

Happy, healthy and thriving children

Enhancing the impact of Integrated Child and Family
Centres in Australia | May 2023



Social Ventures Australia (SVA) acknowledges Traditional Owners of Country throughout Australia. We pay our respects to Aboriginal and Torres Strait Islander Elders past, present, and emerging. We also accept the invitation in the Uluru Statement from the Heart to walk together with Aboriginal and Torres Strait Islander peoples in a movement of the Australian people for a better future.

About Social Ventures Australia

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We influence systems to deliver better social outcomes for people by learning about what works in communities, helping organisations be more effective, sharing our perspectives and advocating for change.

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Executive summary

Children and their families need to be supported to ensure children grow up happy, healthy and thriving. When all young children and families in Australia are flourishing, we create a strong and vibrant society and set the course for a bright future.

Currently, this is far from the case in Australia. Significant inequalities in developmental and educational outcomes between children experiencing socio-economic vulnerability and others exist.¹

Integrated Child and Family Centres (ICFCs) have the potential to meet many of the needs of children and families experiencing socio-economic vulnerability. They can help shift these outcomes and fill a major gap in the current early years landscape.²

This discussion paper examines the barriers and enablers that affect current ICFC models' ability to achieve the best outcomes for children and families. It aims to inform strategies to both strengthen impact of existing ICFC models and scale ICFCs to ensure children who most benefit are able to access them.

Integrated Child and Family Centres (ICFCs) are a service and social hub where children and families can go to access key services and connect with other families. ICFCs usually take the form of a centre that provides a range of child and family services – including early learning programs, maternal and child health (MCH) and family support programs.

ICFCs provide access to a range of tiered services to support families with broader challenges they may be facing. They also provide a space where families can come together to socialise and build social networks.

A child's circumstances affect their health and developmental outcomes. The more disadvantaged a child's circumstances, the poorer their health and developmental outcomes are likely to be.³ Early intervention is, therefore, critical. Research shows that the failure to redress early inequities results in wide disparity gaps in rates of health and developmental outcomes in adulthood.⁴

ICFCs seek to provide a holistic response to the needs of children and their families and improve the condition under which families are raising young children. An effective ICFC will have the capacity to:

- Identify and support a child's learning and development needs.
- Provide access to early intervention supports.

- Identify broader issues that may be affecting a child's wellbeing, such as poverty, family violence and marginalisation.
- Provide support, referrals, and appropriate services in response.
- Provide a safe space for families to build connections.

Starting Better: A Guarantee for Young Children and Families explores what a world class universal early childhood development system in Australia could look like. ICFCs serve as an important vehicle to deliver on the core elements of the guarantee (except parental leave), and in particular the wrap around navigator service and seamless support for children.

This discussion paper draws on national and international research as well as insights from a series of interviews with ICFC centre leaders, sector leaders and government representatives to identify the complex factors that affect ICFC outcomes. It explores funding mechanisms, operating model, centre leadership, authorising environment, quality and the use of data. The findings contribute to broader questions around what operational, policy and funding structures are needed to best support outcomes for families experiencing socio-economic disadvantage through the ICFC model.

Findings

The current ICFC landscape in Australia is patchy, with diverse models of variable scale and capacity, major gaps in coverage and no national approach to delivery. ICFCs operate under a range of funding mechanisms and operating models. Currently, there is no overall leadership or responsibility for outcomes. Further, quality is essential for ICFC outcomes and there is no overarching approach to measuring or assessing quality.

There are approximately 209 ICFCs across the country, leaving a significant proportion of children and families who would benefit from an ICFC unable to access one, and many are not experiencing the full potential that they can provide due to the varying capacity and quality of existing centres. Modelling undertaken by Deloitte Access Economics identified at least 100,000 additional children aged birth to six who are in need of an ICFC are currently not able to access one.⁵ Geographically, this need is spread across 706 communities (Statistical Area Level 2, SA2).

Key findings on the structural enablers for impact

Effective funding for a holistic, child-centred approach is needed.

- An **effective funding model** is a central enabler for ICFCs to be able to operate efficiently, effectively and flexibly to meet the needs of children and families. This requires secure, long-term funding for provision of core services and flexible funding for diverse child and family related services responsive to community needs.
- The **integration 'glue' component** is core to the ICFC operating model. It describes the leadership, structures and practices that bring all the individual services and staff together to create an integrated, holistic service model. The glue function must be valued and recognised in the funding centres receive.

Aboriginal and Torres Strait Islander integrated early years centres are unique in their purpose and structure, and require a unique response.

- **Cultural safety, strength and inclusion** are significant enablers for Aboriginal and Torres Strait Islander integrated early years centres. This model is the most sophisticated and broad in its operating model and service scope but faces the most significant challenges in terms of funding and authorising environment. A unique response is needed to support Aboriginal and Torres Strait Islander integrated early years centres, particularly given their critical role in supporting positive outcomes for children, families and communities.

Centre leadership and workforce are critical.

- Centres are staffed by **committed and dedicated leaders** and staff members who understand their communities and what is needed to have impact. However, structural and funding limitations often limit centre leaders' ability to implement this vision. They face significant burdens and often operate with little support or control.
- **Adequate remuneration** and professional support for centre leaders and the workforce are fundamental for impact. This includes better pay and conditions. Equally important, this also includes professional supports that recognise the challenging and often psychologically demanding nature of their job – such as professional supervision, business and operational support, and professional development.
- **Centre leaders need to be empowered** to be innovative and lead the model to ensure it is high quality and responsive to family needs. Current models range from highly proscriptive and well supported – but with limited scope for centre leaders to lead the model – to very flexible models where centre leaders have a lot of autonomy but minimal support.

There is a need for structures and processes to support consistent high-quality outcomes.

- **Quality** is very important to ensure the best outcomes for children, however there is currently no national quality framework applicable to ICFCs. There is also no formal mechanism to assess quality outside of Early Childhood Education and Care (ECEC) services that fall under the National Quality Framework (NQF). Consistent, national quality assessment tools and measurements, and professional development supports are needed to ensure consistent standards and support best practice.

The operating model supports the structure and practises of the centre.

- ICFC staff needs to be supported to work in a way that is **child-centred and relational**. It is important that all staff members feel they are contributing collectively to the child and family outcomes.
- ICFCs can support families both through formal service delivery and as a **social hub** where families with young children can go to meet and connect with other local families and build their social support networks. For this to occur, ICFCs require a **drop-in, open space** where families can come outside of formal service provision. They also need to ensure staff members are available to connect with families outside of formal service provision. They can do this through informal activities, such as cooking sessions, cultural activities and having the time and capacity to listen and support families with their concerns. These informal activities must be valued and adequately resourced.

- Integration is required throughout all levels of the model, not just at the point of service delivery. Current ICFCs are having to navigate government siloes to deliver an integrated centre. State government departments need to consider how they can provide integrated funding, overcome data sharing barriers and fully incorporate all services, including MCH and allied health, into the model. Better integration is also needed across state and federal government departments to ensure centres are supported to deliver a broad range of services, including childcare, and are not having to report separately on multiple funding streams.
- Comprehensive **allied health** service provision is a systemic gap across ICFC models. Although all interviewees stressed the importance of allied health for early intervention and child development, access to allied health services is limited or absent and usually does not include therapeutic support. Individual centres and families take on the responsibility for finding, accessing and funding allied health services. There is currently no systemic way to provide these critical services.

Governments and funders have an important authorising role in enabling the model.

- **Effective leadership** from government and funders and a supportive authorising environment are important to ensure models are adequately resourced and enabled.
- Governments and funders need to **recognise and value** ICFCs by as a key vehicle to meet the needs of young children and families experiencing disadvantage.
- **Collaboration and partnerships** are required between federal and state governments, and between state government departments. These are critical in many ways. Examples of collaborations and partnerships include facilitating data sharing, enabling child care provision, and streamlining procurement and funding processes.

ICFCs play a key role in supporting children and families. There is a significant opportunity to increase ICFCs' impact by ensuring that all current models can implement the key enablers. The deeper understanding of enablers and barriers presented in this paper also assists in framing a national approach to ICFCs and identifying critical systemic reforms that could see significantly more children in Australia thriving in the early years.

State and territory governments play a key role in this space. Most have an ICFC model operating at some level of scale across their jurisdiction; they are also actively involved in supporting these centres to achieve outcomes that enable children and families to thrive. However, the level of unmet need across the country requires a significant investment and overarching leadership beyond what any individual state can deliver on its own. It highlights a critical national leadership role for the federal government in providing an umbrella for ICFCs to be recognised, defined and supported as a sector, and potentially a greater role in funding and outcome measurement. A tripartite approach is recommended to bring together the federal and state and territory governments, and the sector, to develop a collective approach to drive the necessary reforms.

Key recommendations

1. Create a national approach to ICFCs that includes a broad definition with core components, a national quality framework and a professional learning system. Staff capability building around integrated practice is important to include, recognising ICFCs require a very different way of working.
2. Design and operationalise a funding model specifically for ICFCs that ensures ICFCs are child and family centred, responsive to community need, sustainable and supported to deliver on their role as an integrated service and social hub. This should explore options for pooled, holistic funding.
3. Design a unique funding stream for Aboriginal and Torres Strait Islander integrated early years centres. This funding stream should privilege Aboriginal Community Controlled Organisations (ACCOs) for Aboriginal and Torres Strait Islander children. It should also recognise and support their vision, operations and structures.
4. Ensure ICFCs can provide Early Childhood Education and Care (ECEC) services, including child care, if appropriate in their community.
5. Reform the allied health system to ensure a systematic way for ICFCs to provide access to allied health for children and families.
6. Provide support for centre leaders and the ICFC workforce. This includes competitive remuneration, working conditions, practice frameworks and other necessary supports – such as clinical supervision – to ensure they can thrive in the role.
7. Provide support to further enhance outreach within the ICFC operating model to ensure centres are reaching the most vulnerable members of the community.
8. Introduce a system stewardship approach to support a shift in government leadership that supports collaboration and integration. This approach should ensure the needs of children and families are the central focus of service design and delivery.
9. Fund evaluation and build the capacity of ICFCs to collect and analyse appropriate data. This allows them to evaluate their service, measure their impact and use learnings to evolve service delivery.
10. Facilitate a process for the federal, state and territory governments, and sector leaders to consider and develop a national plan for recognition, support and growth of the ICFC sector.

Happy healthy and thriving children

Enhancing the impact of integrated child and family centres in Australia



10 Recommendations



1. Create a national approach to ICFCs that includes a broad definition, national quality framework and a professional learning system



2. Design and operationalise an ICFC specific funding model



3. Design a unique funding stream for Aboriginal and Torres Strait Islander integrated early years centres



4. Enable ICFCs to provide Early Childhood Education and Care (ECEC)



5. Reform the allied health system to ensure ICFCs are able to provide access to allied health for children and families



6. Better remunerate and support ICFC leadership and workforce



7. Enhance ICFC outreach services



8. Introduce a system stewardship approach that supports collaboration, integration and a child-centred focus



9. Strengthen funding and supports for evaluation and data collection and analysis



10. Facilitate a process for governments and sector leaders to consider and develop national plan to recognise, support and grow ICFCs

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List of abbreviations

ACCS	Additional Child Care Subsidy
ACCO	Aboriginal Community Controlled Organisation
ACCHO	Aboriginal Community Controlled Health Organisation
ACFCs	Aboriginal Child and Family Centres
AEDC	Australian Early development Census
ARACY	Australian Research Alliance for Children and Youth
CCCF-R	Community Childcare Fund-Restricted grant
CCCH	Centre for Community Child Health
CCP	Child Care Package
CCS	Child Care Subsidy
CFLCs	Child and Family Learning Centres
CHaPS	Child Health and Parenting Service (Tasmania)
COAG	Council of Australian Governments
DCJ	Department of Communities and Justice (NSW)
DECYP	Department of Education, Children and Young People (Tasmania)
ECEC	Early Childhood Education and Care.
EYPs	Early Years Places
ICFCs	Integrated Child and Family Centres
IDC	Interdepartmental Committee
MACS	Multifunctional Aboriginal Children's Services

MCH	Maternal and Child Health.
MCRI	Murdoch Children's Research Institute
NGO	Non-government organisation
NPA IECD	National Partnership Agreement on Indigenous Early Childhood Development
NQF	National Quality Framework
SVA	Social Ventures Australia
QDoE	Queensland Department of Education
VDE	Victorian Department of Education
TBS	The Benevolent Society

List of key terms

Aboriginal and Torres Strait Islander integrated early years centres is a collective term used to describe Aboriginal and Torres Strait Islander Child and Family Centres (ACFCs) and Multifunctional Aboriginal Children's Services (MACS). Some of these centres have been incorporated into state-run models. Although all centres share a common vision and purpose, discussions around structural components are specific to those centres that are run independently of a state-run model.

Childcare is used to describe long day care centres. Although early learning centres is a preferable term, childcare is consistent with the language used nationally when referring to the Child Care Subsidy (CCS).

Children and families experiencing disadvantage is a broad term used to refer to those who are at risk of adverse impacts from being exposed to multiple social and economic stressors. This term includes children and families facing financial hardship, families who have been excluded and marginalised, as well as those living in communities with low socio-economic resources. experiencing socio-economic disadvantage.

Early Childhood Education and Care (ECEC) refers to all forms of childcare (long day care, occasional care, family day care) and preschool. Preschool is referred to as kindergarten in some jurisdictions.

Maternal and Child Health (MCH) is the term used to describe the child and health nursing systems in each jurisdiction.

SNAICC – National Voice for our Children is the national non-governmental peak body for Aboriginal and Torres Strait Islander children

1. Introduction



The first five years of a child's life is a time of rapid development and lays the foundations for health and wellbeing later in life.⁶ During this time, children are especially susceptible to external input. They must be nurtured, supported and protected in order to thrive.

Research shows significant inequalities in developmental and educational outcomes exist between children experiencing socio-economic vulnerability and their peers.⁷ In Australia, a child's risk of being developmentally vulnerable is closely correlated with the family income and level of socio-economic resources in the community in which they live.⁸ The more disadvantaged a child's circumstances, the poorer their health and developmental outcomes are likely to be.⁹ Families experiencing disadvantage often experience challenging life circumstances; they also face multiple barriers to individual wellbeing and community participation.¹⁰ This includes complex and cooccurring challenges, such as low income, intergenerational trauma and low levels of parental education.¹¹ Early intervention has the potential to shift a child's trajectory and create healthier and more productive adults.¹²

Many programs offering integrated early childhood services have been implemented worldwide over the past two or three decades.¹³ They are an essential step to ensuring that families facing multiple adversities have positive social networks and access to key services during their children's early years.¹⁴ Integrated systems are designed to be child/family-centred, with positive outcomes for children and families pursued as a key goal rather than service outputs.¹⁵ Australian Research Alliance for Children and Youth (ARACY) has identified universal early years services that provide holistic health, learning and parenting supports along with early needs identification as one of the best investments in early intervention and prevention.¹⁶

Integrated service delivery can simplify access to key services and ensure children and families can access universal services and tiered supports as needed. They also provide a safe place in the community where families with young children can go to meet other families. Recent research from the Centre for Community Child Health (CCCH) found that ICFCs have the potential to meet many of the needs of children and families experiencing disadvantage and can fill a major gap in the current early years landscape.¹⁷

The Young Children Thriving program within SVA seeks to create a more proactive and responsive early years system that delivers genuine prevention so that families experiencing hardships and socio-economic disadvantage have what they need to support their children to thrive. As part of this program, we have a specific initiative, Nurture Together, working to better understand and mobilise the potential of ICFCs to provide high-quality, integrated early childhood services and supports to children and families experiencing vulnerability.

This paper explores the key structural and operational components of existing ICFCs and their authorising environments. It is written to better understand the factors that are both enabling and limiting ICFCs from reaching their goals for positive impact for children and families.

This work will contribute to broader questions around what operational, policy and funding structures are needed to best support outcomes for families experiencing socio-economic disadvantage through the ICFC model. It is hoped that this research can be an input to better understanding ICFCs, and the principles and conditions for scale – including their effective inclusion in national and state early childhood policy frameworks as a key support for children experiencing disadvantage and their families.

Outline of paper

Section 1 introduces the paper and provides the background of the research.

Section 2 (context) provides a synthesis and analysis of the key findings from the interviews conducted for this discussion paper as well as current national and international research and their implications for impact of ICFCs on child and family outcomes. This focuses on the main structural and operational barriers and enablers that are impacting on current ICFCs in Australia.

Section 3 (description of ICFC models) provides a description of the four ICFC models included within the scope of this paper. This includes the Aboriginal and Torres Strait Islander integrated early years centres, Tasmania's Child and Family Learning Centres (CFLCs), Queensland's Early Years Places (EYPs) and Victoria's Our Place. Each case study also includes an overview of the key barriers and enablers impacting on each model.

Section 4 (findings) summarises the main findings from the discussion paper and presents recommendations on how ICFCs could be enabled for impact.

Section 5 concludes the paper and puts forward a series of key recommendations.

Methodology

In order to answer the core research questions below, SVA identified a series of the major models represented across Australia today for focus. This was based on a balance of criteria: diversity in scale and scope of model, representation of different types of funding mechanisms, variety of services included and geographic spread.

Key research questions

- What are the key structural and operational enablers for centres?
- What are the key structural and operational barriers faced by centres?
- To what extent do the funding and operating models support the centres to deliver on their vision?
- What is the role of the glue/coordination function and how does it operate?
- What data is being collected and how is it used?

We conducted interviews with ICFC centre leaders, sector experts and state and federal government representatives from across Australia. These interviews provided key information about the structural components of each service, including funding, staffing, data, operating model, authorising environment and integrated service delivery.

