practices.

> **It's hard to explain what culture is because it's in everything, everyone and in the land. And it changes from place to place. My family are not from here so I know my culture from a different part and it's different here. I would never say, 'I'm an expert in culture because I'm Aboriginal', because it's also about knowledge and building an understanding. It's about who you are and who you belong to and where you come from and language.**
> *(Practitioner)*

Cultural knowledge

Although cultural knowledge was seen as an important aspect of personal identification, participants explained that the systematic erasing of local cultural practices by colonial settlers in Australia meant that many traditional cultural practices had been lost.

> **There's lots of Aboriginal people who have assimilated into white ways. So, being Aboriginal doesn't mean that you understand what is cultural. You can't just assume that culture is genetics.**
> *(Practitioner)*

In the context of the historical loss of culture, many participants felt that it was essential for organisations to include local cultural practices in their activities to support children in feeling more secure and confident in their cultural identities. Since cultural practices were seen as closely related to specific groups and environments, it was considered to be the role of Elders to share their knowledge with younger generations and with others who had experienced a loss of cultural identity.

> **What does it mean to have a lot of culture? It means having Elders to guide you and to pass on knowledge. It could be fishing or going out bush. Our young people have lots of missing parts of themselves. There are parts missing – they don't know where they sit. So Elders are really important here. They help fill in blanks. The people with more culture can share their knowledge.**
> *(Elder)*

This approach to cultural knowledge emphasised sharing and community, counter to the idea that cultural knowledge should be reserved for certain individuals or groups. Instead, the attitude towards culture was one of pride and generosity. According to one participant, who was working towards leading outings for community members and outsiders who worked in Aboriginal communities to introduce certain practices such as camping out bush and collecting and consuming traditional food stuffs, cultural knowledge was a source of pride and healing.

> **So I grew up knowing that knowledge and I just kept it, just used it for my own purpose and my family purpose. But now, it's sort of out of the box now. Like everybody wants to know. And that learning process, which is good, it's a good learning point to start. It should have been done years ago, with people coming through with that cross-cultural thing. It should have been done years ago. But now, we're moving forward now. It's happening and I'm happy to be involved and come on board with that.**
> *(Practitioner)*

Embedding culture in the early years curriculum

Although culture was seen as an important aspect of early childhood education and care practices, specific activities in the curriculum had been dependent on individuals, available resources and only vaguely defined. Participants considered it a priority to embed culture in the curriculum through activities around languages, as well as arts and crafts using traditional methods, time spent with Elders and story-telling. However, lack of funding and other organisational limitations has meant that such activities could rarely be planned for and implemented.

> **Even though we have a high proportion of Aboriginal staff, culture's one of the things that didn't really get planned for intentionally, like it happened because people are culture, you're seen as what your people are. There's also… lots of Aboriginal people in here that have varying degrees of cultural knowledge too, and that's okay too because that's life. But as a service we were that committed to it, that one of the girls who does hold a lot of cultural knowledge who works in there, we moved her to the pre-school room and given her time so she can bring the culture through the whole service.**
> *(Program Manager)*

The emphasis placed on culture as an element of positive identification, pride and wellbeing suggests that such activities should be included more strategically in the early childhood curriculum. Aboriginal and Torres Islander organisations are well positioned to offer such activities in the communities as a way of fostering greater confidence in children's cultural identities and pride in their traditional culture. However, without the right structures in place – including funding, staffing and strategic planning – organisations struggle to implement these programs.

> **We have a lot of ideas but there's rarely the time or the money – let's be honest – to do the planning. When we first started this place all those years ago we had two days together to really think about what we wanted to create here and how we wanted to include culture… but that was years ago. Yea, we have the ideas but don't have the time out of our day-to-day jobs.**
> *(Program Manager)*

Terminology – cultural competence and safety

Terms such as 'cultural competence', 'cultural safety' and 'cultural security' were not well understood by participants in this research. Although most had heard the terms before, they were not familiar with the meanings and there was some debate about the differing concepts and how they were interpreted and applied.

> **I'm Aboriginal so does that mean I'm more culturally competent than you because you're not Aboriginal? Even if I don't know much of my own culture? I don't get it.**
> *(Practitioner)*

Although some of the terminology was vague for many participants, the practical applications were very clear.

> **It's like some people who 'get it' – Aboriginal and non-Aboriginal. Just because you're Aboriginal doesn't necessarily mean you 'get it'. It's like respect and recognition. Not judging and working with families where they are at; I think that's cultural competence.**
> *(Practitioner)*

The concept of cultural safety resonated with many participants who had experienced the ways in which Aboriginal and Torres Strait Islander people struggle to access mainstream services. While most participants had their own ideas about what practices constituted cultural safety, some ambiguity around this concept persisted.

> **Cultural safety? It's about being who you are and not being judged. If I see the Aboriginal and Torres Straight flags in the corner of a service – a mainstream one – you know, that's a step for me to feel a bit more comfortable. It's about not being judged. Being allowed – maybe even celebrated, yeah, for being who you are and where you're from. It's the things the centre does to help you out to feel comfortable.**
> *(Practitioner)*

Through discussion, participants developed their own definitions for cultural competence or 'the workforce who gets it', and cultural safety, emphasising the need to move 'beyond ticking the box'. These are listed here.

Cultural competence includes the following:

- Reflecting on one's own culture, attitudes and beliefs about 'others'

- Recognising the impact of the past

- Practising clear, value-free, open and respectful communication

- Working to develop trust

- Strengthening, respecting and embracing Aboriginal and Torres Strait Islander culture

- Trying to recognise and avoid stereotypical barriers

- Being prepared to engage with others in a two-way dialogue where knowledge is shared rather than the 'one-way' delivery

- Valuing collaborative problem solving rather than telling people what to do

- Seeking to learn and find out more by reading, talking with people and visiting places that build my knowledge and capability to be culturally safe.

Cultural safety includes the following:

- A physical space that is welcoming and has been designed with inputs from community

- Displaying culturally appropriate symbols, images and objects in consultation with Aboriginal and Torres Strait Islander children and families

- Having external services engage with community through the use of shared facilities e.g. community meeting space

- Engagement of Aboriginal and Torres Strait Islander staff, offering entry-level or training pathways and opportunities for Aboriginal and Torres Strait Islander people, and including pathways for clients to become involved in service provisions

- Developing meaningful and respectful relationships between Aboriginal and Torres Strait Islander organisations and mainstream services, ensuring equity and dignity for all parties

- Developing 'ways of working' (protocols) that show respect, seek cultural knowledge, demonstrate reciprocity and support two-way learning

- A workforce who 'gets it' by operating from a place of non-judgment, focusing on strengths and enforcing privacy and confidentiality

- Practices that recognise and respect the cultural identities of others and safely meet their needs, expectations and rights.

Aboriginal leadership

Throughout the research, most participants saw the question of Aboriginal leadership as a central issue for their organisation. It held undisputed importance for achieving better social, economic and cultural outcomes for Aboriginal and Torres Strait Islander people.