In addition to the first-hand experience of those working in the sector, we also collated and reviewed publicly available research and evaluations of ICFCs for inclusion in the case studies and analysis.

This paper does not represent the entire ICFC network in Australia. Limitations in terms of time, resources and access to centre leaders means the paper only includes a sample of Australian ICFC centres. All conclusions and principles in this paper have then been tested with people who participated in the interviews, as well as with a broader group of national sector experts. However, the conclusions in this paper are SVA's and do not represent the views of those who participated in the development of this research.

Interview participants

The centres interviewed for this discussion paper include:

- Bubup Wilam Aboriginal Child and Family Centre (Victoria)
- Cairns and Gordonvale EYP (Queensland)
- Lightning Ridge Aboriginal Child and Family Centre (NSW)
- Nikinpa Aboriginal Child and Family Centre (NSW)
- Queenstown CFLC (Tasmania)
- Redlands EYP (Queensland)
- Tasmanian Aboriginal Children's Centre (Tasmania)
- Wayraparattee CFLC (Tasmania)
- Yappera Children's Service Cooperative (Victoria).

Sector and government interviews include:

- Blaine Patterson and Sonya Parter, NSW Department of Communities and Justice
- Joanne Goulding, THRYVE NSW
- John Burton, SNAICC – National Voice for our Children
- June McLoughlin and Shannon Newman, Our Place
- Myra Geddes and Penny Markham, Goodstart Early Learning
- Paul Prichard, Murdoch Children's Research Institute
- Sakura Franz, Tasmania Department for Education, Children and Young People
- Tim Moore, Murdoch Children's Research Institute
- Yasmin Harman-Smith, Telethon Kids Institute.

2. Context

Early years in Australia

When children are supported in the early years, it supports them to do well at school and into adult life.¹⁸ Research shows that children living in the most socio-economic disadvantaged areas are twice as likely to be developmentally vulnerable in one Australian Early Development Census (AEDC) domain and three times more likely to be vulnerable in two or more domains compared to children in the least disadvantaged locations.¹⁹ In 2021, there was increased developmental vulnerability for children across the socio-economic spectrum but more so for children living in the most socioeconomically disadvantaged areas, reversing previous progress.²⁰ Aboriginal and Torres Strait Islander children are more than twice as likely as other children to be developmentally vulnerable on one or more domains. Early intervention is critical: research shows that the failure to redress early inequities results in wide disparity gaps in rates of health and developmental outcomes in adulthood.²¹

Children and families experiencing disadvantage is a broad term used to refer to those who are at risk of adverse impacts from being exposed to multiple social and economic stressors. This term includes children and families facing financial hardship, families who have been excluded and marginalised, as well as people living in communities with low socio-economic resources.

Research has found that children's health and development are strongly shaped by the social, economic and environmental conditions in which they are born and live.²² It is essential that the early years of a child's life are considered within this context, with priority given to initiatives that intervene as early as possible to have a maximum preventive effect. Evidence indicates that in families experiencing disadvantage, investing as early as possible, from birth through age five, provides the highest rate of return for early childhood development outcomes.²³ Research has identified the need to be focusing much more on improving the conditions under which families are raising young children, in addition to investments in high-quality, evidence-based early years services.²⁴

Despite the evidence around the importance of the early years and what is needed to support children and families, the current system is not supporting all children to thrive. Research conducted by the Mitchell Institute found that many of the most vulnerable children in Australia are either not attending preschool at all, or they are accessing it at a lower quality and dosage than other children. This contributes to the current situation where nearly a quarter of Australian children arrive at school without the foundational skills they need with a child's risk of being developmentally vulnerable closely correlated with their socio-economic status.²⁵

Early childhood development

The broader early childhood development system is often overlooked, underfunded, or considered separate from the universal early childhood education and health systems. Issues around poverty, family violence, mental health and marginalisation are key elements that must be addressed when seeking to improve outcomes for children experiencing hardship and vulnerability. The interplay of causal factors is complex and requires a holistic approach that considers the broader system and supports available to families raising young children. Data from the Millennium Cohort Study in the UK, for example, shows that parenting quality has nearly twice the impact on a child's development than persistent poverty.²⁶

The Systems Mapping Report prepared by Orange Compass for the Early Years Catalyst identifies several deeply held societal beliefs that influence early childhood development outcomes.²⁷ This includes the punitive approach to poverty and undervaluing of children and care work, identified as core attitudes impacting on the structures of the current system. For example, discussions around early childhood education in Australia tend to focus on working parents and women's economic participation. Access to Early Childhood Education and Care (ECEC) is directly tied to the economic activity of a child's parents, meaning that some of the children most likely to need additional support are unable to access ECEC, at all or in sufficient quantities, despite having the most to gain from attendance. ECEC is viewed as merely childminding that is provided by market operators, with the role of government to protect and promote the market, rather than to intervene. Shifting these deep societal beliefs through a broader conversation about children, equity, universal access to early learning and the role of early learning programs and services to support child development is essential if Australia is to start shifting outcomes for the most vulnerable children.

“We need to redefine what universal means now. It's about breaking the current definition, which is adult centred instead of child centred. At the moment children are only entitled to things based on what the adults in their lives are doing. Right now if something changes for the adults then the children lose their access. Universal access should mean every child in Australia, regardless of where they were born, regardless of what mum and dad are doing, they all get to come and get the service, whatever that might be – early learning or other services and then for the children who need more and in the communities where the evidence clearly tells us they're going to need more, then we do more and do better.”

– Myra Geddes, Goodstart Early Learning

Early Childhood Education and Care (ECEC) refers to all forms of childcare (long day care, occasional care, family day care) and preschool.

Integrated service delivery

Current early years service systems are complex and fragmented. Responsibility for the early years is split across federal and state governments; there is currently no overarching strategy or vision for the early years. Within state governments, early years priorities tend to span education, health and community services portfolios with funding and programs being developed within each of these agencies. Attempting to navigate this complex landscape can leave families experiencing vulnerability feeling humiliated and disempowered.²⁸ Evidence demonstrates that children and families with the greatest need are least likely to access services or receive the comprehensive support they need.²⁹ Integrated service delivery, as envisaged in this discussion paper, has the potential to overcome family barriers to accessing a range of key services and can respond holistically to child and family needs.³⁰

Integration is often described as a continuum, with increasing levels of cooperation, coordination and collaboration.³¹ Along this continuum, service integration involves increasing levels of cooperation, coordination, information exchange, joint planning, responsibility and accountability, and the development of formal partnership structures. Full integration is characterised by the merging of previously independent entities into a single, integrated entity.³² Current ICFCs in Australia sit along the spectrum of integration, but based on the research for this paper, cannot at this stage be considered a fully integrated entity.

Evidence to support integrated service delivery in the early years

Evidence shows that children and families with the greatest need are least likely to access services or receive the comprehensive support they need.³³

There is growing evidence on the impact of integrated service delivery for children and families, in a range of service settings, although robustness of this is variable.³⁴ As identified in the Early Years Impact Report from The Benevolent Society (TBS),³⁵ it is difficult to prove improved outcomes from an integrated model rather than standalone programs because of a combination of factors, including:

- There are many different services offered by multiple providers within each ICFC.
- Each ICFC is tailored to the individual needs of the cohort.
- There are a wide variety of outcomes sought by the cohorts.
- Government reporting frameworks require collection of output-related rather than outcome-related data.
- There is no publicly available counterfactual data against which to compare the outcomes of ICFCs.
- Measuring lifetime impacts of early childhood prevention-focused interventions requires substantial investment into longitudinal studies.

However, emerging evidence of the impact of integrated service models includes improved:³⁶

- school readiness and parental knowledge and confidence in integrated models focused on early learning
- academic outcomes for children in co-located early years/primary school settings
- identification of developmental vulnerability and increased service access for in community-based hub models
- engagement of families, better coordinated supports and improved child health outcome in integrated community health models.

Definition of ICFCs

This paper defines ICFCs as a service and social hub where children and families can go to access key services and connect with other families. ICFCs usually take the form of a centre that provides a single location for the delivery of a range of child and family services, including early learning programs, maternal and child health (MCH) and family support programs. ICFCs provide access to a range of tiered services to support families with broader challenges they may be facing. They also provide a space where families can come together to socialise and build social networks.

Integrated Child and Families Centres (ICFCs) are a service and social hub where children and families can go to access key services and connect with other families. There are different models of ICFCs in Australia, as described through this paper. The term ICFCs is used as an umbrella term to incorporate all of the models discussed in this paper, including Aboriginal and Torres Strait Islander integrated early years centres.

The Core Care Conditions for Children and Families identified significant key child and family needs that could be met through an ICFC, including:

- secure relationships with primary caregivers
- support to develop emotional and self-regulation skills
- positive early learning environments in the home as well as in ECEC and community settings
- opportunities to mix with other children of different ages and to build social skills
- support to establish regular sleep patterns
- physical opportunities to play and explore
- positive social support networks
- safe and easily accessible places to meet other families
- access to relationally based family-centres services
- access to universal services during antenatal/perinatal/postnatal periods
- access to specialist support services to address additional personal needs (such as mental health issues, family violence)
- information about child care and development and support for managing the challenges of parenting
- availability of learning opportunities to build personal capabilities
- access to support services to address exceptional family needs (such as financial counselling, housing services).

Specific to Aboriginal and Torres Strait Islander children, SNAICC – National Voice for our Children, also identified the role of Aboriginal Community Controlled Organisations (ACCOs) in meeting a child and family's need for a safe space to build cultural pride, confidence and resilience and to build on the strengths and skills of their children.³⁷

Although integrated early years models could benefit all children and families, the evidence around the impact of disadvantage on children's development and wellbeing suggests prioritisation for ICFCs should go to families experiencing disadvantage.

ICFCs have a dual benefit. Firstly, they are a social hub where families with young children can go to meet and connect with other local families and build their social support networks. Secondly, they can act as a service hub for the delivery of a wide range of integrated child and family services.³⁸ It is important, however, that ICFCs are situated within an ecological model to have most impact on the lives of children and families. Broader place-based supports and an enabling policy environment are necessary to truly support all children and families to thrive.

ICFCs are designed to be responsive to community need and therefore the mix of supports they offer will vary. Some centres offer formal Early Childhood Education and Care (ECEC) within the service, whereas others support families to access ECEC through transition support programs (such as Launching into Learning) or structures (such as being co-located with a preschool/school). The infrastructure of an ICFC is also important to its operations. Centres have safe and private consultation rooms; they are also designed in a way to enable families to drop in for unscheduled visits, with spaces for children to play and communal kitchens.

ICFCs also support families through their role as a social hub, which is enabled by having centres open as a drop-in, open space where families can come outside of formal service provision. This is supported by ensuring staff is using culturally safe, child-centred and relational practices and has un-rostered time to be able to sit with clients, talk about issues and engage in casual interactions. These structures and informal activities help to ensure ICFCs provide a welcoming environment that is culturally safe: families feel safe and supported to build relationships with staff and other families. When of high value, the outcomes of this informal work are both immediate and contributing to long-term relationship building and gradual positive sustainable change in families and communities. They also focus engagement around strengths and connection, rather than perceived problems or deficits.³⁹

Current ICFC landscape in Australia

There are a range of ICFC models across Australia. The ICFC landscape has evolved over time and includes a patchwork of different funding models, priorities and operating structures. There is poor and inconsistent service coverage nationally: a significant proportion of children who would benefit are unable to access one and many not experiencing the full potential that they can provide. Interviewees in some jurisdictions observed that their model has been subject to fluctuating budgets and support depending on the government of the day. There is no overarching strategy or outcomes framework that supports ICFCs across Australia and very little that links these centres nationally.

State and territory governments are the main funders of ICFCs across Australia. There are ICFCs operating in each jurisdiction, though curiously, the two biggest states – Victoria and NSW – are the only states without a dedicated model in place. Some models, such as the Tasmania's Child and Family Learning Centres (CFLCs), are operated by state governments, while others, such as the Queensland's Early Years Places (EYPs), are operated by non-government organisations (NGOs) providers. Aboriginal and Torres Strait Islander integrated early years centres are the only model operating nationally, with many of these centres operated by Aboriginal Community Controlled Organisations (ACCOs).

The federal government does not currently play a major role in the ICFC landscape. Its main role is management of the ECEC system, with the provision of the Child Care Package (CCP) and development and oversight of the National Quality Standards and Early Years Learning Framework. It was originally involved with the establishment of Aboriginal and Torres Strait Islander integrated early years centres. But it discontinued funding for the Aboriginal and Torres Strait Islander Child and Family Centres in 2014, with the remaining centres now receiving a range of funding arrangements through the Child Care Package and state governments. It continues to provide designated funding to MACS through the Community Child Care Fund, as well as the Child Care Subsidy. More recently, the federal government has established the Connected Beginnings program for targeted Aboriginal and Torres Strait Islander communities across Australia.

The table below identifies the ICFC models currently operating in Australia and other notable models focused on integrated service delivery in the early years.

Australian ICFC models

Model	Jurisdiction	Scale	Funded by	Operated by
Aboriginal and Torres Strait Islander integrated early years centres	National	75 <ul style="list-style-type: none"> — 44 Aboriginal Child and Family Centres (ACFCs) with commitment for another 6 in NSW — 31 Multifunctional Aboriginal Children’s Services (MACS) Note: Some of these are counted in other models	Mix of funders including: <ul style="list-style-type: none"> — federal departments: Department of Education, Department of Human Services — NSW Department of Communities and Justice Grant funding from federal, state and local governments	Mixture of ACCOs, NGOs and local or state government
Child and Family Centres	ACT	3 (1/3 is Aboriginal and Torres Strait Islander services)	Community Services Directorate ACT	Community Services Directorate ACT Government
Child and Family Centres	Northern Territory	6 with plans to build 2 more (All Aboriginal and Torres Strait Islander services)	Department of Education Northern Territory	Mixture of ACCOs, local or state government

Model	Jurisdiction	Scale	Funded by	Operated by
Early Years Places	Queensland	56 (10/56 are Aboriginal and Torres Strait Islander services)	Department of Education Queensland	NGOs
Children's Centres	South Australia	47 (4/47 are Aboriginal and Torres Strait Islander services)	Department for Education South Australia	Department for Education South Australia
Child and Family Learning Centres	Tasmania	13 centres with commitment and plan to build 5 more (2 were originally set up as Aboriginal and Torres Strait Islander services)	Department for Education, Children and Young People Tasmania	Department for Education, Children and Young People Tasmania
Our Place	Victoria	10 sites	Coleman Foundation, with infrastructure provided by Department of Education Victoria	NGOs
Child and Parent Centres	Western Australia	22 (5/22 are Aboriginal and Torres Strait Islander services)	Department of Education Western Australia	Predominately NGOs with one run by local government
Challis Primary School Early Childhood Education Centre	Western Australia	1	Minderoo	Minderoo

Other notable models that focus on integrated service delivery in the early years				
Model	Jurisdiction	Scale	Funded by	Operated by
Enhancing Children's Outcomes (EChO) Centres	National	40	Goodstart Early Learning	Goodstart Early Learning
Connected Beginnings	National	25	Department of Education (federal department)	Mixture
Safe Haven	Victoria	2	Department of Education Victoria, Department of Education (federal department), and philanthropic organisations	NGO and local government

Note: There may be other individual community-run centres that have not been captured in this list

Policy context

The election of the Albanese Labor Government in 2022 brought with it a renewed political interest in early years policy. This included significant funding commitments around child care, the opening up of conversations around universal access to early learning, and a commitment to develop a National Early Years Strategy in consultation with the sector. These announcements coincided with significant investment from the NSW and Victorian governments in early childhood education service delivery, including the introduction of a new year of free early learning for all children in both states in the year before school.

This is an opportune time to explore how our early childhood systems could better respond to the needs of children and their families, particularly those experiencing disadvantage. This strategy could include a commitment to see ICFCs available to children experiencing socio-economic disadvantage and optimised for the most impact and potential.

There has been recent interest from governments and stakeholders in identifying opportunities to improve and expand ICFC service provision. Notably:

- The Benevolent Society has developed an **Early Years Impact Measurement Framework** and used it to collect preliminary data from its EYPs in Queensland. It is now building a coalition of partners to

embark on a second stage to create a robust method for measuring the social and economic impacts of integrated early childhood services in Australia.

- Department for Education, Children and Young People (DECYP) in Tasmania has engaged Murdoch Children's Research Institute (MCRI) to develop a **quality improvement tool** to drive improvement in the Child and Family Learning Centres (CFLCs). It has also announced plans to build six new CFLCs.
- Queensland Department of Education (QDoE) has engaged MCRI to develop a **quality improvement tool for the EYPs**.
- The NSW Government has **significantly increased funding to NSW Aboriginal Child and Family Centres (ACFCs)** through the Brighter Beginnings Initiative. This also includes funding to establish more ACFCs and expand the capacity of existing centres.
- SNAICC – National Voice for our Children, partnering with SVA, has developed a **national pilot initiative (THRYVE) to support and represent Aboriginal and Torres Strait Islander integrated early years services** in the delivery of high quality, responsive, accessible, and culturally strong early years supports for Aboriginal and Torres Strait Islander children, families, and communities to thrive. It is currently being piloted in NSW, Western Australia and Victoria.
- The **National Child and Family Hubs Network** has been established by MCRI to bring together relevant stakeholders involved in research, training, communication, and advocacy related to innovative and sustainable integrated community-based hubs, to support the health and wellbeing of children and families.
- The Joint Council on Closing the Gap has established a new Policy Partnership for Early Childhood Care and Development. The Policy Partnership will bring together governments and First Nations representatives to **develop recommendations to improve early childhood outcomes for First Nations children and families**. It has been co-developed with SNAICC – National Voice for our Children and the Commonwealth department with responsibility across ECEC, MCH, child protection and families.

3. Description of ICFC models

Aboriginal and Torres Strait Islander integrated early years services

Overview

Aboriginal and Torres Strait Islander integrated early years centres have existed in Australia for several decades. The centres are engaged in building and strengthening the community and focus on addressing the needs of children and families in a context of cultural safety that actively respects and promotes Aboriginal and Torres Strait Islander identity. The centres play an integral role in Aboriginal and Torres Strait Islander communities and often serve as a community hub. They are connected and trusted by their communities and therefore viewed as having “tremendous potential to help ‘close the gap’ for Aboriginal and Torres Strait Islander children”.⁴⁰

Aboriginal and Torres Strait Islander integrated early years centres is a collective term used to describe Aboriginal and Torres Strait Islander Child and Family Centres (ACFCs) and Multifunctional Aboriginal Children’s Services (MACS). Some of these centres have been incorporated into state-run models. Although all centres share a common vision and purpose, discussions around structural components are specific to those centres that are run independently of a state-run model.

Cultural safety involves creating a service environment that is safe and welcoming for Aboriginal and Torres Strait Islander peoples. Cultural safety is an important enabler for the participation of Aboriginal and Torres Strait Islander children in early years services.

Despite the demonstrated success of the model,⁴¹ funding for Aboriginal and Torres Strait Islander integrated early years centres has been inconsistent. The funding mechanisms have changed multiple times, and no tier of government has taken overall responsibility for the sustainability or quality of the centres. As a result, there is significant variation in the availability, quality and mix of services available and only a small number of centres nationally. There are currently 75 Aboriginal and Torres Strait Islander integrated early years centres, meaning that most Aboriginal and Torres Strait Islander families and children do not have access to a

dedicated Aboriginal and Torres Strait Islander integrated early years centre. Some Aboriginal and Torres Strait Islander integrated early years centres have been incorporated into the state-run model whereas others run independently. Although all centres share a similar purpose and vision, discussions around the structural components of the model are specific to those centres that operate separately to a state-run model.

Multifunctional Aboriginal Children's Services (MACS)

The Multifunctional Aboriginal Children's Services (MACS) model was developed in the early 1980s. They were developed to provide an integrated approach to child development to improve the lives of Aboriginal and Torres Strait Islander children who experience disadvantage in a culturally relevant setting.

MACS were first funded by the federal government in 1987 under the Budget Based Funding program (BBF). The BBF programme provided operational funding for Early Childhood Education and Care (ECEC) services in locations where the market did not adequately support viable operation of the service, specifically in regional and remote communities and where there were additional needs for culturally appropriate services. Approximately 80% of BBF services focused on Aboriginal and Torres Strait Islander children.⁴² This funding ended in 2018 and these services were transferred to the federal Child Care Package (CCP).

Since transferring to the CCP, MACS are able to apply for Community Child Care Fund-Restricted (CCCF-R) grant funding to supplement their income from the Child Care Subsidy (CCS) to ensure centres remain viable. However, CCCF-R funding is a transitional arrangement and the ongoing sustainability of these centres has not been secured. Further, MACS currently remain outside the provision of the National Quality Framework (NQF). This means many are not currently regulated, assessed or supported for quality improvement in a similar manner to other ECEC services. There is also a lack of clarity around how MACS will be regulated consistently across jurisdictions.

Aboriginal Child and Family Centres (ACFCs)

In 2009, the Council of Australian Governments (COAG) entered into the National Partnership Agreement on Indigenous Early Childhood Development (NPA IECD) to achieve Closing the Gap targets for Aboriginal and Torres Strait Islander children. This agreement included joint funding over six years to establish 38 ACFCs across Australia. ACFCs were to provide a mix of services responsive to community needs, including child care, early learning and parent and family support services. The centres were to be underpinned by integration of their management, governance and service systems.

Despite many ACFCs only becoming operational in 2014, federal funding for the 38 ACFCs was discontinued in 2014 after the six-year joint funding period. This was despite many ACFCs having achieved positive outcomes relating to the NPA IECD indicators. For example, in NSW, an evaluation of the ACFCs found the proportion of Aboriginal and Torres Strait Islander children attending the ACFCs who had all age-appropriate health checks increased from 81% to 95%, and the proportion who were fully immunised increased from 92% to 99%.⁴³ It also found that on average 78% of children attending child care through an ACFC had not previously accessed an early learning service, suggesting the centres were already contributing significantly to long-term aims of the NPA IECD to see an increased proportion of Aboriginal and Torres Strait Islander children and families accessing a range of services.

ACFCs now operate under various state and territory funding models delivering services and programs that are supported through a mix of funding arrangements. NSW has recently committed funding to build six more ACFCs and the Northern Territory is also continuing to expand its model.

Key components of the model

Aboriginal and Torres Strait Islander integrated early years centres are designed to be a flexible, community-centred model that facilitates the participation of Aboriginal and Torres Strait Islander children in ECEC and connect families to an array of integrated, tailored and culturally appropriate supports for themselves and their children aged birth to eight years. Centres provide child care, preschool and/or occasional care, and a mix of other universal and targeted programs. All centres offer playgroups, often described as a 'soft entry point' to bring families into the service. The centres each have a unique identity and service mix based on community need.

The centres attempt to address a far wider range of needs beyond what is addressed in mainstream ECEC services. They seek to build on community strengths, cultural identity and pride, and provide a *"trusted community owned and driven entry point to tackle the trauma, poverty, dislocation and disempowerment many Aboriginal and Torres Strait Islander families experience"*.⁴⁴

The main funding instrument for Aboriginal and Torres Strait Islander integrated early years centres is the CCS. Centres can also access the CCCF Open Grants, which target services operating in selected disadvantaged communities and are intended to supplement fee income. MACS may also receive funding through the CCCF-R, which is intended to supplement the income of former BBF services.

The majority of centres are operated by ACCOs. Others are operated through a range of governance structures by non-Indigenous organisations and government, with various Aboriginal and Torres Strait Islander community advisory and input arrangements.

Enablers

Aboriginal and Torres Strait Islander integrated early years centres adopt a strengths-based approach that strives to building a community connected by cultural pride and safety rather than emphasising perceived deficits. Nearly 75% of centres are community-controlled, which ensures local ownership of the services and contributes to the employment of local Aboriginal and Torres Strait Islander peoples. The centres incorporate the three key factors that have emerged from research as being central to improving the access of Aboriginal and Torres Strait Islander children in ECEC: local ownership of programs, employment of local people, and incorporation of culture within services.⁴⁵

Aboriginal and Torres Strait Islander integrated early years centres demonstrate a deep commitment to the broader development and wellbeing of children. Centre leaders are invested in achieving high quality outcomes for children and provide supports far beyond the scope of their funding. For example, centre leaders described driving families long distances to access health services or providing additional informal supports to families who needed help navigating Centrelink. Parental support for these practices can be seen through the very high proportion of Aboriginal and Torres Strait Islander children attending each centre and the extensive waiting lists for centres.

“Yappera researched historical data that details why families are accessing Yappera and what factors are important to them in accessing an Aboriginal Early Years Service. Culture is always the priority, connection to other families, connection to the educators in Yappera with a high proportion of Aboriginal people.”

– **Stacey Brown, Yappera Children's Service**

When they are funded adequately Aboriginal and Torres Strait Islander integrated early years centres incorporate ECEC, other early learning programs such as playgroups, family supports, MCH, allied health and other services defined by community need. They also have a specific goal to support and build the community. They often act as a community hub and provide programs, such as Elders groups and community events to help achieve this goal.

“I believe it's not just services that are important... it's also community activities that bring networking and help people form their relationships. I think those things are often seen as less beneficial, but they are important for our culture. It's about being together and supporting each other.”

– **Emma Beckett, Nikinpa Aboriginal Child and Family Centre**

NSW ACFCs receive funding from Department of Communities and Justice (DCJ), which recognises and supports their role as an integrated service. This funding is intended to support the mission of an ICFC to provide services in a holistic, child-centred and integrated fashion. The funding is additional to CCS and is an important enabler for integration.

SNAICC – National Voice for our Children has established the THRYVE Pilot Project to supporting a strong, expanded and sustainable Aboriginal and Torres Strait Islander early years sector to see more children and families thriving. Initially the pilot will work in three states – New South Wales, Western Australia and Victoria – to grow, strengthen and support ACCOs that provide early learning services across the three jurisdictions. THRYVE is supporting ACCOs to overcome many of the significant structural barriers identified above.

Barriers

Funding is a key barrier for Aboriginal and Torres Strait Islander integrated early years centres. This is due to the lack of an overarching funding mechanism unique to Aboriginal and Torres Strait Islander integrated early years centres that supports their broad mission to support and strengthen children and families and build the community. This presents numerous challenges including:

- Funding comes from multiple different sources that all have separate application and reporting processes making it complex for centres to manage.
- Funding is often inadequate to cover the full cost of delivering outcomes.
- Funding is often insecure or short term in nature.
- Funding is predominately delivered as subsidies attached to individual children rather than block funding to a centre, which would support viability and ensure centres are enabled to offer support to children and families based on need rather than their ability to pay.

CCP is a mainstream funding package that was not designed to support integrated service delivery nor the family support model offered by these centres. The disconnect between the purpose of Aboriginal and Torres Strait Islander integrated early years centres and this funding undermines the ability of centres in their mission to support and strengthen children and families and build the community. It fails to recognise the essential role these centres play in their communities and their potential to make a significant contribution towards ensuring more Aboriginal and Torres Strait Islander children are growing up in a culturally safe and secure environment and able to access the full benefits of early learning.

MACS are reliant on Community Childcare Fund-Restricted grant (CCCF-R) to support their operations in non-viable markets. However, CCCF-R operates as a temporary, stop-gap measure within the broader context of the CCP that is misaligned with the mission and purpose of Aboriginal and Torres Strait Islander integrated early years centres.⁴⁶ This lack of funding sustainability and the process of transitioning to the NQF are significant issues for MACS. Due to funding deficits, some MACS no longer provide integrated services and operate as a long day care only.⁴⁷

Similar to other ICFCs, Aboriginal and Torres Strait Islander integrated early years centres also face challenges accessing allied health services and other health services. This is exacerbated in rural and regional areas.

The centres also face challenges recruiting and retaining an Aboriginal and Torres Strait Islander workforce. They are heavily reliant on the skills of the centre leader who has a large, complex and challenging workload. Being an important worker in the community also puts a significant personal burden on leaders. Leaders describe feeling as though they are never able to leave work: they are regularly approached by families in supermarkets or at the football oval. This makes it incredibly difficult for leaders to have any downtime from the challenging work environment.

“We continually say we work with the most vulnerable of the Australian population. And so we also employ some of the most vulnerable people from the Australian population. And for that reason, sometimes some of us aren't great workers or have a lot of things in our lives... for me it's about the pay, that's a big thing, and the stress levels of the job. If we can reduce that stress a bit, by having more than the basic ratios for staff, then I think that's a good thing.”

– Emma Beckett, Nikinpa Aboriginal Child and Family Centre

Enablers

- Aboriginal and Torres Strait Islander integrated early years centres use a strengths-based model promoting culture, identity and community resilience.
- Many centres are run by ACCOs with strong cultural strength, trust and connections to community.
- Leadership and staff are ideally from the local community.
- There is a deep commitment to the broader development and wellbeing of children.
- Centres have ECEC as well as broader integrated supports for child and family development and wellbeing.
- Centres have strong connections to other networks.
- Centres have excellent leadership.
- They have flexible funding from NSW DCJ supports integration in ACFCs.
- There is THRYVE Pilot Project supporting ACCOS that provide early learning services across NSW, WA and Victoria.

Barriers

- There is disconnect between the purpose of centres and CCP funding.
- There is no funding for integration/glue (except NSW ACFCs).
- There is limited support for centre leaders.
- Centres are not well supported by government policy that translated into programs or funding.
- Limited data collection and absence of formal evaluations
- There are structural barriers preventing data sharing across federal and state governments.
- Centres face challenges in recruiting and retaining Aboriginal and Torres Strait Islander workforce.
- Centre face difficulties accessing allied health services and other health services.

Tasmanian Child and Family Learning Centres

Overview

The Child and Family Learning Centres (CFLCs) were announced in 2009 as a whole-of-government initiative intended to change the way services were delivered to children and families. They were designed as a place-based collaborative service delivery model,⁴⁸ with a single point of entry to a range of early childhood services including universal, targeted and specialist services.

The centres are designed to meet three key priorities:

1. Provide high quality learning, health and wellbeing services and programmes that support children and families to learn, grow and thrive together.
2. Build each community's sense of belonging with their centre as a place of importance.
3. Create and maintain strong and flexible partnerships between everyone involved in each centre's community.

At the time the CFLCs were established, Tasmanian children lived amongst the most disadvantaged communities in Australia and had the worst education and health outcomes in adult life compared to other states and territories.⁴⁹ Twelve centres opened from 2011 to 2014 in areas with a high proportion of children under four, high levels of disadvantage and strong community support for a CFLC. There are plans to build six more centres. In 2018 the Tasmanian Government announced that six more CFLCs would be established across Tasmania. One of the new centres opened in late 2022 and the remaining five will open in 2023 and 2024, bringing the total number of centres in Tasmania to eighteen.

The model has been evaluated as a promising place-based initiative that addresses social determinant of inequalities in child development.⁵⁰ It has been found to be achieving diverse outcomes for children, families and communities, including to access services and supports, enhance parent-child relationships, foster parent growth, and promote children's development, wellbeing and readiness for school.⁵¹

Key components of the model

CFLCs are funded by the Tasmanian Department for Education, Children and Young People (DECYP). Each CFLC receives a secure, ongoing staffing and operational budget. The funding supports the glue role undertaken by the centre, as well as core operations and a flexible funding component. This enables an operating model whereby a core set of services, operations, staffing, infrastructure and principles underpin the model, complemented by flexibility, innovation and community engagement to ensure each centre is responsive to their community.

Each centre is funded for the equivalent of four full time employees that include a centre leader, community inclusion worker, centre assistant and an education officer (teacher). Centres have additional budget to employ local parents or community members as required, for adjunct care and centre assistant roles. In 2022, DECYP increased support to CFLCs by providing funding to all operational centres for 0.2FTE of a social worker, speech and language pathologist and psychologist to each centre.

CFLCs also include the Child Health and Parenting Service (CHaPS) onsite (referred to in this paper as MCH). The MCH service is valued as an important universal access point to the centre. Centre leaders describe families coming to see the nurse who might then show them around the centre, introduce them to the centre team and provide them with information about programs and services on offer. The MCH service can also make formal referrals to relevant key services.

The CLFC model emphasises both the service and social hub components of ICFCs. The model ensures centres are available as drop-in, open spaces for families to bring their children and ensures staff members are available to engage with and support families outside of formal service provision. Staff members are supported through the Family Partnership Model practice framework to engage with families in a way that is strengths based, welcoming and family-centred.

In setting up the model, DECYP determined that the CFLCs would be best enabled through a collaborative partnership approach rather than attempting to create a fully integrated model. This stemmed from concerns that fully integrating all services and supports into a single entity would create a more rigid model that would be unable to be iterative or responsive to community needs. A partnership model was seen as more agile and collaborative with the rationale that it forces all stakeholders to work collaboratively to build connections and a shared vision and purpose, which should lead to greater changes across the service system.

CFLCs offer a range of services and programs, some of which are run by the centre and others provided by other government agencies and non-government providers. The mix of services and programs offered is different at each centre depending on community need and the availability of clinicians, although early learning programs and MCH services are core services available at all centres. CFLCs do not offer ECEC, although some may be co-located with an ECEC service.

The CFLC model includes allied health as a core service offering at each centre. The allied health staff supports to screen children for potential issues, build the capacity of CFLC staff delivering the programs and support with referrals. Allied health services are funded consistently across centres, however one rural centre leader described challenges accessing the allocated service provision due to the time needed for clinicians to travel to and from the centre. Further, similar to all other ICFC models, therapeutic supports are not available through the model.

Supporting families with the transition to school is part of the CFLC remit and this may involve speaking with families about school preparations, accompanying families to attend the Launching into Learning program at the local school. Ten of the 18 CFLCs are built/will be built on or adjacent to a government school. An evaluation of the CFLCs found that CFLC users felt their children were better prepared for school and that they had closer links with schools than parents who hadn't used the service.⁵²

Evaluations of the model have found them to be achieving positive outcomes for children and families. One study found that CFLCs helped to overcome barriers to parents accessing early childhood services. Parents who had used a CFLC judged their experience of early childhood services and supports more positively than those that had not used a CFLC and parents' experiences of centres aligned with the best-practice principles from the Early Years Learning Framework for Australia.⁵³ Another study found CFLCs were achieving diverse outcomes for children, families and communities. These outcomes include accessing services and supports, promoting children's development, wellbeing and readiness for school, enhancing parent-child relationships, fostering parent growth, changing family circumstances and strengthening communities.⁵⁴

DECYP provides operational support to CFLCs through centre improvement plans and continuous improvement tools. The newly developed CFLC Quality Improvement Tool has been designed to drive the learning and improvement of CFLCs to create the conditions that support children's wellbeing, lifelong learning and successful transitions to school. The Quality Improvement Tool guides the development of the improvement plan for each CFLC. Centre leaders meet regularly with the Early Years Partnerships and Projects team in DECYP and each CFLC has its own centre improvement plan that feeds into the department's overarching strategic plan. Centre leaders meet fortnightly online and quarterly face-to-face with other centre leaders from across the state.