Aboriginal leadership is critical to the functioning of organisations. It's important staff and community have those role models in powerful positions. (Practitioner)

Aboriginal conceptions of leadership

There remains limited acknowledgment of the diverse cultural conceptions and responsibilities of Aboriginal leadership and how these intersect and align with non-Indigenous understandings and experiences. While Aboriginal leadership was seen as fundamental and non-negotiable, participants believed it was not valued enough by funding bodies and mainstream services. As a result, their projects, programs and organisations had to comply with non-Indigenous leadership expectations.

> **We have our own models of leadership but they don't see us building leadership capacity – it's always us trying to fit into the white way of doing business.**
> *(Practitioner)*

Participants identified strong Aboriginal leaders as having significant influence and authority in the community. These leaders had long-standing relationships, diverse networks of support and power that was seen as more crucial to authority than traditional leadership competencies. Some participants saw this as a point of difference in non-Indigenous leadership models.

> **Aboriginal leadership takes time and support. Often people assume leadership positions – not because of their qualities as a manager or a leader but because they hold a lot of power in the community.**
> *(Practitioner)*

Informal leaders were seen to be an important complement to formally appointed leaders.

> **So I guess in that sense we have formal leaders and then the informal ones, and it's the informal ones – mostly women, you know – who are driving change.**
> *(Practitioner)*

Senior Aboriginal women were often seen to have significant authority within their community, particularly with regards to women's and children's health and wellbeing. Participants noted that their leadership was not always as visible as that of the men or of those who had been formally appointed. Women's individual authority was often based on their cultural knowledge and reputation, their age, personal qualities, recognised expertise, their ability to look after others – not only their family but community members – and as custodians of related systems of knowledge and law/lore. Participants identified strong relationships with family and kin and values of mutual responsibility as being central to Aboriginal and Torres Strait Islander leadership practices.

> **We've got these amazing women who are natural leaders – they're doing everything – looking after grandkids, kids, other kids, balancing everything but they say 'Ah no, I'm not a leader'. I think because we have a lot of [male] leaders here who are self-appointed so it feels funny to say I'm a leader... like big noting.**
> *(Elder)*

The proven legitimacy of Aboriginal leaders was described as essential. Participants identified strong leaders as those who gained the respect and the trust of their staff, organisation members and community, and applied two-way open and honest communication. Most participants defined this leadership style as earned rather than given, and as quite distinct from non-Indigenous models of leadership.

> **[This organisational leader] works so tirelessly and is so entrepreneurial, and has such broad networks and credibility externally as well as in the community, that that's been really critical to success, I think.**
> *(Board Member)*

Participants believed that many people working in government and in non-Indigenous mainstream services did not acknowledge the importance of Aboriginal leadership or properly understand the competing demands on effective Aboriginal leaders. They also considered it critical to the delivery of services, though most believed it was not adequately resourced.

> **It's a big ask for a manager to manage all of this, as well as be responsible to community, as well as start building the management capabilities of staff, as well as build the next generation of kids, as well as give to your own family.**
> *(Program Manager)*

Unreasonable expectations

The majority of participants pointed to the unreasonable expectations and responsibilities imposed on Aboriginal leaders. When Aboriginal people assume leadership positions they are already expected to be able to demonstrate all the essential leadership qualities, including: acting with a set of shared values and standards of behaviour; being accountable to, and fair and inclusive in representing, projects, people and communities; understanding and delivering on the leadership responsibilities given to them; building consensus and inspiring people to walk together; recognising their own weaknesses and strengths (and building team complementarity); understanding and communicating the limitations of their roles and at the same time knowing when to seek further knowledge or expertise; and advising and helping their staff, families and communities. Participants acknowledged the difficulty for Aboriginal leaders of all these competing demands.

> **You need to be smart and put that together – which is a big ask, you know, I started as a childcare worker way back when... it wasn't my dream to run the centre. It just sort of happened. What I mean is – it's been hard. There have been so many battles. It's not like you're given a rulebook – this is how you do it... you kinda learn as you go.**
> *(Program Manager)*

Participants appreciated that Aboriginal leadership required additional skills and competencies to non-Indigenous leadership. This was mostly related to the complex links between a leader's personal and professional relationships and across families and communities.

> **I think with Aboriginal leadership just generally we know... it's very common, especially in smaller communities, there are a lot of factions, people can turn against a leader [very quickly] if they feel like they're getting too much power. We can be our worst enemy sometimes. That's a huge challenge for strong Aboriginal leaders, I think, being able to remain being seen as a part of the community and an advocate for the community but keeping everybody on side is not always possible. So balancing that [is difficult].**
> *(Manager, Government)*

Participants warned that Aboriginal leaders appointed into formal leadership positions were often expected to be everything for everyone, but were given limited support and guidance on how to balance different responsibilities, how to build effective leadership capabilities and how to manage informal (and sometimes dominant) community leadership models. Balancing accountabilities to community with formal accountabilities to projects, donors and government was described as difficult.

> It's really difficult for an Aboriginal leader in a community to balance a relationship with an organisation like [this government department]. We've got so much history attached to us and there's so much distrust in the community. So balancing that relationship and balancing the needs of their community and being a strong advocate for the community and for the community to trust them and to really understand that they are totally championing them and the needs of that community but also can trust that they can stand up to [government]… that's critical for leadership.
> *(Manager, Government)*

Participants suggested that these unreasonable expectations could be setting people up to fail.

> Boards don't necessarily have great financial acumen, managers don't necessarily have great people and team management skills – but it's assumed that Aboriginal people necessarily make great leaders, which then can set people up to fail.
> *(Manager, Government)*

Modelling effective leadership

Despite the challenges associated with Aboriginal leadership, participants explained that effective leadership included the wise use of power and creating a shared vision.

> I think it's about being honest, being honest and open and inclusive with the team… You can't hand it to people and say, 'This is what it's going to be'. You gotta take them on the ride too, and give them evidence and reasons why they need to join you on that ride, and why they need to join you in the vision.
> *(Program Manager)*

Some participants viewed the creation of a shared vision and a culture of leadership practice for everyone as crucial.

> It's not something that's made very explicit to everybody, it's more of a practice. It's taking a leadership role in being educational leader not just the leader of the whole organisation.
> *(Practitioner)*

Participants describing different leadership styles emphasized the need for personal qualities such as having a respect for culture, being self-aware and reflexive, and having integrity and a sense of humour. Effective and trusted leaders were seen to be those who were able to model core values and behaviours consistently.

> It's the way we do business. And when team members see that that's how the leadership position conducts business, they also do the same. And it's about respecting people, and it's about looking at what each individual brings. And valuing what they bring… we felt really strongly about growing leaders.
> *(Program Manager)*

Personal leadership versus institutional leadership

Participants made the distinction between personal leadership, which focused on individual leadership skills, vision, creativity and an ability to motivate others, and institutional leadership that required patience to work within established structures. The majority of participants recognised the risk of relying on one leader without institutionalising leadership.

> **Do I think it will work without [this leader]? I don't think so.**
> *(Practitioner)*

While participants easily identified personal leadership qualities, they also highlighted the importance of succession planning, continuity of leadership and a sustainable vision.

> **I think succession planning is also a really important thing. If we have a really strong manager who might decide to leave tomorrow, where does that leave the centre? So how are they building the skills and capabilities of their staff to progress in their careers, to build their skills to step up? Who's going to step in for them if they have to step out? What does that look like? I think that's absolutely critical because we see that all the time. I've seen it so many times over the years in organisations. You'll have a really strong CEO, a really strong manager and they step out and it just falls by the wayside because there's been no succession planning.**
> *(Manager, Government)*

During the research, the majority of participants described governance as the way community and family networks operate, the process of trusting and respecting Elders, and the informal coordination of community activities.

> **A lot of [governance is done] through relationships, it's through people you know... Especially the Elders, you know there's an Elder that was really involved since day 1, [Elder], and even when there wasn't a building, when they were trying to engage community he was [the] one who went to all the community members letting them know what was going on and encouraging them to come along and get involved.**
> *(Program Manager)*

Culture and governance

The participants saw Aboriginal and Torres Strait Islander culture at the heart of organisations and community. Culture was seen as an evolving system of values, knowledge, beliefs, powers, laws and rules shared by members of the community. The participants described culture as being dynamic and constantly evolving. The diversity and historical complexity of communities has given rise to diverse governance arrangements. There were different understandings of governance, which was characterised by complex layers of social relationships, extended families, networks of leaders, and organisational partnerships nested within the socio-political environment. Most participants saw culture as being a crucial factor in Aboriginal processes, structures and institutions, and described cultural governance as sometimes being controversial.

> **Culture's a really political thing, like culture is so political, and there's different degrees of what the Elders see as competence in each other I guess, you know, about the cultural knowledge that they hold.**
> *(Elder)*

Aboriginal community governance happened outside as well as inside organisations. Participants identified the need to strengthen contemporary governance arrangements so that they privilege local culture and reflect cultural norms, values and traditions while also remaining effective and accountable to non-Indigenous governance systems. Most recognised Elders as being knowledgable custodians of culture and giving cultural legitimacy to governance.

> There are parts missing – they don't know where they sit. So Elders are really important here. They help fill in blanks. The people with more culture can share their knowledge.
> *(Practitioner)*

Community, representation and ownership

The concept of 'community' was seen to be complex and different for each place. Participants explained that Aboriginal communities were heterogeneous and often extremely diverse. They had different cultures, networks of organisations, histories and locations, and were subject to different national, State and Territory laws, with many 'communities' living in one place.

> We have so many different groups here and some people with more culture than others, so balancing all of that can be really difficult. It means that there are inevitably tensions and different opinions across the community... and people looking to get power and influence.
> *(Board Member)*

Aboriginal and Torres Strait Islander representation and accountability operated in multiple directions and across layers of networks. Participants talked about culturally based rules and values and the need for representatives to speak only on behalf of the right people. They also noted that true representation was difficult.

> And then it's that question of who represents who... yeah, having said that the [staff] here do such a good job of trying to connect with the disengaged families – to hear their voice. But you can't be saying, 'Hey, what's the direction for Aboriginal child and family centre... 'They're like, 'What?'; but yeah, the representation question is a tricky one.
> *(Program Manager)*

While acknowledging the challenges of appropriate representation, participants reported that ongoing engagement with Elders was vital.

> We want to set up a smaller community committee to help guide the program but it's hard work to get those disengaged voices to the table. A first step will always be having the Elders in that committee and talking with them about what's happening, but they're not necessarily going to making big decisions, you know.
> *(Program Manager)*

Community control assumes full community participation, representation and decision-making, but participants explained that this was rarely seen in practice. Although participants understood the value of community representation, ownership and control, specific definitions of these terms and the processes attached to them were not well understood.

> How does community control work? Community ownership and control is tricky. We have so many different groups here and some people with more culture than others so balancing all of that can be really difficult. I think we all know it's really important but how we do it? That's another thing. The structure is community controlled, [but] the way the structure is managed isn't community controlled.
> *(Practitioner)*

In the same way that genuine community representation was seen to be challenging, participants also acknowledged the influential role of leaders and people who worked at the organisation. This dominance of few leaders developed informally and was underpinned by dominant and normative behaviours.

> That's why the community's slow, they're just draggin', 'cause it's like follow the leader in this community. If you see... someone in the community doing something, someone else will try it and do something, do the same thing. And someone else will try it, then someone else will try, and they'll have everybody tryin' it.
> *(Program Manager)*

Two-way governance

Aboriginal and Torres Strait Islander people live under two types of governance: their own and that implemented by non-Indigenous Australians. Participants identified tensions in maintaining internal Aboriginal legitimacy of governance and also complying with external (non-Indigenous) stakeholders e.g. government, mainstream services and funding bodies. They reported that it was hard to balance cultural expectations with many of the requirements set out by government or funders.

> **There's no switching off in Aboriginal services – they are part of the community, and the accountability is to community as well as to donors and the government. It's a bit like walking a tightrope and feels like people are ready to point fingers and say you failed because you submitted this report late.**
> *(Program Manager)*

Many participants felt that the procedural reporting was overly burdensome and thus consumed significant resources.

> **And then the reporting and reporting. Look, some of the people in government are better than others. Some really understand the pressures we are under and also think the level of reporting sometimes is a bit over the top. But there have been some in the past that want every dollar accounted for.**
> *(Program Manager)*

Participants explained that most funding was attached to separate projects that come together to deliver comprehensive models of care. Each project is subject to increasingly complex funding arrangements involving multiple funding streams that need to be accessed and the relevant activity reported for each stream. This necessitates the use of multiple databases and excessive reporting processes.

> **The real trouble with integrated services, or comprehensive services or holistic services or whatever you want to call them, is that we are trying to do this wrap-around program – responding to family needs but with project money from health or education or [social security]... it doesn't come as one package. You need to be smart and put that together – which is a big ask, you know but the reporting is a headache.**
> *(Program Manager)*

Relationships

Personal relationships

Much of the success of the two Aboriginal partner organisations in this research lay in the fact that they operated in communities, and were (mostly) managed and staffed by people from those communities. Many participants knew, or were related to, the families and the personal relationships that had developed over years were seen to give these organisations and services a key advantage in fast-tracking partnerships with children and families.

> **It's how we are, you know... relationships are everything. Like, [my co-manager and I] worked together 20 years ago and then she moved away and I moved back and that's why we get each other and work well together. The trust is there. She knows everything going on for me [and vice versa].**
> *(Program Manager)*

Participants described these personal relationships both as a core part of 'business' and as a point of difference with mainstream or non-Indigenous service provision. They acknowledged this as a key strength in service delivery, especially in the area of child safety where fear of child removal had become a central barrier for families in accessing services.

> **There's a lot of interest in the Aboriginal child and family centres just in terms of the number and range of families that they're able to access, and how can we tap into families at that soft entry point to prevent them escalating up to the statutory [child protection] system. Because we know for Aboriginal families they're so over-represented. An Aboriginal child is 10 times more likely to be in care than a non-Aboriginal child.**
> *(Program Manager)*

Personal relationships were seen to constitute the foundations for developing meaningful and trustworthy professional partnerships in which individuals were able to vouch for other individuals or services, and organisations were able to collaborate informally before formal service agreements had been signed. This way of operating was seen to be the best way to deliver services for Aboriginal and Torres Strait Islander children and families.