CFLCs are from open Monday to Friday for approximately 50 weeks of the year. Centres have some flexibility regarding opening hours, which are determined by the centres based on the needs of the community and staff. In addition to the services and programs described above, centres are open for families to drop in during opening hours. Centres have play areas for children, kitchens, toys and quiet areas.

Enablers

Secure, ongoing funding is an important enabler for centres. It enables them to work across diverse timescales from immediate response to long term activity.⁵⁵ Restoring trust and rapport with previously disengaged families takes time, energy and good will, and allowing staff the time and security of tenure required to engage in this work has helped build strong relationships between CFLCs and community.⁵⁶

Centre leaders describe a positive working relationship with DECYP and felt supported to achieve their goals. DECYP supports a culture of continuous improvement and has recently commissioned MCRI to develop the Quality Improvement Tool, a self-reflection tool for centres to identify opportunities to improve their practices. Conversations with DECYP staff demonstrate a deep commitment to the model, with staff openly reflecting on the journey of the model and sharing successes and challenges they have faced. CFLCs are valued within government as an important part of the essential infrastructure within a community.

The design and delivery of centres is centralised within DECYP using the CFLC Functional Design Brief, meaning there is a large degree of consistency across the model. Centres are all of a similar size and receive similar budgets. Each centre has been purpose built and the infrastructure has been intentionally designed to support family and child outcomes.

The open, drop-in nature of the CFLCs provides a place where communities feel they belong, can make new friends and widen their social support networks. There is a strong sense of community ownership in some centres and parents identified CFLCs as a place “they felt they could go at any time, even when ‘at their worst’”.⁵⁷ They also provide a venue for children’s social interaction that might otherwise be missing.⁵⁸ The way in which the CFLC structure effectively enables critical informal work is a key enabler. For example, staff describes the impact of having time to sit and have a cup of tea with families and engage in casual conversation as a critical enabler to both addressing immediate needs and building longer term trust with families.⁵⁹ This informal work is critical to building relationships, recruiting families into additional services and identifying and responding to their priority needs.

“...so last Friday we had families everywhere, we were cooking food, we had a dad in cooking for everyone. We got a new social work student, and she was saying that she raised her children and she lived in the next town down the road, and she said that the lovely thing is that ... people can drop in any time during the day. It’s not like a program which is set between 9-10.30am every day and you can only go then, people can come in here any time.”

– CFLC Centre Leader

The CFLC model uses the findings of evaluations and research to learn and evolve. DECYP commissioned evaluations of the physical spaces at each CFLC and used this information to inform the design of the new centres. The evaluation considered how the physical space was being used by families and practitioners and what needed to be improved in future centre design.⁶⁰ Common themes that were identified included the need to continue to have the kitchen at the heart of the centre, more staff office spaces and the need for the CFLC to be clearly demarcated as an entity separate from other co-located facilities. Learnings from these evaluations have been incorporated into the CFLC Functional Design Brief for the build of the new centres.⁶¹ The model has also been examined in other studies looking at issues, such as the impact of outreach on family engagement and the impact of co-location on service collaboration.⁶²

Barriers

The CFLC model has been implemented with a high degree of consistency across the 13 sites. Centres are supported centrally by DECYP who are highly invested in ensuring the success of the model. Similar to other community services, this creates a tension for the model in terms of the degree to which individual centre leaders feel they are able to lead the model, be innovative and responsive to community need, versus the need for central oversight to ensure consistency of the model so that centres are delivering evidence-based practice. Some interviewees described wanting to be able to implement the model differently but not feeling able to do so and the challenge of agitating for change when everyone involved in operations and service delivery is a government employee.

“... we're all tied to certain KPIs which are often imposed from other places. There needs to be greater freedom and autonomy in order to truly meet the unique needs of the community that we say we're most interested in turning the curve for...”

– Paul Prichard, MCRI

Similar to other ICFCs, CFLCs face challenges integrating services that are funded by agencies other than DECYP into the model. This is especially true of the MCH service, which is co-located at each centre, but not always well integrated. Research with CFLC practitioners identified restrictions around data sharing as the most significant barrier to more collaborative practice.⁶³ Although the research found that the co-location of services in CFLCs was contributing to cross-sectoral collaboration, it concluded that families experienced services as distinct and separate rather than integrated.

Data collection by centres in the past has been limited to attendance data. The open-door approach of the centre means people can attend without an appointment, which can make it challenging to collect data. Since late 2022 all centres are mandatorily collecting attendance data for the various programs they run including children and families who drop into a centre to play. The data is stored by DECYP and tracks a child's attendance from a CFLC through to the end of school years. This is a significant development and has the potential to enable a more sophisticated understanding of the role of CFLCs in improving outcomes for children.

Capacity to provide outreach support was also raised by CFLCs as a barrier to achieving outcomes for children and families experiencing vulnerability. The small staffing numbers at each centre makes it difficult

for a staff member to be away from the centre for long periods of time. This is especially difficult in remote areas where travel time is significant. Safety was also raised as a concern around home visiting. DECYP is exploring how to better support outreach within the model and is looking at partnerships with other organisations as a key mechanism to enable these activities. Additionally, each centre has a large vehicle available to transport families and children to and from the centre, and to provide outreach support targeted at those who need it most.

“For us to do outreach here you actually need more staff to do it and to do it really well, because people who are living in isolated circumstances... their needs are very significant.”

– **CFLC Centre Leader**

Having centres open Monday–Friday for 50 weeks of the year was raised as a barrier in interviews. Although centre leaders recognised the benefit for families in knowing that the centre was always available, it can be challenging for centre leaders to allocate time to plan, hold team meetings or reflect on their work.

“I’ve essentially given up trying to have a staff meeting with all of my staff... So it’s like alright, we’ll have some minutes and some outcomes, and we’ll just crack on from there. Because people shouldn’t have to stay. We’re open from 8am–4pm, and they shouldn’t have to stay for a staff meeting. Everybody’s got lives and families.”

– **Vikki Iwanicki, Queenstown CFLC**

Enablers

- CFLCs have flexible, secure funding.
- There is designated funding to ensure high quality professionals employed at each centre.
- Flexible bucket of funding to employ/broker additional services is available.
- There are purpose-built centres designed to support core components of the model.
- Social hub components are supported throughout the model, including drop-in, open spaces and staff available outside of formal service provision.
- There is a large degree of consistency across the model.
- Several evaluations and studies have been undertaken on the model to support learning and evolution.
- CFLCs are well supported by government policy.
- Allied health embedded in the model.

Barriers

- There is tension between centre leaders being able to be innovative and responsive to community need, and the need for central oversight and consistency.
- Integrating services that are funded by agencies other than DECYP into the model are challenging.
- There was limited data collection, however, this is now changing since introducing mandatory attendance data collection.
- Outreach is a key part of the model but not well resourced. DECYP is exploring how partnership model could enable outreach services.
- There are limited opportunities for planning or team activities away from face-to-face time with clients.
- Therapeutic allied health supports are not available through the model.

Queensland Early Years Places (EYPs)

Overview

The Early Years Places (EYPs) were designed as an integrated hub providing a range of Early Childhood Education and Care (ECEC), health and family support services to local families. They were envisaged as a 'one-stop shop' to deliver or broker universal and targeted supports for families experiencing vulnerability. The first EYPs were established in the early 1990s. This was followed by significant new investment in 2006 to establish four Early Years Centres. In 2017 a common identity was created for all integrated services, which had been established under a range of different initiatives and funding since the early 1990s. All centres operate under the Integrated Service Delivery Guidelines and have common expectations and outcomes. There are currently 56 EYPs across Queensland.

Key components of the model

The EYP model is based on outsourced service delivery by an NGO through a service agreement with the Queensland Department of Education (QDoE). Sites were selected using a needs-based assessment of socio-demographic characteristics of a community, as well as availability of facilities. EYPs operate in a mix of service delivery settings, including standalone centres and satellite centres. EYPs also operate centres that are co-located on school sites, health sites, ECEC sites or other sites (such as community centres and ACCOs).

Key aspects of the model are:

1. universal and targeted service activities delivered by early childhood educators, child health nurses and family
2. support staff working collaboratively for families with young children in the community

3. established and effective referral pathways and holistic service delivery initiatives
4. locally responsive and culturally appropriate programs, services and environments
5. services being co-located or in close proximity to other community services
6. cooperative, coordinated or collaborative relationships with neighbouring service providers.⁶⁴

EYPs receive funding for three-year periods from the QDoE. EYPs vary in size and receive different amounts of funding depending on the centre's catchment, size and staff. EYPs have some flexibility over how they spend their budgets. The general allocations of funds are 80% for staff costs, 20% for operating costs including programming and engagement, and up to 10% for organisational costs. Centres can use this funding to broker in other services if they choose.

MCH and appropriate allied health services are core elements of the EYP model. These health services are provided through a range of mechanisms. These mechanisms include formal partnerships with local Hospital and Health Services, and other partnerships or informal arrangement – including, with Aboriginal Community Controlled Health Organisation (ACCHOs). However, not all EYPs have local arrangements in place, which means they are not able to provide MCH or allied health supports.

Each EYP provides a range of different services and programs to meet the needs of the community. These are either provided directly by the EYP or in partnership with a broader network of organisations and practitioners. For example, Cairns EYP partners with Wuchopperen Health Service to have an Aboriginal and Torres Strait Islander family support worker and an early childhood educator to support the capacity building of the EYP to work with Aboriginal and Torres Strait Islander families.

EYPs also offer targeted supports for families that have been identified as needing extra support. These families are referred to a key worker who supports the family to identify their needs and then works in partnership with other services to provide wrap around supports.

“*Targeted support is about supporting families with whatever they need. A lot of the work is around supporting with parenting, also with supporting access to material resources. There is a continuum of complexity with families...we sometimes work with families referred by Child Safety, and there might be domestic violence, homelessness, substance misuse, all those different issues, although we tend not to see a lot of substance misuses. And then on the lower end of the spectrum it might be child development, behaviours, parenting, that sort of stuff.*”

– Cassy Bishop, Cairns and Gordonvale EYP

The EYP model is very service-focused, with less focus on drop-in sessions and social networks. Centres do have the flexibility to offer drop-in sessions; both centre leaders interviewed for this discussion paper highlighted their intentions to start offering these sessions.

The centres provide supports and programs intended to increase access to, and participation in, preschool. Some EYPs operate or are co-located with a preschool, long day care or limited hour care – and provide information and support with funding. Other EYPs have partnerships with local providers to improve access.

The flexibility of this model lends itself to being able to be scaled across many different locations, although the success of this scaling is not known. Apart from an evaluation after the first four centres were completed, there have not been any further publicly released.

Enablers

The EYP model is one of the largest in Australia. It is supported by secure, long-term funding and significant service flexibility on expenditure. The model is delivered by NGOs who have strong relationships and familiarity with the local context. Centres run by large, well-resourced NGOs are able to leverage these networks and additional resources.

Each EYP receives a flexible budget to allocate as needed, based on QDoE operating guidelines. This flexible approach is best suited to centres run by well-established NGOs that are able to provide significant operational support. It is not clear how well the model works without access to this support. QDoE reporting and relationship managers work closely with centres regarding the programs and services offered.



“I think TBS, for my staff in particular, what attracts a lot of us and what keeps us here is the values and just the way the organisation works. It is very focused on the family and the children that we’re working with.”

– Cassy Bishop, Cairns and Gordonvale EYP

Place-based supports were also identified as important enablers for EYPs. Cairns EYP described the benefit of belonging to both the Cairns South Together place-based collective impact collaborative, and the Communities for Children early intervention and prevention program for young children. These place-based initiatives strengthened their connections with other services. They provided a forum whereby local service providers could discuss local challenges and opportunities for children and families.

Approximately half of the EYPs are located in Connect 4 Children locations, which is a Queensland government place-based initiative intended to improve the wellbeing of children from birth to five years old. Connect 4 Children has a strong focus on partnerships and integration of services within a community.⁶⁵ EYPs in Connect 4 Children locations play a significant role in supporting the implementation of the ‘birth to five’ plans developed in each community. Although more research is needed into the interaction between an ICFC and a place-based initiative, situating an ICFC in a location with a strong, collaborative network has the potential to strengthen the impact of both.

EYP leaders also described their strong working relationship with QDoE as an important enabler. Centres are supported in a continuous improvement process; they report regularly on their achievements and successes. Centre leaders have regular contact with a designated relationship manager from QDoE. Centre leaders found these meetings to be useful and felt well supported by the department.

Medium and larger centres employ a multidisciplinary team who are expected to work collaboratively towards shared and agreed outcomes, with shared planning, programming and review used as key strategies. Smaller EYPs often have only one employee. It is unclear what impact this has on outcomes for children and families.

“*I was thinking about what makes integration work, and I think integration comes down a lot to the personality and attitudes of the people in the roles.*”

– **Cassy Bishop, Cairns and Gordonvale EYP**

Barriers

The degree to which integrated working happens in practice is unclear. Interviewees and the 2012 evaluation noted competing expertise, information sharing, concerns around privacy boundaries and structural barriers (such as incompatible IT systems) as barriers.⁶⁶ Consistent with reflections from other Australian models, having MCH nurses employed separately to the EYP was seen to cause problems with data sharing, shared values and integrated ways of working.

Although MCH and allied health supports are a key part of the EYP model, some centres do not have localised arrangements in place with health providers, which means they are unable to provide these services. One centre described only being able to get an MCH nurse once a fortnight for a drop-in session and being unable to get allied health supports at all. Centres also described long waiting lists for child health checks; people can wait up to a year for the 3- or 4-year-old check. Without adequate access to key professionals, the integrated service delivery model is significantly weakened.

Interviewees observed that smaller EYPs without the backing of a big, well-established NGO have difficulties in obtaining sufficient funding and not being able to attract the quality of staff that they need. The process undertaken by QDoE to develop minimum standards was seen as an essential step to overcome these challenges.

The diversity across centres means there was a mixed response from interviewees around what was or was not working well. For example, although the flexible nature of funding is seen as an enabler to centres delivering on their mission, there were mixed responses as to whether the funding each centre received was adequate. One centre manager reflected on the need to seek out grant funding to deliver necessary services, whereas others felt the funding was sufficient for their needs. Further, the staffing envelope varies significantly across centres: smaller EYPs only have a single worker and larger centres have more than 10 employees. It is unclear how centres are able to offer a broad range of holistic supports without a multidisciplinary team or whether the size of a centre affects the outcomes it is able to achieve.

The EYP model is very service-focused, with less focus on the centre as a safe space for families to spend time or come to drop-in sessions. Centres describe a model whereby families only come into the centre to enquire about or participate in a service. However, both centres discussed wanting to facilitate drop-in sessions where parents are able to bring their child to the centre, have a cup of tea and meet other families. Centre leaders felt that having centres located in convenient locations, such as school or community sites, increases the likelihood that parents would drop in.

Enablers

- EYPs have flexible, secure funding.
- EYPs have flexible service delivery; they can deliver programs responsive to community need and broker in supports.
- EYPs are able to benefit from support of large NGOs with additional resources, programs and networks.
- EYPs are able to leverage existing services and networks.
- EYPs are well supported by government policy.
- Outreach is a key part of the model.

Barriers

- Smaller centres that aren't run by well-established NGOs may face funding, operational and sustainability challenges.
- There is limited integration between QDoE and other departments.
- MCH is not fully integrated into the model; some centres don't have access to MCH at all.
- There is limited data collection and absence of formal evaluations.
- EYPs are very service focused but have limited focus on social hub role and informal support.
- Outreach is a key part of the model but not well resourced.
- There are difficulties accessing allied health services and other health services.

Our Place

Overview

Our Place is a place-based initiative operating in 10 communities across Victoria. It started in 2012 with Doveton College. After the original success of the Doveton Model,⁶⁷ Our Place partnered with the Victorian Department of Education (VDE) to expand the approach to nine further sites. The expansion is not attempting to replicate Our Place as a model but rather use the principles and key elements of the approach at 13 schools in Victoria.

The Our Place approach supports the education, health and development of children and families in disadvantaged communities by utilising the universal school platform. The approach incorporates a systems-change lens, focusing on influencing changes in policies and practices that address the structural causes of disadvantage.

Our Place does not describe themselves as an ICFC, however it fits within the definition of ICFCs used in this paper as it incorporates a holistic, wrap-around approach that recognises the importance of attempting

to meet many of a child's, and family's needs, in the one place. Integration is a key part of its approach as an enabler, bringing community and service providers together to support families. The Our Place approach seeks to overcome barriers to educational achievement by focusing on supporting high-quality learning environments and supporting improvements to the service system.

In addition to early learning, Our Place works in partnership with VDE, local government and early learning providers. They focus on a child's educational journey through school and support parents through adult engagement and education. Each Our Place site is built upon five core elements:

1. high quality early learning, health and development
2. high quality schooling
3. wrap-around health and wellbeing services
4. engagement and enrichment activities for children
5. adult engagement, volunteering, learning and employment.

Our Place is interested in how schools and Early Childhood Education and Care (ECEC) services can be better integrated to support children as they move from the early years into school. It also supports early years services and schools in their provision of high-quality teaching that meets the needs of children. This includes working with early years services and school principals and leadership teams to provide the necessary supports to shape their services in response to the community, with a particular focus on supporting children and communities experiencing disadvantage.⁶⁸ Our Place is trying to join up the service system to get better access for families and to improve the quality of what is being delivered.