> **Because we know each other and they trust me, they feel more like they will try it out. But it also means – for me – I've recommended it so they better not stuff up. It's like an informal accountability. It's the community bottom-up way of working rather than when you have big (mainstream) organisations wanting to partner… because they have the targets, you know they have to get Aboriginal clients… But we can do the informal work first just to see if it's gonna work. Sometimes it doesn't and that's that.**
> *(Practitioner)*

Participants explained that personal and trusted relationships – with families and other service providers – helped fast track referrals in ways that best suited families.

> **There are lots of issues with consent like new services need to have consent from the families, but often the families ask me to explain and I'm the in-between person to give the back story. Not always. Some issues are private and people don't want everyone knowing their business. It means they don't have to do all that paperwork. I can just get on the phone or have a conversation with the speechie or whoever and get them in, and we do it fast while they are ready and up for it – before they change their mind (laughing).**
> *(Practitioner)*

Personal and trusted relationships made connecting with families much easier, especially those not accessing the centres. Community outreach and working with families 'where they are at' was seen to be a critical step in engaging with families experiencing vulnerability.

> **There are lots of families not coming, you know. We have to go to them and have a yarn, you know, build the relationships and trust. I mean, we all know each other and the door is always open but it's just easier to go to them. We go in the bus and see if we can give them a lift to the shops and offer to look after the kids to try and get them into the playgroup. Baby steps. There's no way you mob would get in the house without me, you know. It's because they know us.**
> *(Practitioner)*

However, participants also warned that having these close, personal relationships sometimes made work more challenging, especially where there were family conflicts.

> **Yeah, it's not all smooth. Sometimes when there is conflict it doesn't work. We had a situation here a while back where one of the girls was in a big argument with another girl and it went for ages and we had to make a team decision that she wasn't going to work with that particular family until it all calmed down.**
> *(Practitioner)*

A workforce that 'gets it'

Both organisations had a high proportion of their workforce who identified as Aboriginal and/or Torres Strait Islander, whereas as mainstream organisations employed many more non-Indigenous staff. Participants felt that working with Aboriginal organisations required a specific mindset that not all non-Indigenous or mainstream workers could demonstrate in practice. Workers were described as 'getting it' when they worked with families where they were at, were non-judgmental and respectful.

> **Working with mainstream services is hit and miss – some are good, some have good intentions and then there are others… who just get it. And really I mean the service workers – it's individuals who get it and sometimes… sometimes it means the whole of organisation gets it. But mostly it's the workers… and it can also be very hit and miss.**
> *(Practitioner)*

Not every participant could describe exactly what it meant to 'get it' – a quality that included having a sensitivity to the culture of the organisation – but everyone had experience with workers who did not 'get it'.

> **Cultural safety in action? For me it's about respect and learning and listening. The workers and the places that 'get it' really do a lot of listening first. There have been people who don't 'get it' but they usually haven't lasted long.**
> *(Practitioner)*

The ability to listen, demonstrate respect and work with families on their terms and where they were at was seen as key to building up positive relationships with clients.

> There's so much you can quickly tell about a person or an organisation – very quickly you know if you are respected or not. It's like constant surveillance and being vigilant, you know, so often there's stigma or people look at you a certain way. Like when the family-support people... come for a home visit and they see dirty dishes and they start judging, and it's often not even the words, you know. You see it. You feel it in the non-verbal [communication]. So a place or a person that offers cultural safety respects you, sees you for you, sees the human and the family, the big picture. They don't see the dirty dishes and mattress on the floor.
> *(Practitioner)*

Forging strong relationships with mainstream services

Participants noted that not all types of services could or should be delivered by Aboriginal organisations, which means that strong partnerships between services is essential. As a result, the local staff were not only the connectors for families accessing the centre and services, but also the coordination focal points for partnerships with the mainstream organisations that provided more specialist services.

> There are some services we don't do here because it's not appropriate – like DV [domestic violence] stuff and drug and alcohol. In that case – we don't want to take those things on but we can help our families access those other services. Some of the ones that are not Aboriginal services – the mainstream ones, I mean, we help our families move through those systems. Sometimes they're really hard to work out – like housing or Centrelink. In those cases we're like the glue for our families.
> *(Practitioner)*

The process for partnership development appeared to be driven from a strong foundation of trusted personal relationships and people vouching for one another, which then provided space to develop service agreements that lead eventually to organisational agreements. Participants explained that the bottom-up process of collaboration, which often began through personal relationships, differed from mainstream services in that most organisational service partnership agreements were established at the higher level first and then filtered down to workers.

> We work the other way. We start with people and who we think would work well with our families, whereas it often goes the other way [in mainstream services]. We always have the big mainstream orgs desperate to get in here to get their targets (for Aboriginal clients) and they are often keen to start with the organisational contract rather than get a sense of who's who.
> *(Program Manager)*

A range of different partnerships – both strong and weak, functional and less functional – was observed during the research. Participants explained that the key to successful organisational partnerships often lay in the personal relationships that had developed over time at all levels of the organisation. Some reported the need for more joint activities to foster stronger relationships and to get to know workers from other services, but a lack of funding and time allocation made such activities more difficult.

> Sometimes it's hard getting potential partners to the table when you don't have any funding to offer. It's really an overstretched and under-funded sector so competing for funds sometimes causes tension and undermines collaboration.
> *(Practitioner)*

Participants acknowledged that effectively working together through organisational collaboration was best for children and families, but tensions and competition often existed between organisations where resources were scarce or when there was a big tender with significant funding attached.

> We're trying to run these programs – what families need – but it's often not enough and resources are scarce. The services we should be collaborating with are sometimes our competition for money and that really does prevent us working together sometimes.
> *(Program Manager)*

Alternatively, there were examples of resourcing being available for some services and programs but not others, which meant duplication had been an issue. Most participants agreed that greater coordination would help to ensure continuity of care, but coordination activities were rarely funded.

> We've got so many agencies coming over to [this area], you know… three different hearing organisations are coming. [But] that information is not getting shared… and the parents are going to the three different hearing organisations.
> *(Practitioner)*

> As a collective, all of the service providers that come to this [area] to provide a service, and all the ones that exist here… I think we all need to sit down together… there's never any time where we all sit together and say, 'Okay, how can we manage this part?'
> *(Practitioner)*

Sustainability

Resourcing

Aboriginal and Torres Strait Islander integrated early years services are firmly part of their communities, providing a variety of programs in ways that are appropriate to Aboriginal and Torres Strait Islander families. Many early years services are funded through the federal and State governments. However, even where services achieve excellent outcomes sustainable funding cannot always be guaranteed, which makes it difficult for organisations to recruit and retain staff.

> I would love to be able to really get some good investment into this just for [the] long term, I would love a minimum 10-year funding contract with them. Just to give them some breathing room so they can grow and plan and attract and retain skilled staff. Because at the moment they can only say, we can only offer you 12 months because we don't know if we've got funding and that sucks. They shouldn't be put in that place. And not also having to make them dance to prove the outcomes that they're achieving with the families.
> *(Program Manager)*

For early childhood education and care services, the new policy (July 2018) has placed greater emphasis on business models of practice. Centres have been encouraged to move towards becoming self-sustaining through government subsidies for childcare and a parental contribution. However, this is difficult with childcare services that are integrated with other programs and also function as a community hub. Current funding through short-term funding cycles additionally complicates long-term planning.

> They're definitely not at the stage where we can step out. They definitely do require our funding to continue and the challenge for us and them has been short-term funding cycles. So obviously we'll fund them for two or three years and that's all we can do because we don't know our allocations coming through in yearly cycles. So we're really looking at, how can we do something different for these centres?… And how can we also support them into the future to build sustainability?
> *(Program Manager, Government)*

Short-term funding and frequent changes in the funding mechanisms make it hard for service managers and teams to plan.

> *[Funding is] not secure, it's never ever been secure… After the fed's money run out, the State's basically funded [this service], but it was a last minute thing. They told us we had to set up to be self-sufficient which was never going to happen, never in a million years was that going to happen…*
>
> *(Program Manager, Government)*

Participants pointed to funding insecurity as having a major impact on the workforce as there's no capacity to undertake planning, to ensure leadership succession or to incentivise the Aboriginal workforce.

> *I'd love to get my staff on ongoing contracts and work with them to plan careers and support them to take on the leadership. That's the dream. The truth is I've been on a casual contract myself for years and years because there's no long-term funding. It's all short-term decisions. And we lose people that way. Good people who have their Cert. III get paid more stacking shelves at the supermarket. It's hard to compete with that.*
>
> *(Program Manager)*

While participants acknowledged that the two centres were eventually supposed to be self-sustainable, overall there was little awareness around what sustainability would mean and what strategy could be put in place to achieve this. Centre managers had some plans to bring in money through hosting activities or even by making facilities available to other services, but most participants acknowledged that the nature of the work done by the centres made self-sustainability difficult.

> *There have been issues around what sustainability looks like for these centres. I think government have an ongoing responsibility to fund centres like this, maybe not 100% but if these centres are going to be successful in continuing to… access hard to reach families, then we have to expect that they have to change up the way that they work. In respect to providing childcare to a vulnerable family we might have to expect that those families may not be able to afford fees, [as] they may not be covered fully by the childcare rebate. So where does that leave the centre, which is a business and is trying to survive? Where does that leave them and what is the government's responsibility there to continue to support the centre to provide those services without limitations?*
>
> *(Program Manager, Government)*

Lack of funding for core elements of the program

Relationships and the relational aspects of integrated service delivery, including community outreach, were described as critical for success but rarely funded. These core components of integrated service work were mostly unaccounted for in program budgets, partly because they were difficult to quantify, evaluate and justify. They included relationship building; inclusive and representative community participation; coordinating between services, disciplines and organisations, and between families and services; and facilitating referrals and follow-ups.

> *Relationships are everything here but it's not usually the stuff we report on for program budget. That's the stuff that is really changing lives. The slow engagement and trust and gently working with families where they're at. But the relationships work isn't usually funded.*
>
> *(Program Manager)*

Participants consistently explained that their responsibilities went beyond their role descriptions to include other tasks, above all building relationships with community members so they could provide holistic support.

> *We run a childcare service but if someone wants advice about Centrelink or housing – I'm not going say, 'Sorry – not here, we don't have funding to provide that service'… I'm going to take the time out to talk to that person. We have to be really smart about how we do this holistic work – especially when our funding is often so tight.*
>
> *(Program Manager)*

Integrated early years services were delivered through various programs, projects and sectors (most with different plans, budgets and reporting requirements). The process of bringing all of the service components together into a comprehensive 'wrap-around' support rested with program managers and other staff.

> *It takes time, [and] also [means] looking at the different service mixes of what they're delivering and what that looks like, what the demand is and definitely what the coordination time is for them too. Because for them to coordinate all of these integrated services, it takes a lot of time for the centre staff to do that. And they don't necessarily get paid from our contract to do that kind of stuff.*
>
> *(Program Manager)*

Participants provided examples of where core work that helped to deliver results for children and families, such as communications and advocacy, wasn't specifically funded through programs or projects.

> There's also a lot of advocacy work that [centre workers] do. A lot of that can be on behalf of [other organisations, if they are] concerned about safety and wellbeing of a child who might be at risk of being removed because there's a really high risk of homelessness. The centre might be called upon to go and speak to the local community housing provider who's about to evict that family to see if they can work out some type of support plan to prevent that. So they do a lot of that kind of work too and that's really important because that's not in their contract, but they do it and it takes hours and they can have really great outcomes with doing that. So it's important that we really capture that.
> *(Program Manager)*

Participants working at centres as direct service practitioners and receptionists confirmed that they felt their responsibilities to families went beyond their role descriptions to include other tasks –above all, building relationships with community members as part of providing provide holistic support. This meant that representing the organisation never really stopped, with workers making themselves available to others outside of regular working hours.

> All of this work is about people and relationships. But hardly any of that work is funded. So we have to be creative about how we use project budgets to do program work – the longer term stuff. We owe it to our communities. [Our families] don't accept if we say, 'Nah sorry, opening hours are 9–5pm, call back then'. We are part of the community, you know, so the work never stops. But there's no budget line for that important stuff.
> *(Practitioner)*

As some participants explained, this expectation was sometimes difficult and tiring, but definitely a necessary part of their role within the community. It was seen to be crucial for an Aboriginal service to provide this level of support and created a distinct point of difference with mainstream services.

> We run a childcare service but if someone wants advice about Centrelink or housing – I'm not going say, 'Sorry, not here; we don't have funding to provide that service'... I'm going to take the time out to talk to that person. We have to be really smart about how we do this holistic work – especially when our funding is often so tight.
> *(Program Manager)*

Although the Aboriginal child and family centres were established to provide services that are integrated to meet the needs of children and families in a more holistic way, the funding models with which centres need to comply do not always reflect this. Not only are programs resourced through sector-based funding, and often in the short term, the reporting requirements are focused on generating outcomes for evaluation in ways that services were not always able to deliver.

> I think there's always a lot of rhetoric with the government about their commitment to Aboriginal issues, that there's a real lack of action and long-term commitment [in] funding things. I think that there's only ever the appetite of throwing money at things for two or three years, evaluate it and, okay it didn't work. Well, of course it didn't work because it takes two or three years to actually get embedded and then we evaluate before we can actually produce good outcomes. It's such a common cycle.
> *(Program Manager)*

The time spent building and maintaining relationships and coordinating (and sometimes redistributing) project budgets to create a package of services that are responsive to the needs to families was consistently described as a skill as well as a challenge.

> We need to be more creative and smart with the money we get so we support the whole community.
> *(Practitioner)*

Not having specific funding for core elements, such as relationship building and coordination, has led to added pressure on staff who are trying to deliver results for families despite often being in insecure positions with low salaries and long hours.