"We sit on a universal platform in each of our sites, we have community engagement and community facilitator roles, we engage with community and service providers and we join the dots"

– June McLoughlin, Our Place

Key components of the model

Our Place operates as a navigator trying to bring local child and family organisations and practitioners together to practice in a more integrated way. Our Place sites are located on school sites, with many services, supports and clinicians available on site. Sites also develop broader relationships with local service providers, so they are better able to support children and families with 'warm referrals' to services available on site or elsewhere in the community.

The approach also includes a health and wellbeing component, with the long-term goal of having a GP and paediatrician at each site. Our Place works to locate a suite of allied health staff on site and build further relationships with local community health services and networks.

The approach focuses heavily on evidence-based practice. For example, Our Place includes an adult capacity building and education strategy, based on the evidence that a mother's education makes a significant impact to child outcomes. It promotes high quality teaching and learning, and supports this across its sites by bringing experts to speak to sites about current thinking and practice. It has introduced 'baby college' for

mums in their third trimester, recognising the evidence around starting early to support vulnerable families. These components are then being evaluated to build further evidence around what is working to support quality change.

Practitioners are supported to use family-centred practice principles. This shifts the focus from programs and services to a relational approach. This approach focuses on supporting children and families by understanding the goals and aspirations of families and working alongside them to help achieve these goals. Our Place's first rule for each site is 'know your community'. This means each site will be different; it responds to local needs. Our Place is not attempting to be a replication project, but rather a place-based model with core elements that are implemented at each site.

“*If you take a stance that you're led by the family and part of that is bringing different services that the family might need together you are more likely to score higher if you did a scale of how integrated you are.*”

– **June McLoughlin, Our Place**

Our Place is supported by long-term funding from the Colman Foundation, site specific funding from other philanthropic organisations, six-year backbone funding from the Paul Ramsay Foundation for central operations, and significant co-investment from VDE in the form of enabling infrastructure and shared governance. Although still tied to outcomes, Our Place describes the philanthropic funding it receives as more accommodating of the time and resourcing it takes for this work to happen effectively. VDE has provided the infrastructure for the project, including the capital works required to ensure each of the 10 sites is suitable for the Our Place approach.

Enablers

Key philanthropic funders are party to the Our Place Philanthropic Alliance Agreement. The alliance enables philanthropy to work with Our Place in a collaborative, long term relationship on systemwide issues beyond those at a site level. With a standardised approach to reporting and governance of philanthropic funding across all sites, this alliance also enables Our Place to operate with minimal overheads and administration. The Our Place Philanthropic Alliance is an example of how funders, and specifically philanthropy, can leverage their contributions by working collaboratively to support the strategic objectives of a project.

“*If you think about collective impact, there's often the absence of funding at the site level for things to happen. We have the privilege of having funding for the backbone and having funding to support the site work to happen, supported at an outcomes and strategic level by the backbone in partnership with government.*”

– **Shannon Newman, Our Place**

Our Place works in partnership with VDE, which ensures that the work is understood, supported and aligned with the department's priorities. The partnership is supported through a whole-of-government

Interdepartmental Committee (IDC). IDC was established to provide a structure across government to authorise the goal of integrated services required to operate the ten sites under one umbrella. The IDC ensures work is conceptually aligned with system-level service delivery reforms. In practice, this provides a valuable authorising environment for government funded services and programs to work differently together. It also supports suitable new government reforms to be delivered in Our Place sites under existing site-level governance.

Our Place works with early years providers and schools together to explore continuity of learning and teaching practices. Through this focus, Our Place is attempting to shift power dynamics between ECEC and schools by empowering both early childhood practitioners and school educators through communities of practice. These communities of practice are brought together to share learnings and develop more joined up ways of working. Our Place has identified and advocates for broader policy shifts to support this integration, such as joined-up curriculum and pedagogy, resolving staffing issues between ECEC services and schools, and reforms to the early years of school.⁶⁹

Our Place employs a research and evaluation team who undertake significant analysis and research on the approach. Our Place supports a continuous improvement approach at a site level and across the organisation. It describes this as starting with the end in mind, having clear outcomes at the start and continuously testing whether what is happening on the ground is contributing to those outcomes. It then has the necessary flexibility and funding to be able to change approaches if things aren't working. This work has been further enabled through the development of a shared data protocol with VDE, which supports access to relevant government held data about Our Place sites. Our Place is documenting their findings at both a site level and at a strategic outcomes level. Over time these reports will be made available for public use.

Our Place was able to capture a significant amount of meaningful data from the original Doveton Approach. It was able to link children's data from early learning, school performance and attendance, and involvement and engagement in enrichment activities undertaken by the school. This has provided a rich data source in which to consider the impact of the Doveton approach on children who participated. Through a longitudinal study, Our Place was able to demonstrate that year 3 students at Doveton College who had attending the early learning centre on site showed significant academic advantage over peers who attended early learning elsewhere or not at all.⁷⁰

Barriers

Similar to all ICFC models discussed in this paper, Our Places faces difficulty accessing adequate allied and other health supports at each site. Their aspiration is to have comprehensive health provision at each site. But this is difficult to achieve in practice due to sector-wide shortages in staffing, fragmented funding and eligibility models and, in some sites, a lack of suitable infrastructure. For example, they have been able to secure regular allied health access at four sites and occasional access at another two sites. Two sites have regular access to a GP.

Working in partnership with VDE provides significant opportunities and enablers to the model. However, as with any cross-organisational partnership, this requires negotiation and investment of time to build a shared understanding and mutual trust. This includes navigating the challenge of working alongside government while still trying to maintain the independence of the initiative. In the long term, Our Place seeks to change

the operations of government funded services to make services more accessible to families. This requires a balance of both working with and supporting existing systems, while also modelling how systems and organisations could work differently to achieve real change for families and communities.⁷¹

One challenge Our Place and VDE have faced is the selection of suitable sites to be turned into Our Place sites. The criteria for site selection included: areas that were highly disadvantaged and culturally diverse, the capacity to have the required infrastructure, and an existing or planned early learning centre on the site. However, the selection process had limited time for consultation with sites, meaning engagement from school principals was mixed and the quality of early learning centres varied. As a result, significant time was required to develop relationships and governance structures at each site.

Our Place works as an influencer within each site, bringing together the various services and stakeholders to practice in a more integrated way. However, it does not have any authority over the individual services meaning it has relatively limited ability to directly influence service quality. Our Place promotes quality improvement by supporting early years centre leaders and educators through communities of practice and access to international advisers.

“*You can't just march in there and make assumptions and say we're going to do blah blah, how do you know that's what's needed? You know, family-centred practice principles, person-centred principles. We've got our framework and our structure of what we know the evidence says are the best buys, but what do those best buys look like at Westall or Robinvale or Morwell? They're all different, as they need to be.*”

– June McLoughlin, Our Place

As an independent philanthropic organisation, Our Place has a different risk appetite to government. Our Place's approach is to be exploratory and try different approaches. If something is not working, it can stop and try an alternative option. Supporting this approach on the ground requires authorisation and support from government, which can be challenging but is enabled through the partnership arrangements and the IDC. Our Place cite the importance of having champions within government to overcome these challenges as they arise.

Finally, data collection is a significant challenge for Our Place. Since expanding to a state-wide initiative, it is they more limited in the data it is able to collect. This is because there are now a range of organisations and stakeholders involved in service delivery across the 10 communities, which makes data sharing arrangements more complex than in the original Doveton site. For example, Our Place is currently unable to access granular child level data or have longitudinal tracking to be able to answer big questions around what is happening in disadvantaged communities and how place-based work can support better opportunities for children and families.

Enablers

- Our Place has long term, secure and flexible funding.
- Our Place Philanthropic Alliance Agreement collaborative approach supports the strategic objectives of a project.
- Victorian Government partnership supports strategic direction, shared governance and alignment with systems level service delivery reforms.
- Our Place has a well-resourced backbone team.
- Our Place has a strong research capability and an ability to evolve approach based on learnings.

Barriers

- Our Place is unable to access granular child-level data for meaningful evaluation.
- Sufficient consultation is not included in site selection process, which led to some sites not being initially ready for Our Place approach.
- There is limited ability to directly influence service quality as it does not have authority over services.
- Challenges of working in partnership with government while still maintaining independence and control exist.
- Our Place faces difficulties accessing allied health services and other health services.

4. Findings

This research has highlighted significant diversity among Integrated Child and Family Centres (ICFCs) service models, and strong alignment on core features, enablers and barriers. ICFCs can meet many children and families' needs when they are enabled by a well-designed funding model that recognises the breadth of their activities, when they have well supported leadership and staff, and when they are empowered to ensure service delivery and supports are responsive to community need.

The core features of ICFCs that were consistent across all models were early learning, MCH, family support services, allied health and the glue/integration function. The informal, drop-in nature of ICFCs is also an important core feature that enables ICFCs to serve as a social hub for parents and children, as well as a service hub.⁷² Further, the child-centred, relational way in which staff work within an ICFC is a critical enabler.

Early learning is a broad umbrella term to describe a range of activities and programs intended to support a child's educational development in the early years. Early learning includes playgroups, toy libraries, childcare, preschool, transition to school programs and other similar programs. Early learning is used to describe the elements of an ICFC that are distinct from health or family supports.

The key findings from this research include:

Aboriginal and Torres Strait Islander integrated early years centres are unique in their purpose and structure, and require a unique response.

- **Cultural safety, strength and inclusion** are significant enablers for Aboriginal and Torres Strait Islander integrated early years centres. This model is the most sophisticated and broad in its operating model and service scope but faces the most significant challenges in terms of funding and authorising environment. A unique response is needed to support Aboriginal and Torres Strait Islander integrated early years centres, particularly given their critical role in supporting positive outcomes for children, families and communities.

Centre leadership and workforce are critical.

- Centres are staffed by **committed and dedicated leaders** and staff members who understand their communities and what is needed to have impact. However, structural and funding limitations often limit centre leaders' ability to implement this vision. They face significant burdens and often operate with little support or control.
- **Adequate remuneration** and professional support for centre leaders and the workforce are fundamental for impact. This includes better pay and conditions. Equally important, this also includes professional

supports that recognise the challenging and often psychologically demanding nature of their job – such as professional supervision, business and operational support, and professional development.

- **Centre leaders need to be empowered** to be innovative and lead the model to ensure it is high quality and responsive to family needs. Current models range from highly proscriptive and well supported – but with limited scope for centre leaders to lead the model – to very flexible models where centre leaders have a lot of autonomy but minimal support.

There is a need for structures and processes to support consistent high-quality outcomes.

- **Quality** is very important to ensure the best outcomes for children, however there is currently no national quality framework applicable to ICFCs. There is also no formal mechanism to assess quality outside of Early Childhood Education and Care (ECEC) services that fall under the National Quality Framework (NQF). Consistent, national quality assessment tools and measurements, and professional development supports are needed to ensure consistent standards and support best practice.

Effective funding for a holistic, child-centred approach is needed.

- An **effective funding model** is a central enabler for ICFCs to be able to operate efficiently, effectively and flexibly to meet the needs of children and families. This requires secure, long-term funding for provision of core services and flexible funding for diverse child and family related services responsive to community needs.
- **The integration ‘glue’ component** is core to the ICFC operating model. It describes the leadership, structures and practices that bring all the individual services and staff together to create an integrated, holistic service model. The glue function must be valued and recognised in the funding centres receive.

The operating model supports the structure and practises of the centre.

- ICFC staff must be supported to work in a way that is **child-centred and relational**. It is important that all staff members feel they are contributing collectively to the child and family outcomes.
- ICFCs can support families both through formal service delivery and as a **social hub** where families with young children can go to meet and connect with other local families and build their social support networks. For this to occur, ICFCs require a **drop-in, open space** where families can come outside of formal service provision. They also need to ensure staff members are available to connect with families outside of formal service provision. They can do this through informal activities, such as cooking sessions, cultural activities and having the time and capacity to listen and support families with their concerns. These informal activities must be valued and adequately resourced.
- **Integration** is required throughout all levels of the model, not just at the point of service delivery. Current ICFCs are having to navigate government siloes in order to deliver an integrated centre. State government departments need to consider how they can provide integrated funding, overcome data sharing barriers and fully incorporate all services, including MCH and allied health, into the model. Better integration is also needed across state and federal government departments to ensure centres are supported to deliver a broad range of services, including childcare, and are not having to report separately on multiple funding streams.
- Comprehensive **allied health** service provision is a systemic gap across ICFC models. Although all interviewees stressed the importance of allied health for early intervention and child development, access to allied health services is limited or absent and usually does not include therapeutic support. Individual centres and families take on the responsibility for finding, accessing and funding allied health services. There is currently no systemic way to provide these critical services.

Governments and funders have an important authorising role in enabling the model.

- **Effective leadership** from government and funders and a supportive authorising environment are important to ensure models are adequately resourced and enabled.
- Governments and funders need to **recognise and value** ICFCs as a key vehicle to meet the needs of young children and families experiencing disadvantage.
- **Collaboration and partnerships** are required between federal and state governments, and between state government departments. These are critical in many ways. Examples of collaborations and partnerships include facilitating data sharing, enabling child care provision, and streamlining procurement and funding processes.

The key structural and operational barriers and enablers impacting on ICFCs are detailed in the next few sections. Each component is described and key themes impacting on ICFCs broadly are explored, as well as specific issues impacting on individual models.

Funding

Key findings

- An effective funding model is a central enabler for ICFCs.
- Complex jurisdictional funding arrangements prevent ICFCs from effectively delivering a full range of early years programs and services. In practice this means:
 - State funded ICFC models find it difficult to incorporate childcare services (which are managed federally).
 - Services funded by different government departments are not fully integrated, specifically Maternal and Child Health (MCH).
 - Aboriginal and Torres Strait Islander integrated early years centres are undermined by the limitations of Child Care Subsidy (CCS) funding and the lack of any overarching funding that recognises the holistic nature of their work.
- Long term, secure funding allows ICFCs to work towards long-term goals and provides certainty around tenure for staff and program availability for families and children.
- Funding needs to support the breadth of ICFC goals and core components, including:
 - core service delivery (early learning programs, MCH, parenting programs and other health services)
 - social hub role and informal staff work (staff being available to support families outside of formal service delivery)
 - effective integration, leadership and coordination (the glue)
 - flexible, additional service delivery that is responsive to community need.
- Block funding provides centres with flexibility and ensures their viability in thin markets.
- Future funding models should explore options for pooled, holistic funding that can be used to develop centres that are truly integrated, responsive to community need and able to provide key universal and targeted services in a safe, welcoming environment.

Overview

Available literature and interviews conducted for this research highlight that funding is a critical enabler for ICFCs. A well-designed funding model that supports the breadth of an ICFC's mission, its responsiveness to community need and continuous improvement is a key enabler for centres' effectiveness and impact. This includes adequate long-term funding that supports service delivery, coordination and integration, and the flexibility to ensure centres are responsive to community need. Funding must be stable and secure to enable integration and collaborative practices,⁷³ support ongoing staff tenures and promote the long-term vision of centres. Funding also needs to be flexible to ensure centres are able to bring in specific supports, programs or activities as identified by the community.⁷⁴

Funding for the early years is shaped by the complex jurisdictional arrangements that see key services split between federal and state government responsibility and subject to major government siloes. Specific to ICFCs, the federal government has overall responsibility for funding childcare services, and state and territory governments having responsibility for preschool, maternal and child health and relevant community services (such as child protection). The federal government is also responsible for funding key health supports, such as the NDIS and primary health care, as well as having funding responsibility for many services specific to Aboriginal and Torres Strait Islander communities.

These complex jurisdictional arrangements have a significant impact on existing ICFC funding models. Most ICFCs are funded exclusively by state governments and only offer services for which they have responsibility. Although this ensures these models are funded by a well-designed, simple funding model, it limits them from being able to offer federally funded services, such as child care, allied health (specifically therapeutic services) and other health services (such as GPs and paediatricians).

Aboriginal and Torres Strait Islander integrated early years centres described the most acute funding related barriers. These centres are primarily funded through CCS and are undermined by the limitations of this funding instrument and the lack of any overarching funding mechanism that recognises the breadth of the integrated work they undertake.

Future funding models for ICFCs should explore options for pooled, holistic funding that cover all key ICFC components and can be used to develop centres that are truly integrated, responsive to community need and able to provide key universal and targeted services in a safe, welcoming environment. The needs of the community should drive funding for the centres, rather than funding being directed by the complex responsibilities of state and federal governments. The establishment of a national partnership between the federal and state governments would ensure ICFCs are able to deliver a wide range of services and supports to meet the needs of children and families.

State funded models

State funded ICFC models have a funding model that recognises and supports their role as an integrated service. Their core funding instrument tends to be block funding from their respective education departments. This block funding supports the operations of the centres and ensures they have flexibility and security. The funding covers three different components that work together to support an ICFC. These components are:

1. the coordination and integration role undertaken by the centre (the glue)
2. core operations
3. flexible funding to support additional staffing or program delivery in response to community need.

State funded ICFCs interviewed shared that they are adequately resourced to deliver on their goals. They also benefit from simplified reporting requirements as they only need to report on a single funding stream that considers the breadth of their operations. Some centres may apply for additional grants to deliver specific events or programs, but these additional funding streams were not identified as being necessary to supplement their core funding.

The degree of flexibility within the core components is also relevant. The Tasmanian model prescribes the number of FTE and job titles that are required at each centre, whereas the Queensland model, which outsources service delivery to not-for-profits, provides greater autonomy to centres to determine what staff members are needed. A more rigid funding envelope with a flexible component ensures consistency across a jurisdiction and provides greater central control over each centre. On the other hand, less prescriptive funding in an outsourced model enables local service providers to use their own strengths and experience to shape a service that is responsive to community need.