> You know, there's no rulebook. You don't learn this in school. But it's also hard fitting this kind of work into project funding.
> *(Program Manager)*

The burden of reporting and administrative processes

Participants all agreed that organisations needed to be accountable for public funds but found the narrow and strict sector funding and reporting focus on compliance to be a burden.

> **Sometimes I feel like I spend all my time on reports. Honestly, I have a photo of me lined up with all the reports I have to do and it went from one end of the room to the other and that's a long room.**
> *(Program Manager)*

They also described the reporting focus on compliance as missing the real impact of the program. While there were some opportunities to complete case studies, these were usually additional to the heavy reporting load.

> **The reporting is mostly bums on seats, which we know we have to do but it's not the stuff that is really important to measure. They set the reporting and tell us what we have to measure to get the money and report back. It's more compliance than impact, you know. They're trying – they really are – but honestly, it's around the wrong way. We know what's happening but how do you measure a change in a person's confidence and connection and a family who finally engage with a service which then really shifts things. It's all the years of relationship work that we need to measure not just the visit with the service when the family finally gets here.**
> *(Program Manager)*

Competition between organisations

For participants, developing good relationships with their clients was seen as being key to the success of the service, as it positioned workers to be able to identify needs and propose new programs. However, the lack of communication and collaboration between organisations and workers has at times led to service duplication, while competition for limited funding has led to conflict between organisations with some Aboriginal organisations missing out altogether.

> **I've worked in other communities where there's been organisations doing the work unfunded. They've been doing the work, and then there's been positions available that have been put up to tender. Then they've been given to outside organisations that aren't even in the towns, who then come in... And the people that have been doing the work, the local people, you can understand, are very frustrated and disappointed... And [the new workers] are not even known in the town.**
> *(Practitioner)*

Building close relationships and a sense of community emerged as key elements of an Aboriginal service. In some cases, however, this approach did not align with the processes in mainstream services.

> **I think [it's important] for the people in the community who have got the ideas, who know what will work in their community to lead it. And then, for them to be supported by whoever they find is helpful, basically. [To work] where you're living. I don't particularly like people coming from Sydney or Melbourne saying, 'Oh this is how you do it'. It has to be community led because people have got the answers and they know their community.**
> *(Program Manager)*

Discussion

The wellbeing of Aboriginal and Torres Strait Islander children includes a range of inter-related domains – safety, health, culture and connections, mental health and emotional wellbeing, home and environment, learning and skills, empowerment and economic wellbeing.

Integrated Aboriginal and Torres Strait Islander early years programming approaches recognise the following:

i   background research on early childhood development demonstrates that quality services initiated in pregnancy and which continue throughout the first years of life can improve child and wellbeing outcomes and shift developmental delays

ii the need to focus efforts on a number of wellbeing domains, i.e. working across sectors and disciplines, not just on one domain to the exclusion of others.

This research aimed to interrogate some of the domains considered essential for effective service integration, including Aboriginal and Torres Strait Islander leadership, governance, and community participation and ownership through design, delivery and partnerships. However, only two organisations were selected as sites for in-depth exploration and caution is recommended when extrapolating results.

While there is consensus that integrated service delivery is warranted – and continues to be promoted by researchers, policy makers and service providers – there remains an over-reliance on documenting the desirable features and describing the practice rather than interrogating the implementation evidence. As a result, there continues to be a limited understanding of what works (and what doesn't) in service integration, particularly in the Aboriginal and Torres Strait Islander early years sector.

The two Aboriginal Child and Family Centres that took part in this research were funded to provide a dynamic mix of services including quality childcare, early learning, and parent and family support services, and to link in with existing Commonwealth and State and Territory services such as child and maternal health services. Their intention was to facilitate easy pathways to services and provide integrated, tailored and culturally appropriate support for Aboriginal and Torres Strait Islander children, aged 0–8 years, and their families including parents, kinship carers, grandparents, aunts and uncles. Through the centres, families can access services that are offered at the ACFC premises itself, and through outreach, mobile and home visiting programs. The range of services available and the way in which they are delivered at each centre varies according to the needs of the community (CIRCA 2014).

While there was variability across locations, overall the two ACFCs appeared to have made significant progress toward achieving their intended outcomes for Aboriginal children and families. These included increased participation in licensed early childhood education, and higher rates of age-appropriate health checks and immunisation. This is aligned with State-level evaluation findings (CIRCA 2014).

Service integration has enabled the two ACFCs to meet a broad range of needs for Aboriginal children and families and to provide holistic and coordinated care. Furthermore, successful partnerships with a range of service providers has facilitated access to a broader range of services for Aboriginal children and families, holistic and coordinated care, and increased cultural capacity among mainstream providers.

Palm Island Community Company and Nikinpa have demonstrated commitment to the provision of holistic, comprehensive (or 'wrap-around') care for Aboriginal and Torres Strait Islander children and families living in or visiting the catchment area in which they operate. Many families have complex needs that require a range of service types, such as health, housing, family and justice services. Delivering these services appropriately requires the implementation of client-centred, well-coordinated, integrated models of care. To facilitate the development of dynamic models, PICC and Nikinpa have grown into multifunction organisations that provide a suite of services and/or collaborate with other organisations to ensure their clients obtain the services they need. For these two organisations, effective integration has required services and programs to reorient and work from a starting point of family and community strengths, and a focus on community participation to prioritise the needs of their community.

In addition to the intended outcomes, the two ACFCs have also had a positive impact on learning, and social and emotional wellbeing as they clearly support the development of social support networks and social connection for children and families. This is considered crucial given the evidence relating to the importance of belonging, connectedness and identity for Aboriginal and Torres Strait Islander people (Dudgeon, Milroy & Walker 2014; Riley et al. 2008; Vallesi et al. 2018).

In Australia, programs acknowledging Aboriginal and Torres Strait Islander culture as a strength have demonstrated positive health and wellbeing outcomes (Doyle et al. 2013; Jennings, Spurling & Askew 2014; Parker, McKinnon & Kruske 2014; Zardo 2014). Alternative healing methods, and cultural activities and protocols create a culturally safe environment that enables

Aboriginal and Torres Strait Islander people to seek support for their health care needs on their own terms and in their own ways.

The data collected during the research show that the processes of moving towards an integrated service system are highly relational. Community inclusion, participation and empowerment were seen as fundamental to successful integrated service systems. This review of two ACFCs suggests that reorienting service systems to respond to the needs of children and families can support community empowerment, leadership and self-determination (control) provided the leadership and governance structures allow/prioritise community accountabilities. In addition, the programs must be well resourced with resources going to the right places, longer term funding aligned to an organisational strategy, and Aboriginal staff engaged for longer term contracts and supported to transition into leadership positions.

Aboriginal and Torres Strait Islander services differ from mainstream services in that they are based around strong relationships with individual families and supporting those families with their needs and aspirations. This is key to community ownership and control, but these relationships can take many years to build and are most likely dependent on resources that are not specifically funded for this purpose. Our data show that the time, an appropriate workforce and the resources required to work within this remit are not always made available to Aboriginal and Torres Strait Islander organisations, even though they are best positioned to make a positive contribution to the quality of life for their clients.

The ability of Aboriginal and Torres Strait Islander organisations to provide integrated services in a culturally safe environment is a key feature of their success in engaging with people experiencing vulnerability and marginalisation. To continue to do this, the following factors are required:

▶ engendering respect for individuals and their experiences

▶ recognising the need to heal from intergenerational trauma

▶ building cultural capability among service workers

▶ taking a relational rather than transactional approach to service delivery

▶ building an awareness around the processes of decision-making, including the involvement of Elders and different groups within the community.

Features of successful Aboriginal and Torres Strait Islander early years integrated services

Taking a community development approach to integration initiatives means investing, committing and consciously recognising the different phases of participation, acquisition of knowledge, skills and rights, which will activate existing leadership structures to support true and inclusive self-determination. In this sense, 'service integration' isn't an output or end point but an evolving and dynamic process.

This means that processes of early childhood service integration can concurrently support community empowerment and Aboriginal self-determination **if**:

▶ **Time** is taken to understand properly who community is, the diversity that exists within that community and the power structures and disparities of families and kinship. This means acknowledging who is already participating but also, importantly, who is not.

▶ **Services and programs** prioritise the relational dimensions of coordination, leadership and community liaison, participation, consensus, commitment, conflict resolution and healing.

▶ **Aboriginal leaders** (including emerging leaders and community leadership networks) are supported to represent their community, to develop capabilities in decision-making, financial management and accountability and to demonstrate leadership that espouses the values of fairness, equity, integrity, honest and respect.

▶ **Partnerships**, including with mainstream providers, deliver high-quality services that are culturally safe and agile enough to respond quickly to the needs of children and families. This means that programs and services are deemed acceptable, equitable, accessible, affordable and safe from the perspective of the children and families who use them.

Successful integrated ACFCs featured the following five key enablers:

1 **Community**: ownership, drive, engagement, empowerment, dedicated staff, representative leaders.

2 **Culture**: knowledge, protocols and practices, strengthening cultural identity and connection.

3 **People**: community champions, Elders, motivated individuals, representative leaders, emerging leaders.

4 **Place**: location, historical context, regional service system, sense of belonging.

5 **Programs**: flexibility, local priorities and needs, partnerships, and services that operate as a 'hook' and 'anchor' for community outreach and respect holistic models of health and wellbeing.

PICC and Nikinpa are both Aboriginal community controlled organisations, which means they are incorporated organisations based in a local Aboriginal community. Governed by an Aboriginal body elected by the local Aboriginal community, both services are delivering holistic and culturally appropriate services to their communities.

In these cases, Aboriginal leadership holds undisputed importance for achieving better social, economic and cultural outcomes for Aboriginal and Torres Strait Islander people. The high levels of integration and the strength of family networks have also been reflected in services, programs and leadership. It was clear from this research that networks of leaders can be closely related to each other and then operate through shared responsibilities and interconnected roles. Recognising the strength and reach of these networks can help activate service coordination and integration.

Strong models of governance and leadership based on principles of integrity, representation transparency and accountability were considered critical to success, as were supportive policy systems and mechanisms for sustainability that include longer term thinking and appropriate resourcing.

Opportunities

The approach towards service integration used by Aboriginal and Torres Strait Islander organisations such as PICC and Nikinpa is different to that of mainstream organisations, because of their strategies for embedding Aboriginal leadership and governance, program planning, resourcing, reporting and the focus on relationships and coordination. These differences should be supported so that Aboriginal and Torres Strait Islander organisations can continue to provide services in their community.

The organisations in the research are subject to complex funding and reporting arrangements as they deliver comprehensive models of care. Since most funding is attached to separate programs and projects each with their own set of implementation and reporting requirements, multiple funding streams must be accessed and relevant activity reported for each stream, which necessitates the use of multiple databases and reporting processes. This has imposed a high technical and staff administrative burden and, at times, has reduced organisational innovation and dynamic delivery of new and responsive models of integrated care.

Having separate funding attached to separate programs also means the 'work' of integration sits at the practice level. Although these organisations continue to deliver high-quality services, this is mostly due to leadership and staff enthusiasm and commitment rather than to support systems and mechanisms. Centre managers continue to be challenged by the substantial efforts required to implement change and report across a number of sectors and platforms. For example, this research found that the additional reporting burden associated with some funding opportunities can outweigh the potential benefit of accessing those funds.

There is a need for greater flexibility in funding arrangements and for funding that supports the critical relational components and community development approaches required for effective integrated service provision. There is also a need for accountability systems and capacity development approaches that emulate community strengths and systems, for greater coordination authority for senior local staff and for shifts in bureaucratic cultures to support collaboration.

This research confirms that a whole-of-government collaboration working through meaningful and fair partnerships remains a priority, but implementation models need to be refined to reduce the bureaucratic burden at the practice level. Although there have been government efforts to improve coordination and whole-of-government participatory approaches, this remains a challenging area.

Limitations of the research

This report summarises the findings based on the contributions from two organisations, which makes it difficult to apply the findings more generally. However, the data does allow for some general statements.

One particular issue that emerged for individuals, and presented as a challenge for organisations, related to community control. The word 'control' emerged as problematic for some participants especially when combined with the word 'community' – i.e. 'community control'. Given the diversity in gender, age, family and kinship, geography and disparity of power within communities, 'community control' was described by some participants as a proxy for 'some families/people having authority / dominance / ambition or power over others' rather than strengthening self-determination capabilities for all.

It was difficult to ascertain how governance structures could present all Aboriginal and Torres Strait Islander people in these two local communities with the opportunity to be represented as members, to be involved in decision-making processes, and to participate and contribute to the direction, structure and operations of local community services. For a range of reasons, mechanisms for community control did not reflect representative community self-determination.

The partner organisations in this research had each developed their own methods to ensure the appropriate representation of all members of community, while acknowledging that equitable community representation was an ongoing issue and process. Best practice strategies for community participation, oversight and governance continue to emerge, and more evidence-based frameworks are being tested and developed. These are by necessity different for each community, which makes it difficult to apply across organisations.

However, a number of strategies proved promising in supporting community voice and participation, including:

▶ establishing community advisory committees

▶ having Aboriginal and Torres Strait Islander staff members participate as staff observers on the board and other governance bodies

▶ funding positions dedicated to community engagement and outreach who can provide vital links to organisational governance and community participation.

The insights generated during this research reflect the diversity of Aboriginal and Torres Strait Islander communities, their people and their histories. Although it only focused on two communities, the results contribute key insights into the implementation of integrated services for Aboriginal and Torres Strait Islander children and families more generally. They also highlight significant gaps in the evidence on implementation and the need for greater investment in evaluation, implementation research and review.

Recommendations

1

Recognise the significant contribution made by the Aboriginal Child and Family Centres to the health, safety and wellbeing of Aboriginal and Torres Strait Islander children and families. The centres provide much more than services; they also give children and families a sense of belonging and identity, and are places for healing intergenerational trauma.