A funding model must recognise and enable the goals and corresponding breadth of activities undertaken by ICFCs. In practice this means:

- Funding for the 'glue' that enables successful integration and multidisciplinary service delivery.
- Providing ongoing, secure block funding that allows long term planning and employment of staff on secure tenures.
- Funding holistic operations rather than just program delivery, recognising that fostering social hubs and the accompanying informal work – such as, drop-ins, taking time to talk to families, helping a family with Centrelink, cooking classes etc. – is core to successfully engaging and retaining families in an ICFC, and meeting core family needs.
- Investing in strong leadership through various mechanisms, such as professional supervision, business and operational support, and professional development.
- Providing adequate funding so that ICFCs can pay wages that value and recognise the complexity of the work undertaken by centre staff.
- Providing flexible funding so that centres are able to be responsive to community need.

Child Care Package

The CCS funding is designed as a subsidy for working families attending childcare services operating in a competitive market environment. The funding does not support integrated service delivery or the family support model offered by Aboriginal and Torres Strait Islander integrated early years centres.

“We do multiple things for these children, we do child protection work, we do health and wellbeing work, we do early years work, we do school transitions. We do all these different things and we only get funding for early years, that’s all we get funding for.”

– Lisa Thorpe, Bubup Wilam Aboriginal Child and Family Centre

Childcare is used to describe long day care centres. Although early learning centres is a preferable term, child care is consistent with the language used nationally when referring to the Child Care Subsidy (CCS).

There is a misalignment between the purpose of the CCS and the core purpose and mission of ICFCs that holistically support the most vulnerable children and families within their community.⁷⁵ CCS does not support the integration function that is a core component of an ICFC. It also does not support the social hub, informal work, health or infrastructure requirements of an ICFC.

CCS also does not support Aboriginal and Torres Strait Islander integrated early years centres in their mission to support culture, pride and community building for Aboriginal and Torres Strait Islander communities. Aboriginal and Torres Strait Islander integrated early years centres are a place of cultural safety – in particular for people who have been excluded from, and discriminated against, by mainstream systems. They undertake activities beyond traditional child care to encourage participation and provide other important child, family and community supports.⁷⁶ This work is time consuming, expensive, and not recognised in the funding or policy agendas that underpin the CCP. These centres were never intended to be competitive in an open market and their closure would be determinantal to efforts to meet Closing the Gap targets.

“The government needs to change the way they fund the early years. The CCS is for mainstream services and is driven by workforce participation. We have to change that for Aboriginal people. Our services are focused on prevention - we have highest rates of domestic violence and child protection rates – all those statistics that we all know. So why is our preventative space in the early years funded by CCS? If you want to close the gap we need to change the way that Aboriginal early childhood development is funded by the Commonwealth.”

– Lisa Thorpe, Bubup Wilam Aboriginal Child and Family Centre

Additional Child Care Subsidy

The Additional Child Care Subsidy (ACCS) provides additional fee assistance to families and children facing barriers to accessing affordable child care. ACCS is a complicated subsidy that places a significant administrative burden on services.⁷⁷ ACCS is time limited and needs to be regularly re-applied for, meaning it is uncertain and families may face a gap in subsidy as they wait to see whether their application is approved,

putting centres in a position where they need to either cover the gap costs for families or refuse care to a child. It is challenging for families to plan work when access to care may be interrupted or refused.

Further, ACCS requires families to continually prove the extent of their hardship, entrenching a deficit-based model. For families that have had involvement in the Child Protection system, anecdotal evidence suggests they may be fearful of disclosing their vulnerability to access ACCS due to fears it could trigger a notification. For Aboriginal and Torres Strait Islander children, labelling a child as 'vulnerable' can exacerbate intergenerational trauma inflicted by policies around the forced removal of children in the context of the Stolen Generation. SNAICC – National Voice for our Children has raised concerns from their members of families who refuse to take up the ACCS payment because of the stigma and implied risk of intervention from child protection services.⁷⁸

Activity test

The CCS includes an activity test that restricts the number of hours of subsidised care a family is entitled to based on the amount of recognised activity parents engage in each fortnight. This measurement is based on the recognised activity of the parent who undertakes the fewest hours, usually the mother. Families that fall below the activity test requirements (engaged in up to 8 hours of recognised activity per fortnight) and meet means test requirements (family income <\$72,466) are entitled to 12 hours (one day) of care a week. The activity test acts as a barrier to the children most at risk of developmental vulnerability accessing the benefits of ECEC. A recent report from Impact Economics found that the current activity test is contributing to 126,000 children from the poorest households missing out on ECEC, with Aboriginal and Torres Strait Islander families over five times more likely to be limited to one day of subsidised care per week.

“*The introduction of the Activity Test runs counter to and undermines an extensive range of government policies intended to close the gap in outcomes for Aboriginal and Torres Strait Islander children.*”

– SNAICC – National Voice for our Children, Submission to the House of Representatives Standing Committee on employment, education and training: inquiry into education in remote and complex environments

The federal government has recently announced changes to the activity test that will provide Aboriginal and Torres Strait Islander children with access to 36 hours (3 days) of care per fortnight. The changes will come into effect in July 2023.⁷⁹ This is substantially below the evidence-based recommended dose of at least 15 hours of high-quality ECEC per week,⁸⁰ however it is an improvement on the current situation.

“*Why can't we bring children [who are excluded from CCS] to a service to support them? How would that not support child protection, development outcomes and the health and wellbeing of our children? It is a total no brainer.*”

– Lisa Thorpe, Bubup Wilam Aboriginal Child and Family Centre

Community Child Care Fund-Restricted grants

Multifunctional Aboriginal Children's Services (MACS), one of the two models included in this paper as Aboriginal and Torres Strait Islander integrated early years centres, were first funded by the federal government under the Budget Based Funding (BBF). The BBF provided grants based on the number of available places; centres were able to offer these places based on need. This meant that services could choose to offer places at a very low fee for families and had ongoing funding even if they were unable to fill all their places each year.

The BBF program provided secure block funding to MACS acknowledging that the services would not be viable under a market-based model.⁸¹ These centres have now been transitioned to CCS with supplementary support from the Community Child Care Fund-Restricted (CCCF-R) grant. However, CCCF-R operates as a temporary, stop-gap measure within the broader context of the CCP, which is misaligned with the mission and purpose of Aboriginal and Torres Strait Islander integrated early years centres.⁸² Many MACS are dependent on CCCF-R to remain viable; some are no longer providing additional services beyond long day care due to inadequate resources.

“We have always advocated for a sustainable funding model. If the services were just paid for the licenced places, then we could allocate places based on our waiting list and priority of access. The CCS model has forced us to shift our thinking from community based and what the needs of the child and family are to this business model, where it's all about how much money is coming through the door and maximising the CCS allocation received which is predominantly targeted at working families”

– **Stacey Brown, Yappera Children's Service**

With the challenges for MACS transitioning to CCS, the CCCF-R funding is currently filling the gap to at least keep service doors open. This funding is not available to ACFCs, despite operating in similar communities and serving a similar purpose.

Complexity of managing multiple sources of funding

Due to the inadequacy of CCS for supporting the integrated, holistic mission of Aboriginal and Torres Strait Islander integrated early years centres, centres have to derive funding from grants and other funding initiatives. Funding comes from various sources – including federal, state and local governments and the philanthropic sector – with some services managing upwards of seven funding streams.

Many centre leaders report spending a large part of their time seeking out and applying for funding, as well as managing grants, with reporting processes for individual grants onerous and inconsistent. The procurement processes that governments set up to apply for and secure funding were described in interviews as onerous and burdensome. Grant rounds may not be open for sufficient time periods; there is limited support provided to centres to assist them in applying for grants. Reporting on these various funding streams adds to this ongoing burden.

The short term, one-off nature of some funding also means that centre leaders are not only having to divert their focus to fundraising, but they are also unable to provide certainty around employment or service continuity to their staff or families.

“I feel that my role as a leader in an Aboriginal Early Years Service has shifted from leading pedagogy to administration based ...the heavy burden of reporting on different streams of funding – whether it’s data or milestone reporting, it’s now consuming a majority of my time. ... if you’ve got 8 streams of funding that’s 8 streams of reporting you have to do, and in a lot of instances that’s quarterly. So data, compliance, KPIs - you are reporting against all of these performance indicators, budgets and other reporting requirements. In order to be viable, we have to explore different funding options outside CCS which is a mainstream model that only funds placements that cover on-costs, not all the unique additional programs that our Aboriginal Early Years Services offer.”

– **Stacey Brown, Yappera Children’s Service**

Centres describe having to report on funding in a siloed manner, contrary to the nature of the integrated services they are providing. Centres may use multiple funding streams to fund a program, but then need to demarcate which part of a program was funded by each funder when reporting on how funds were spent.

“These services are incredibly overburdened with reporting, their funding comes from a number of different lines and a number of different moving parts and they have to report on all of those different octopus arms at different times.”

– **Joanne Goulding, THRYVE NSW**

Integration or glue funding

Funding to support integration is critical for an ICFC. This requires a funding mechanism that recognises the role of integration within an ICFC, rather than it just being a hub that delivers various services. State funded ICFC models are well supported to provide this glue function. However, despite a glue function being integral to the operation of Aboriginal and Torres Strait Islander integrated early years centres, it is not recognised in any funding they receive. The centres face a challenging funding landscape where individual centres are responsible for attempting to pull together a range of services into an integrated, holistic service model and seeking philanthropic funding and other grants to fill funding gaps.

NSW funding for ACFCs

NSW ACFCs (Aboriginal Child and Family Centres) receive a funding stream from the NSW Department of Communities and Justice (DCJ) that supports the coordination and integration role undertaken by the centres. It provides a significant complement to the CCS funding, which enables the NSW ACFCs to implement more of the breadth of their mission. This funding is flexible three-year funding that recognises the additional work undertaken by ACFCs outside of the activities funded by CCS. It recognises the success of ACFCs in contributing to outcomes around early intervention and is also intended to support the development of ACCOs. There is a desire from centres to make the funding more long-term, so they have greater certainty over planning and staff tenure.

Flexible funding allows centres to choose which activities would benefit their community without needing to seek out individual grant funding each time. It also frees up a centre leader's time to focus on the centre.

“*...if the money allows us the flexibility then that is really valuable for the child and family centres because you can be reactive to what your community needs are.*”

– Emma Beckett, Nikinpa Aboriginal Child and Family Centre

Conclusion

Funding is one of the most critical elements impacting on ICFCs being able to deliver the best outcomes for children and families. What has emerged from this research is that the issue is not always the amount of funding that is being received, but rather the nature of the funding and how centres are allowed to spend it. Funding that recognises and supports the complexity of integrated service delivery is a key enabler to ensure centres can provide holistic, wraparound supports that are shown to have positive outcomes for children and families. To be effective funding should be:

- Flexible: Centres need discretion over how their funding can be spent ensuring they are able to lead a centre that is responsive to community needs.
- Secure: Long-term, ongoing funding that allows centres to plan long-term, provide security of tenure to their workforce and provide certainty around service provision to families.
- Support the breadth of an ICFC's operations: This includes funding for integration, core service delivery, and additional services or programs as needed by the community. Funding also supports ICFCs to act as a social hub by ensuring infrastructure is suitable for drop-in visits and staff have dedicated time outside of formal service delivery to support families.
- Aligned with the mission of the model: The funding needs to be intentionally designed for ICFCs recognising the unique ways in which they work and the complex needs of the children and families they are supporting.

In addition, a unique funding stream is needed to support Aboriginal and Torres Strait Islander integrated early years centres to continue to provide the best outcomes for their children, families and communities.

Recommendations

1. Design and operationalise a funding model specifically for ICFCs that ensures ICFCs are child and family centred, responsive to community need, sustainable and supported to deliver on their role as an integrated service and social hub. This should explore options for pooled, holistic funding.
2. Design a unique funding stream for Aboriginal and Torres Strait Islander integrated early years centres that privileges ACCOs for Aboriginal and Torres Strait Islander children, and recognises and supports their vision, operations and structures.

Operating model

This research reinforces that the ICFC operating model is intended to enable an integrated service offering through the provision of core services that are either co-located or accessed through referral networks. The model focuses on a very deliberate way of working that is child-focused, relational and multidisciplinary. Unlike a hub model, which offers a single front door to access a range of services, ICFCs are designed to be a space where families with young children can come regardless of whether they are accessing a specific service, and where staff members are trained to build relationships with families in order to make them feel safe, identify their needs and provide appropriate supports.

Key findings

- Each model has a unique operating model, but they all include the same core components: the glue, core universal service provision of early learning, health and family support, access to targeted supports where needed, and the ability to prioritise other services and supports responsive to community need.
- The operating model is as much about which services are delivered as it is about how they are delivered. Ways of working, leadership and workforce are critical parts of the model.
- The glue is a central part of the ICFC operating model that distinguishes it from other early years services. It refers to the integration function that brings the individual services and staff together to create an integrated, holistic service model.
- Early childhood development is a key focus of ICFCs. This includes early learning services and programs, such as playgroups, toy libraries, ECEC and transition into school supports. They also include family supports, MCH and other health services. These services and supports are delivered in an integrated, child-centred way that responds holistically to family needs.
- Comprehensive allied health service provision is a systemic gap across ICFC models. Although all interviewees stressed the importance of allied health for early intervention and child development, access to allied health services is limited or absent and usually does not include therapeutic support. Individual centres and families take on the responsibility for finding, accessing and funding allied health services. There is currently no systemic way to provide these critical services.
- Centre leaders are essential to a high functioning ICFC and should be adequately supported and remunerated. They also need flexibility to adapt the model in response to learnings and community need.
- ICFCs rely heavily on the quality of their workforce and centre leaders to be able to deliver the best outcomes for children and families.

Overview of operating models

Child and Family Learning Centres (CFLCs)

CFLCs are purpose-built centres located in areas of high need. The model is operated and staffed by Department for Education, Children and Young People (DECYP). Each centre is funded for four specified FTEs, as well as receiving a flexible funding bucket to employ additional staff as needed. DECYP has a high level of involvement with the centres.

Early Years Places (EYPs)

EYPs are funded by the Queensland Department of Education (QDoE) who outsources centre operation to NGOs. Centres range significantly in size, staffing and funding. EYPs may be standalone centres, co-located on school sites, ECEC sites, health sites, community sites or delivered through a hub and spoke model.

Aboriginal and Torres Strait Islander integrated child and family centres

The Aboriginal and Torres Strait Islander integrated early years centres vary widely depending on which jurisdiction they are in and how they were originally established. They are run by a mix of ACCOs and other NGOs. They have a high degree of autonomy and there is significant variation between centres, although they all share a common vision and approach. Many of the centres operate with a dual early learning and health focus and are funded through a range of mechanisms.

Our Place

Our Place sites are located in areas of high need with a culturally diverse population. Each site is located on a government primary school site with a co-located ECEC service. Our Place is supported by long-term funding philanthropic funding. The Victorian Department of Education (VDE) contributes the infrastructure for the project, including the capital works required to ensure the suitability of each site. Our Place does not deliver services but rather facilitates partnerships that enable local services and stakeholders to work together in a more integrated way to ensure services are more accessible to those who need them most.

Integration or 'glue'

The glue is core to the ICFC operating model. It describes the leadership, structures, practices and infrastructure that bring the individual services and staff together to create an integrated, holistic service model. It also includes the networks that centres have with other services and the way in which a centre can support a family to navigate the complex and fragmented early childhood development system. This integration component with highly skilled staff, multidisciplinary teams, relational, child-centred ways of working, a well-designed physical space, and strong networks is as important as the service delivery component.

Effective implementation of the glue component requires its articulation and prioritisation in the design and management of the ICFC model, adequate funding and resources allocated, and staff capability for this way of

working. This has been an important enabler for the state funded ICFCs, which are appropriately funded and supported for this component. Our Place describes their key role as being the glue, bringing together various services and practitioners to practice in a more joined up, integrated way.

Despite a glue function being integral to the operation of Aboriginal and Torres Strait Islander integrated early years centres, it is not recognised in any funding they receive, except for the NSW Aboriginal Child and Family Centres (ACFCs). The funding from the NSW Department of Communities and Justice (DCJ) is specifically intended to fund the glue role, recognising that CCS funding and other available grants do not cover this function. For other Aboriginal and Torres Strait Islander integrated early years centres, the glue function tends to be performed by centre leaders who are not funded nor supported in this work. This is a significant barrier for these centres and undermines them in their ability to fully deliver on their purpose and vision.

Services

ICFCs offer a range of core universal services that act as key entry points into the model. The model is designed so that some families will only use the centre to access the specific service they require, whereas other families will make full use of the space as a place to come with their children outside of formal service provision. Centres are staffed by highly qualified practitioners who can identify children and families requiring additional supports, provide wrap around supports as needed and make referrals to other relevant services.

A key differentiator between ICFCs and other early learning services is the integrated way in which services are delivered. Although a child might attend a playgroup, embedded within playgroups are specialists, such as speech pathologists or child and family practitioners who are able to provide additional support to children and families. Playgroups are often targeted to specific cohorts, such as children with disability or young mums, helping parents to build connections and learn from peers. The Benevolent Society identified the key strengths of the EYP model as being able to engage socially vulnerable families into a support system, retain them for as long as they require support, and identify child development and safety risks at the earliest possible stage.⁸³ The ICFC operating model is designed to enable regular, low dosage, long-term engagement with families. Higher intensity supports are available for children and families who need them, although secondary and tertiary supports are not usually available within the ICFC but are accessed through referral networks.

Early learning

Early learning supports are a central component of ICFCs, with education departments a key funder for most models. ICFCs offer early learning programs and supports, and employ staff with early learning qualifications to support children and families outside of formal service delivery. All models have a strategic focus on supporting children to access early childhood education and transition to school. Centres have reasonable autonomy regarding which programs and services they offer. All centres interviewed offered playgroups with a mix of other programs, such as toy libraries, preschool, child care and specific educational programs – such as Launching into Learning –⁸⁴ available at individual centres depending on community need.

Preschool refers to the early childhood education program in the year before school. Also referred to as kindergarten in some jurisdictions.

Despite ICFCs having a strategic focus on early learning, it is not clear what role centres play in ensuring children receive high-quality ECEC services at a necessary dosage. Some centre leaders discussed their role in supporting families to access ECEC through formal and informal conversations, providing transport and facilitating access visits to local schools. The Working Together program in Tasmania currently offers from two to three days of free, high-quality preschool for three-year-old children from disadvantaged backgrounds in a childcare setting and there are plans to expand this program to provide access through CFLCs. Some EYPs offer ECEC whereas others focus on providing information and supports to parents.

Centre leader is used to describe the role of director, manager or leader of an individual ICFC.

Aboriginal and Torres Strait Islander integrated early years centres include ECEC within the model, which ensures Aboriginal and Torres Strait Islander children have access to culturally safe, high-quality services. All centre leaders described waitlists for their centre demonstrating the demand among the community for the ECEC services.

Many state funded ICFCs do not include ECEC services, meaning children only experience a relatively low dosage of support from ICFCs depending on how often their parents attend the centre. High quality ECEC is one key intervention that supports children in the early years; it can help to overcome some of the barriers faced by children growing up with adversity. There are significant cognitive and emotional benefits for children who receive high quality ECEC.⁸⁵ These effects are strongest for children from poorer backgrounds and for children whose parents have little education.⁸⁶ Evidence supports at least 15 hours of high quality ECEC per week; children experiencing socio-economic disadvantage may benefit from even more.⁸⁷

Although strong evidence did not emerge from this research on whether ECEC should be delivered through an ICFC or externally, interviews with centre leaders from centres that do provide ECEC saw its inclusion as beneficial for children and families. One Aboriginal and Torres Strait Islander integrated early childhood centre leader described ECEC as an important universal soft entry point into the centre. It supports ICFCs to deliver on their remit to provide access to a range of key services under one roof. It can also provide a mechanism to oversee service quality by supporting shared values and ways of working across the early learning service and ICFC, and ensuring all staff are working collaboratively to achieve outcomes for children and families. It also means that centre staff members are able to provide supports for families who need assistance with CCS or other subsidies. This may help to overcome issues around accessibility and affordability that prevent families from accessing ECEC services.

There are significant implementation challenges for including ECEC within the ICFC operating model, although learnings from centres that include ECEC could help to overcome these challenges. The highly regulated nature of ECEC services demands many additional requirements, for example they require separate and more specific spaces to the broader ICFC. One Tasmanian centre leader described needing to build two identical playgrounds to keep the children attending the co-located childcare centre separate from other children attending the ICFC.

There is also a significant challenge in terms of funding, with childcare funding being controlled by the federal government. As state governments do not typically provide child care due to current funding arrangements, ICFCs may need to engage an external organisation to run a childcare centre. This would be especially challenging for the Tasmanian model, which is directly operated by the state government. The recent announcement from the Victorian government to open 50 new government owned and run childcare centres will be an interesting case study in the role of state governments in childcare provision.⁸⁸

Importantly, the funding challenges faced by Aboriginal and Torres Strait Islander integrated early years centres demonstrates the importance of not having ICFCs rely on CCS as their primary funding mechanism. Adding childcare services run by an external organisation to an ICFC or developing supplementary funding mechanisms, such as the NSW DCJ funding, are options that would support the inclusion of ECEC within ICFCs.

Family support

The family support component recognises that there is a need to support parents to achieve the best outcomes for their children. Research has confirmed the significant impact parenting quality has on a child's development,⁸⁹ family circumstances like housing and income and the need for early childhood interventions that support families as well as children. In the context of ICFCs, family support is an umbrella label for a range of formal and informal services, and supports that are both universal and targeted in nature. ICFCs play a role in delivering these supports as well assisting families by supporting them to access external services through referrals and outreach support.

Family support is a broad term used to describe a range of programs and services aimed at supporting parents and families more broadly. This term is used to include universal parenting programs (such as Triple P or Circle of Security), as well as more targeted supports that are broader than parenting (such as family violence services, alcohol and drug services and housing).

The formal universal services offered by ICFCs include parenting programs, such as Triple P, Circle of Security and Empowering Parents Empowering Communities. Our Place runs a program called Baby College for local mums in their third trimester. Parenting programs are intended to support parents as they transition into parenthood, strengthen child-parent bonds, and assist with challenging child behaviours. In addition, playgroups are also used to support parents by helping them build networks with other parents, and providing parenting advice and support in real time. Playgroups are often cohort specific, such as young mums or children with disability, meaning parents can meet parents from a similar background, learn from peers and have their parenting practices confirmed by others.⁹⁰ Aboriginal and Torres Strait Islander integrated early years centres also run Elders groups, cultural programs and community events.

ICFCs provide a holistic response to the needs of children and families that go beyond service provision to address the conditions under which families live. They do this by supporting families in various ways, such as providing opportunities for families to come together and build networks, and build pride in their culture. They also provide support and comfort to families as needed. Centre leaders described providing advocacy

for families, specifically when dealing with government services, such as child protection or Centrelink. One Tasmanian CFLC described a Friday session where families come together to cook and share stories; another ran a program called Out on Country, which takes families outdoors to reconnect with the land.

ICFCs also provide access to a range of intensive supports for families, including to redress parental/carer risk factors. Interviews with Aboriginal and Torres Strait Islander integrated early years centres and CFLCs described providing legal support to families, specifically around family violence. Interviewees also mentioned providing access to support with mental health, drugs and alcohol and housing.

The Benevolent Society described a program run at their EYPs called Team Around the Child/Family, which is used to identify the multiple needs of parent and children and bring together the relevant people into an intervention system around the family and to integrate separate treatments, therapies and programs into a streamlined approach.⁹¹ Our Place provides access to adult education programs recognising the impact of a mother's level of education on child outcomes.

Maternal and Child Health (MCH)

MCH services are a core part of the ICFC operating model. MCH programs are funded by state governments and provide free universal primary health service for families with young children. All ICFCs include co-located MCH services and valued the service as an important entry point for families. Although a core part of the ICFC service offering, the degree to which MCH programs are integrated into the ICFC varied from centre to centre. MCH is funded separately to ICFCs by the relevant health department or Aboriginal Community Controlled Health Organisation and tends to operate independently of the ICFC.

Maternal and Child Health (MCH) refers to the free universal primary health service available to all families and carers with new babies. The model is different in each Australian jurisdiction, however there is a consistent core service offering of health and development checks for babies with a qualified child health nurse. Child health nurses can refer families into more targeted or intensive supports if required.

When the services do work well together, the MCH nurses are able to refer families to services offered by the ICFC, facilitate introductions with ICFC staff and encourage families to participate in activities run at the centre. Some families attend an ICFC purely to see the MCH nurse, which then exposes them to the centre and helps build familiarity. One Tasmanian centre described the benefit of having an MCH nurse available for both drop-in and scheduled appointments, as well as being available for informal conversations with families. However, centre leaders also shared challenges around data sharing, shared values and integrated ways of working between MCH nurses and ICFC staff. One centre leader described the level of cooperation and integration with the MCH service as dependent on individual personalities and motivation.

Allied health

The ICFC operating model depends on allied health supports as a key early intervention measure. Allied health professionals are often embedded into ICFC programs – such as playgroups, long day care or preschools – to screen children for potential issues, build the capacity of ICFC staff delivering the programs and support with referrals.

The Tasmanian CFLCs employ allied health practitioners on staff from their core budget. Others, such as some Aboriginal and Torres Strait Islander integrated early years centres, broker in allied health supports through specific grants, such as School Readiness Funding in Victoria. Queensland EYPs tend to broker in additional allied health services as needed.

However, even with allied health identified as a key component of all ICFC models, the demand for these supports far outstrips supply in all locations. Interviewees expressed frustration that they were unable to employ allied health within their centre. One Aboriginal and Torres Strait Islander integrated early years centre leader, who had previously been able to employ an occupational therapist and speech therapist full time under the now ceased Their Futures Matter funding in NSW, described the benefits for children of having allied health practitioners in house. Within the centre, early childhood educators were able to make a referral to allied health who were able to do screening and assessments and develop a plan for each child. This meant that children were receiving supports before they started school. Without access to specific funding for allied health centres describe being unable to compete with the rates available to allied health clinicians under the NDIS.

Waitlists were also identified as a significant barrier to access, with one centre leader describing an 18-month waiting list for access to an occupational therapist and many interviewees reported state-wide shortages of allied health professionals. Challenges around waitlists for allied health practitioners are not unique to ICFCs but present a significant barrier to ICFCs being able to deliver the best outcomes for children and families.

Comprehensive allied health service provision is a systemic gap across ICFC models. Centres and families take on responsibility for accessing allied health supports. Although some centres have allied health professionals on staff, none had access to therapeutic supports and there is no systemic way for centres to secure access. Responsibility for accessing and paying for allied health services falls onto families to fund privately or through the NDIS.

Other health services

ICFCs may also provide additional health services onsite. Some Aboriginal and Torres Strait Islander integrated early years centres have a GP on site that is funded through an ACCHO. Our Place also described their long-term goal of having a GP and paediatrician at each site, although this is difficult in practice due to sector-wide shortages in staffing, fragmented funding and eligibility models and, in some sites, a lack of suitable infrastructure.

Some Aboriginal and Torres Strait Islander integrated early years centres also have effective referral pathways through the ACCHO to access paediatricians if needed. This is not the case for all Aboriginal and Torres Strait Islander integrated early years centres, with one regional centre describing four-year wait times for a local paediatrician and another trying to access a private paediatrician but being told the waitlist was so long they were no longer taking names.



“The difference between a kid seeing a paediatrician as a three-year-old and having two years to do the things they need to be doing compared to seeing someone as a five-year-old and having two months until they go to school... totally different outcomes for those kids.”

– Emma Beckett, Nikinpa Aboriginal Child and Family Centre

Ways of working

Effective ways of working are critical to enabling ICFCs to move from co-located services to a more integrated and holistic service offering. It is important that services are supported to engage in relational practice, where informal interactions with families are valued as much as service provision and where all staff members feel they are contributing collectively to the child and family outcomes. A relationally focused practice framework can support family-centred best practice. For example, Tasmania uses the Family Partnership Model practice framework to support staff to engage with families in a way that is strengths based, welcoming and family centred. Our Place described relational ways of working as shifting the focus from programs and services to focusing on supporting children and families by understanding their goals and aspirations and working alongside them to help achieve these. A workforce that is high quality and has the time and space to support families in this way is critical.



“We had one mother here, and she hadn’t been here for five years, and she said she didn’t come back after she lost her children because she felt judged. And I said, ‘how do you feel now?’ and she said ‘it doesn’t feel judgy at all.’ So that’s the other thing – we have to make sure all the staff are on the same page in terms of being really welcoming and open to supporting families with those very difficult circumstances.”

– CFLC Centre Leader, Tasmania

Integration is more than co-location and requires a multidisciplinary team approach to holistic service delivery.⁹² This requires shared planning, vision and leadership among all members of the ICFC team. In practice, effective ways of working can be challenging to adopt and enforce. The 2012 evaluation of the EYP model identified a reliance on goodwill and relationships to drive the integrated nature of the model, particularly in relation to integrated and multidisciplinary teams.⁹³ This sentiment was reflected in interviews with other services.

Leadership

Numerous interviews with centre leaders and others in the sector reiterated the importance of strong leadership for effective ICFC service delivery and outcomes. High-quality leadership is a key enabler for ICFCs, but the degree to which services feel they are dependent on a single outstanding individual has been identified as an operational risk across all ICFC models. The personal, complex and face-to-face demands of the centre leader’s role makes it difficult to mitigate against this risk. Instead, centre leaders need to be supported through competitive remuneration, working conditions, practice frameworks and other necessary supports to

ensure they can thrive in the role. Goodstart Early Learning discussed the importance of clinical supervision provided to their centre leaders as a way to support their mental and professional wellbeing, enabling them to support their staff, which contributes to staff retention and wellbeing.⁹⁴

The centre leader supports a multidisciplinary team and is responsible for driving a culture of integration, collaboration and continuous improvement. Centre leaders have a key role in supporting the glue of a centre, specifically supporting staff through a process of practice change as they adjust to working in an integrated culture. Many professionals who work in ICFCs will come from more siloed service backgrounds where their expertise was valued for what they could achieve as an individual practitioner. Adjusting to an integrated practice model is a significant shift and requires support, leadership and ongoing guidance to ensure a successful transition. Centre leaders also provide face-to-face supports to families and children, many of them coming from early learning or allied health backgrounds.

Centre leaders are also responsible for the operational management of the centre. Depending on the ICFC model, this may include workforce management and development, fundraising, budgets, and planning. Many centre leaders have no experience in business management – the support they receive when commencing in the role is essential to ensure they can successfully run the centre and focus on achieving outcomes for children and families.

In terms of progressing the ICFC model and ensuring high quality services and supports for children and families it is essential for decision makers influencing the authorising environment to consider how they can best support centre leadership, who are in turn able to support their workforce. It is critical that people working closest to children and families can focus on their needs rather than having to divert their energy to operational challenges.

Workforce

The workforce challenges facing the early learning sector are well documented. Early childhood educators are undervalued, underpaid and work in extremely demanding environments.⁹⁵ However, unlike a childcare or preschool setting, ICFCs employ a mix of staff, many of whom are not early childhood educators or teachers. The unique pressures faced by the ICFC workforce are not well documented. Interviews suggested that working in a multidisciplinary team adds an additional challenge for staff. The workforce has to be both qualified in their individual area of practice, as well as able to work collaboratively in a multidisciplinary team. Further research exploring the unique working environment for ICFC employees is needed to understand how the operating model can best support them to achieve the best outcomes for children and families.

Centre leaders described the ICFC working environment as challenging, complex and intense. Centre staff is often faced with challenging behaviours from children and families who may be suffering from trauma and may suffer from vicarious trauma themselves. One centre leader described having to be engaged in a child protection report against a mother attending the centre, and then needing to support the mother after the children were removed.



"... you're in the room with the kids, you're dealing with those kids and those families and you're trying to support them. You can't have a crappy day, you've got to come in there every day and give 100%."

– Emma Beckett, Nikinpa Aboriginal Child and Family Centre

Further, centres, such as in Tasmania, are open from Monday to Friday for 50 weeks of the year. Interviewees commented on the challenge of having time for planning and team building when there is no break from face-to-face operations with clients.

Many interviewees also remarked on the challenge of recruiting staff to work in ICFCs due to competition from schools, NDIS services or other employers who were seen to offer better wages or conditions. Short term funding contracts were also identified as a barrier to staff recruitment. One centre leader in a remote location in Tasmania commented on the challenge of recruiting an Education Officer with a teaching qualification (which is a requirement of the CFLC model) when the local school was able to offer substantially more annual leave as well as additional remote working loadings. Poor childcare provision also impacted on workforce retention.



"I'm struggling to get staff and the impact of not having a fully functional childcare centre here is hard enough, but in our other local towns it's impossible, there is no childcare. We've got educated women in particular that are not able to go back to work that are completely reliant on their partner often for everything right down to the vehicle."

– Vikki Iwanicki, Queenstown CFLC

Interviews further raised discussions around the benefit of employing local staff. This was seen to help the community feel more comfortable and welcome within the ICFC. It also helps to overcome some of the barriers of distance that are experienced especially by rural and remote ICFCs. In rural and remote areas ICFCs are an important employer of local residents, providing both a community and economic benefit.



"The moment we open the door to the new parent who's plucked up the courage to visit for the first time, and they're met by someone from their local community, someone who looks like them... It does something quite profound in relation to their construction of the place, their preparedness to give it a go a second time."

– Paul Prichard, MCRI

Aboriginal and Torres Strait Islander integrated early years centres also face specific challenges attracting, retaining and supporting their Aboriginal and Torres Strait Islander workforce. Aboriginal and Torres Strait Islander ECEC staff plays a crucial role in supporting Aboriginal and Torres Strait Islander children to grow up strong in their culture.⁹⁶

Place based supports

ICFCs are placed in communities with high levels of socio-economic disadvantage that demonstrate readiness and need for the service. The integrated nature of ICFCs is dependent on the availability of other services to build an integrated network. Being able to leverage existing networks is a strong enabler for ICFCs and there is benefit in viewing ICFCs as part of a wider community ecosystem rather than an end in themselves. This works effectively where there is a high quality ICFC situated in a local community with a strong network. For example, the Cairns EYP has been able to successfully leverage other place-based initiatives and networks, such as Cairns South Together and Communities for Children.

Location

Queensland EYPs, Our Place and some Tasmanian CFLCs are located on school sites. This is a strategic design feature that is intended to meet a number of objectives, including supporting school transitions, ensuring convenience for families that have a child at school and raising awareness and improving access to the ICFC by positioning it alongside a prominent community site. It also reduces infrastructure costs by locating the centre on a site already owned by the state government. It is not clear whether the co-location of ICFCs and schools does improve outcomes for children and families, but it could support in the expansion of ICFCs by reducing infrastructure costs for governments.