2

Whole-of-government commitment to advancing the health, wellbeing and safety of Aboriginal and Torres Strait Islander children by:

- ▶ Establishing a new Aboriginal and Torres Strait Islander Early Years Strategy with updated targets and commitments for appropriate evaluation and measurement through *Closing the Gap Refresh* (COAG in partnership with Aboriginal and Torres Strait Islander people)

- ▶ Clear governance structures and accountability measures to deliver results against the Aboriginal and Torres Strait Islander Early Years Strategy

- ▶ Ensure bipartisan support for the implementation of the Aboriginal and Torres Strait Islander Early Years Strategy.

3

Invest long-term resources to strengthen implementation of existing integrated Aboriginal early years services and expand to prioritise geographic locations where Aboriginal and Torres Strait Islander families continue to experience vulnerability and disadvantage. This includes specific resource allocation for key components of integrated practice, including:

- ▶ Community (ownership, drive, engagement, empowerment, dedicated staff)

- ▶ Culture (knowledge, protocols and practices, strengthening cultural identity and connection)

- ▶ People (community champions, Elders, motivated individuals)

- ▶ Place (location, historical context, regional service context, sense of place)

- ▶ Programs (flexibility, local priorities and needs, partnerships)

- ▶ Evaluation (build the implementation evidence and knowledge on promising practice).

4

Transform the relationship between Aboriginal Community Controlled Organisations and governments to balance power, build trust and dismantle discrimination through:

- ▶ Acknowledging the unique contribution of Aboriginal and Torres Strait Islander leadership, governance and 'ways of working'

- ▶ Administering funding through flexible procurement and fair partnership arrangements (one connected response, one single commissioning entity, one budget, one reporting framework)

- ▶ Disbursing flexible and untied funds that support the resourcing of critical components of relationship building, community engagement, family-centred practice and service partnerships

- ▶ Redefining measurements of success to include a balance of indicators that are meaningful to Aboriginal Community Controlled Organisations and those that are considered non-negotiable by government departments

- ▶ Revising program-reporting requirements to ensure both efficiency and that staff focus remains on implementation, monitoring and delivering better outcomes for children.

5

Strengthen workforce capabilities and opportunities in the Aboriginal and Torres Strait Islander early years sector through:

- ▶ Allocating resources to ensure roles are fairly remunerated and that contracts offer permanency and stability beyond casual roles

- ▶ Investing in apprenticeships and vocational training

- ▶ Including cultural competence knowledge and skills in relevant pre-service training

- ▶ Allocating resources to promote staff and sector wellbeing and prevent burn-out.

Conclusion

Aboriginal and Torres Strait Islander child wellbeing includes a range of inter-related domains — safety, health, culture and connections, mental health and emotional wellbeing, home and environment, learning and skills, empowerment and economic wellbeing.

Integrated programming approaches focused on Aboriginal and Torres Strait Islander early years recognise:

i   background research on early childhood development demonstrating that quality services initiated in pregnancy and continuing throughout the first years of life can improve child and wellbeing outcomes and shift developmental delays

ii the need to focus efforts on a number of wellbeing domains, i.e. working across sectors and disciplines and not just focusing on one domain to the exclusion of others.

Service integration has enabled the two partner organisations in this report – Nikinpa Aboriginal Child and Family Centre and Palm Island Community Corporation – to meet a wide range of needs for Aboriginal children and families and to provide holistic and coordinated care. Furthermore, successful partnerships with a range of service providers have enabled access to a broader range of services for Aboriginal children and families, holistic and coordinated care, and increased cultural capacity among mainstream providers.

In addition to the intended outcomes, the two centres have had a positive impact not only on children's learning but also on their social and emotional wellbeing as they clearly support the development of social support networks and social connection for all children and families in their care. This is considered crucial given the evidence relating to the importance of belonging, connectedness and identity for Aboriginal and Torres Strait Islander people.

The data collected during the research show that the processes of moving towards an integrated service system are highly relational, with community inclusion, participation and empowerment fundamental to successfully integrating service systems. It also suggests that reorienting service systems to respond to the needs of children and families can support community empowerment, leadership and self-determination (control) provided that:

▶ the programs are well resourced, with resources going to the right places

▶ longer term funding is aligned to an organisational strategy

▶ Aboriginal staff are engaged for longer term contracts and supported to transition into leadership positions

▶ the leadership and governance structures allow/prioritise community accountabilities.

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Appendix 1: Pre-set themes

The following table summarises both the pre-determined codes that informed the analysis framework, as well as the important themes that emerged through the analysis process.

	Categories/codes (pre-set)		Emergent themes
Service integration			
There has been significant focus on the importance of integrated service delivery for access, outreach and improving outcomes for families and children experiencing disadvantage and vulnerability. Service integration is both service systems and relationships based. To be effective it requires collaboration across different areas of government and regional planning structures, and in service management and direct service delivery partnerships.	• Service coordination • Integration • Service integration • Service collaboration • Service engagement		• Service efficiency • One story • Service availability • Service duplication • One-stop-shop • Community hub • Continuity of care
	• Service strengths • Assets-based approaches • Genuine partnerships • Respectful partnerships • Communication • Relationships		• Common goals • Motivation • Identity • Belonging • Trust • Needs • Unmet needs
	• Long-term investments • Funding cycles		• Bias • Politics • Motivation • Conflict • Formal service agreements
Strengths-based approaches			
The service sector is based on a delivery model in which services are identified as relevant and then offered to clients and families. However, these families may have a limited influence on the types of services on offer or the way they are made accessible. Services need to be of high quality, physically accessible, and located in welcoming, supportive and culturally appropriate environments for Aboriginal and Torres Strait Islander people.	• Strengths-based approaches • Culturally appropriate • Culturally safe • Safety • Cultural safety • Cultural competence • Culture • Cultural relationships • Cultural leadership • Community • Family led • Family engagement • Family participation	• Family decision-making • Family responsive • Responsive services • Community led • Community engagement • Community participation • Planning • Inclusion • Accessibility • Service access/ accessibility	• Identity • Belonging • Trust • Motivation

	Categories/codes (pre-set)		Emergent themes
Partnerships			
Integrated services require different service types and agencies to work together, which is based on the idea that you need diverse skills and agencies to meet all of a family's needs. Partnerships required may be with both Aboriginal and Torres Strait Islander and non-Indigenous service providers.	• Partnership • Collaboration • Relationship • Personal relationship • Professional relationship • Mainstream services	• Genuine partnership • Meaningful partnership • Respectful partnerships • Champions	• Getting it • Informal relationships
	• Government funding • Government partnerships • Sustainability • Funding requirements	• Sustainable approaches • Program design • Long-term investments • Funding cycles	• Politics • Bias • Policies
Leadership and governance			
Leadership is a pivotal factor in facilitating integration.	• Leadership • Governance • Consultation • Participation • Ownership • Control		• Motivation • Common goals • Supportive relationships • Bias • Conflict
Sustainability			
Sustainable service delivery impacts on long-term outcomes for Aboriginal and Torres Strait Islander children, families and communities.	• Sustainability • Government funding • Government partnerships • Funding requirements • Sustainable approaches	• Program design • Long-term investments • Funding cycles • Organisational capacity	