Further research is needed to understand how ICFCs can be located on school sites without acting as a barrier to families who do not feel safe accessing the school. Anecdotal evidence from focus groups in Tasmania suggest parents are supportive of having centres located on school sites.⁹⁷ They identified the co-location as important for building connections and familiarity with the school and making local friends who then went on to the same school. Families who felt anxious about school found that the exposure they gained through attending the CFLC co-located on the school site made them feel safe and more comfortable. However, concerns have also been raised in the available research regarding families who are reluctant to go into the school because they see schools as representing mainstream institutions that have excluded them or because they have had negative experiences in a school. SNAICC – National Voice for our Children has raised the need for ICFCs to be kept operationally and structurally separate from schools, even if co-located, to ensure there is still the opportunity for community control. As relationships between schools and Aboriginal and Torres Strait Islander communities are highly variable, ACCO-run early years services can play a key role in bridging that relationship and preparing children for a successful start to mainstream schooling.⁹⁸

Outreach

All ICFC models include outreach components within the operating model. Although there is no clear definition of what constitutes outreach there was strong consensus from centre leaders, consistent with other external research, that some families were especially vulnerable and living in complex social circumstances that prevented them from engaging fully in available services.⁹⁹ Outreach was described in interviews as including a range of activities: home visits, running playgroups in external locations, such as shopping centres or playgrounds, providing transport to bring children and families to the centre, and accompanying a family to an appointment or service. Some interviewees emphasised the benefit of having a local community member attend outreach activities as an enabler to engagement with the family.

Despite all ICFC models including outreach components in their operating model, interviewees discussed the challenges of conducting outreach. Interviewees described how home visits required one or two centre staff to be away from the centre from long periods of time; this affected their capacity to deliver services within the centre. Some interviewees described the cost of outreach as being prohibitive, with petrol and tolls cited as significant costs for centre budgets. Safety was also raised as a concern, especially regarding home visits. Many centres had reduced their outreach activities as a result of these challenges and saw the reduction in outreach as a major barrier to being able to engage with the most vulnerable families in the community.

Conclusion

Although each ICFC operating model is structured differently, there is broad consensus around the core components of the model being the glue, core universal service provision of early learning, health and family support, access to targeted supports where needed, and the ability to prioritise other services and supports responsive to community need. The diversity across operating models reflects the unique way in which each model has been established and how they are operationalised. Centre leadership and workforce are key enablers for centres and should be recognised and supported through remuneration, conditions and professional supports. Centres also require adequate ongoing supports to ensure they are successfully established and maintained to able to achieve the best outcomes for children and families. Access to other critical services and outreach are important components to ensure more vulnerable families can access ICFCs and the supports they need. More support is needed to ensure outreach activities continue to be part of the ICFC model.

Recommendations

1. Ensure ICFCs can provide ECEC services, including childcare, if appropriate in their community.
2. Reform the allied health system to ensure a systemic way for ICFCs to provide access to allied health for children and families.
3. Provide support for centre leaders and the ICFC workforce, including competitive remuneration, working conditions, practice frameworks and other necessary supports, such as clinical supervision, to ensure they can thrive in the role.
4. Provide support to further enhance outreach within the ICFC operating model to ensure centres are reaching the most vulnerable members of the community.

Authorising environment

ICFCs need to be embedded and supported by government policy, including through high level strategies that are translated into clear programs or funding. Government leadership is important in supporting a culture of continuous improvement within centres and ensuring a culture of integration. ICFCs face challenges as they try to deliver an integrated service offering while navigating siloed, complex government funding and policy

arrangements. ICFCs require substantial time and resourcing during the establishment phase. Co-design with community is essential to ensure services are best able to meet the needs of parents and children.

Key findings

- The lack of collaboration or partnership between federal and state governments and between state government departments is a significant barrier to ICFCs being able to provide an expansive package of early years services and programs to meet their mission for children and families.
- ICFCs have to be embedded in government policies and strategies that are translated into clear programs and funding, and evaluated.
- Siloed service responsibilities between federal and state governments makes it challenging for state managed ICFC models to provide CCS funded services.
- State ICFC models are run by a single government department, which makes integration at government level challenging.
- ICFCs attempt to provide integrated services while navigating siloed government structures and processes.
- Establishment processes take time and need to be well supported by funders.
- Co-design is a critical component but not currently well incorporated into any model.
- Funders have an important role to play in establishing quality improvement processes and building a culture around continuous improvement.

Government policy

The extent to which the goals of ICFCs are supported and enabled by government policy is an important enabler. High level strategies that are translated into clear programs or funding and evaluated, are especially important. The Tasmanian CFLCs are identified as a key initiative in the current Tasmanian Child and Youth Wellbeing Strategy;¹⁰⁰ they have been consistently funded since the first centre opened in 2011. Likewise, Queensland EYPs are identified as a key initiative in their current Early Years Plan.¹⁰¹

Brighter Beginnings, the NSW Government initiative providing funding to the NSW ACFCs, is a core component of the NSW Government's Early Years Commitment.¹⁰² There is also representation from ACFCs on the NSW Aboriginal Early Childhood Education Advisory Group, which contributed to the development of the Aboriginal Children's Early Childhood Education Strategy.¹⁰³ The vision of the Strategy is that "all Aboriginal children in NSW can access quality early childhood education (ECE) and are supported to embrace their culture and identity for a strong start to lifelong learning".¹⁰⁴

Aboriginal and Torres Strait Islander integrated early years centres are an important component of Closing the Gap targets and priority reforms, but there is no funding tied to these targets. Aboriginal and Torres Strait Islander integrated early years centres contribute to the Closing the Gap target to increase the proportion of Aboriginal and Torres Strait Islander children enrolled in 4-year-old early childhood education to 95% by 2025 and to increase the proportion of Aboriginal and Torres Strait Islander children assessed as developmentally

on track in all five domains of the AEDC to 55%.¹⁰⁵ The centres are also important in reducing the rate of over representation of Aboriginal and Torres Strait Islander children in the child protection system. Further, the National Agreement on Closing the Gap includes building the community-controlled sector as a priority reform.¹⁰⁶ The accompanying Sector Strengthening Plan presents an opportunity to improve the support the sustainability of these centres.¹⁰⁷

For many Aboriginal and Torres Strait Islander integrated early years centres, there is a significant gap between their inclusion in government policies and reforms, and the translation of this into programs and funding. This serves as a barrier to Aboriginal and Torres Strait Islander integrated early years centres being adequately supported through funding or government leadership.

Government leadership

The lack of collaboration or partnership between federal and state governments, and between state government departments is a significant barrier to ICFCs being able to provide an expansive package of early years services and programs to meet their mission for children and families. Integration of ICFCs is still very much focused on the service level, sometimes regional, but not within the higher structures of state or federal governments. Rather than having unified funding and operational structures feeding into the centres, decisions around service priorities are influenced by government priorities. For example, despite the EYP model including MCH and allied health as a key element of the model, the lack of integration between Queensland Department of Education and Queensland Health mean each centre needs to negotiate a partnership with a health provider, leaving some EYPs without any access to MCH or allied health supports. Also, the lack of integration between state and federal governments seems to be a barrier to centres attempting to deliver federally funded programs, in particular child care. Jay Weatherill, former Premier of South Australia, described being unable to include child care in the South Australian Children's Centres his government established because they didn't have a partnership with the Commonwealth.¹⁰⁸

“*At a macro policy level there needs to be intergovernmental agreements between the Commonwealth and State/Territory governments to better enable ECEC and state funded and/or regulated preschool to be in the same building, and/or by the same service, including state government services such as public schools. They should address funding, regulation, and delivery. Without these agreements, integrating ECEC and preschool is going to be hard.*”

– David Ansell, Thrive by Five

System stewardship is an approach to governance that attempts to unify participants within a system around a shared vision. The Front Project has examined the potential of a system stewardship approach to steer the ECEC system towards high quality, long-term outcomes.¹⁰⁹ The approach asserts that all participants in a system are jointly responsible for the health of the system and governments would need to relinquish power to enable power and autonomy in others. The approach also provides an opportunity to reimagine the ECEC system with children and families at the centre. In the context of ICFCs, system stewardship would support a shift in government leadership that supports collaboration, integration and ensuring the needs of children and families are the central focus of service design and delivery.

Improved government leadership and collaboration would ensure clear decision-making processes and responsibility for outcomes across a model. Programs and services offered through ICFCs can contribute to many outcomes, including early learning, health, early intervention and community building. Ensuring the involvement of multiple government stakeholders, including various government departments across state government, in developing measurement frameworks would help to support ICFCs in identifying and achieving the full breadth of possible outcomes. This would also help ensure more levers are available to decision makers to improve quality or adjust service offerings based on community need.

Governance and high-level authorising structures impact the extent to which ICFCs act as a hub of independent services rather than a single platform that provides something that is greater than the sum of its parts. ICFCs are often asked to provide an integrated service while navigating siloed government structures and processes. This is especially the case for many of the Aboriginal and Torres Strait Islander integrated early years centres that are attempting to pull together siloed, often disparate programs and services to create an integrated offering. This undermines the effectiveness of centres because it diverts the attention of centre leadership away from service delivery to navigating this complex landscape and limits possible service offerings. It also means that there are no clear government-wide processes or structures supporting centres to achieve success.

Similarly, there are considerations around whether an ICFC can ever be truly integrated when a single government department oversees the model. All state-run models, except ACT, are led by the relevant education department (the ACT model is led by the Community Services Directorate). Other components, such as MCH, are then brought into the model through partnerships with the relevant health department. Concerns were raised across a number of interviews about the extent to which a health and education hub can truly integrate when one department leads policy development, funding and decision-making processes. It is unclear what structures would be needed to ensure a more holistic authorising structure where multiple departments are invested in ensuring centres are delivering the best outcomes for communities. The Victorian government Interdepartmental Committee (IDC) that oversees Our Place could provide a useful case study.

Our Place Philanthropic Alliance

The Our Place approach demonstrates the potential for beneficial governance arrangement through philanthropic supporters. Key philanthropic partners have signed the Our Place Philanthropic Alliance, which enables these organisations to work together in a collaborative, long-term relationship on issues beyond those at a site level. The Our Place Philanthropic Alliance is an example of how funders, specifically philanthropy, can leverage their contributions by working collaboratively to support the strategic objectives of a project. A key challenge for ICFCs is attempting to provide integrated services on the ground while navigating a siloed authorising environment. The Alliance is attempting to both overcome some of those siloes and provide expertise and support to Our Place.

Establishment processes

There was strong consensus from interviewees that establishment processes take time and should be well supported. Strong governance arrangements should include the necessary supports and resources to ensure each centre is set up to succeed. Our Place shared that establishing a new site is a two-year process of networking, building relationships and working with the community before even developing an implementation plan for the site.

Establishment processes need to include engagement with service providers and stakeholders as well as the community. Co-design with local communities is important to build community ownership and trust, an ensure responsiveness to community need, as well as in some situations avoid risk that it is viewed as a collection of government initiatives. Research has found that engaging parents in co-design and co-production processes ensures that their needs can be better met by the services. This was found to be especially true for families with the most disadvantaged and marginalised background.¹¹⁰ Interviews with centre leaders did not identify co-design as a central feature of any of the models. More work is needed to consider how co-design processes can be better used by service providers to ensure ICFCs are developed in a way that best meets the needs of the community.

Staff and services also need time to be trained in new, integrated ways of working that may be a significant shift to how they previously operated. Centre leaders need adequate training and support to ensure they can successfully lead the organisation. An important observation from a sector leader working with Aboriginal and Torres Strait Islander early years centres is the lack of business or operational support that was provided to centre leaders at inception. This undermines centre leaders and acts as a barrier to centres being able to run an effective centre and achieve the best outcomes for families.

Quality improvement processes

Centre leaders from Tasmanian CFLCs and Queensland EYPs felt supported by government as the funding body. Both models have a strong culture of continuous improvement and centres are being challenged to consider how they can improve their outcomes. Both Queensland's Department of Education and Tasmania's Department of Education, Children and Young People (DECYP) have recently developed quality improvement tools to support centres.

DECYP has undergone a process of service and stakeholder engagement to develop its quality improvement tool to support CFLCs to reflect upon and improve their practices. The tool identifies the key elements that are regarded as producing quality outcomes for children and families. It provides guidance to centres on these elements, and helps them to identify their own practices and how these could be improved.

The CFLC quality improvement tool focuses on five key domains that were developed in consultation with families, centre leaders and DECYP staff. These five key domains are early learning, family engagement, integrated services, CFLC leadership and staffing, and CFLC enablers (which includes flexible funding and reporting, collaborative improvement planning, meaningful data and supporting school improvement leaders in their understanding of CFLCs). The tool can be adjusted to suit the needs of the individual centre and

community and is intended to be used broadly as needed, including to support individual team members, to support CFLC team planning, and to support broader team planning with other service providers in the CFLC .

Conclusion

Authorising environments under which ICFCs are established and delivered can support an ICFC to deliver a more fully integrated service that is responsive to the needs of community. Enabling structures can promote quality improvement practices, support integrated ways of working and contribute to the strategic direction of an ICFC. However, the lack of evaluation and evidence around ICFCs in Australia makes it difficult to conclude which overarching structures have the most impact on ensuring ICFCs achieve the best outcomes for children and families. There is a role for governments and funders to consider how funding, provision of diverse multiple services, quality relational practice and operating processes could be better supported and enabled by strong integration and frameworks that centres are supported to adopt.

Recommendations

1. Introduce a system stewardship approach to support a shift in government leadership that supports collaboration, integration and ensuring the needs of children and families are the central focus of service design and delivery.

Quality and outcomes

Key findings

- High quality services are essential to outcomes, but there is currently no consistent measure of quality for services outside the ECEC-focused NQF.
- Centres face many challenges around data collection. Improved data capture would support centres to understand usage patterns, better target supports and measure outcomes.
- Measuring and attributing success to individual components of their model is a challenge for all ICFCs.
- The development of a national outcomes framework would help identify and measure the effectiveness of ICFCs, and ensure they are focused on achieving a broad range of outcomes for children and families.

ICFCs are beneficial for all children and families, but prioritised for children and families experiencing disadvantage. Yet there is not a clear understanding around who currently uses ICFCs, who else would benefit from using an ICFC, and what outcomes ICFCs are able to achieve for children and families. Centre leaders felt that they were not collecting adequate data and did not always know how to use data that they did have.

Improved data capture and support would help to better understand current usage patterns, enabling centres to know exactly who is accessing the service and how much focus and support is needed to reach other families. It would also support in identifying and measuring outcomes across ICFCs and identifying which locations would be best supported by an ICFC in the future.

Data and evaluation

Collecting and analysing meaningful data is a significant barrier for ICFCs and impacts on their ability to be able to measure outcomes and refine service delivery for ongoing improvement and outcomes for children and families. Interviews identified a number of reasons for this, including:

- The informal, drop in nature of ICFCs means many families are not enrolled in a formal service or only attend the centre on an ad-hoc basis.
- Families attending centres may feel nervous or distrusting of attempts by centres to collect data about them.
- The impact of ICFCs tends to be cumulative and long term, making it difficult to measure change as a result of a single program.
- Issues around Aboriginal data sovereignty can affect if and how data concerning Aboriginal and Torres Strait Islander children and communities is collected.

A challenge for all ICFCs is attempting to measure and attribute success to individual components of an integrated model. As described in an analysis of CFLCs, “approaches that address wicked problems cannot be modelled, resourced, or evaluated on a simple input-process-output basis”.¹¹¹ Both formal and informal activities enable outcomes for children and families and being able to separate out the successful components is problematic. This is an ongoing challenge for many programs and services attempting to support families experiencing disadvantage.

Further, ICFCs rarely receive funding for evaluation: many are not funded or supported to undertake data collection and analysis. Structural barriers around data sharing prevent ICFCs from being able to access data from other government departments, such as health, and prevent data sharing between state and federal agencies.

Findings from the Tassie Kids study highlight the importance of data that can track a child’s service usage from birth to school. It is also linked to child outcomes in order for governments understand how services are being utilised, address inequalities and ultimately improve outcomes for children. The study also recommends greater developmental monitoring in the early years, recognising that by the time children start school more than one-fifth are identified as developmentally vulnerable. ICFCs could play an important role in this data collection.¹¹²

It is important that future funding of ICFCs considers how data can be better used to improve service delivery. This includes better assessments of quality and quality improvement, and collecting data that enables services to measure their impact and evolve in response.

Quality

Research shows that high quality ECEC programs can significantly reduce both the levels of developmental vulnerability and the gap between children experiencing disadvantage and other children that is evident at school entry.¹¹³ Extensive research has shown that children from socially disadvantaged backgrounds are the most likely to benefit from exposure to ECEC.¹¹⁴ However, the positive effects of early childhood education programs are contingent upon, and proportionate to, their quality.¹¹⁵

There is currently no formal way to assess the quality of ICFCs. For centres that include long day care or preschool, these services will be assessed under the National Quality Framework (NQF). However, the NQF rating is only applicable to the formal ECEC services and does not consider any other elements of an ICFC. It is essential that tools are developed to support ICFCs and their broader authorising environments to identify and provide high-quality services and supports. These include quality frameworks at a centre level, as well as a nationally consistent quality framework. An understanding as to what quality looks like in an ICFC and clarity around outcomes is needed as a first step.

At a centre level, alternative quality frameworks should be explored, such as the Sustained Shared Thinking and Emotional Wellbeing Scale that is used by Goodstart Early Learning. Both the Tasmanian Government and Queensland Government are currently implementing quality improvement frameworks that have been developed specifically for their ICFCs. To support both individual service quality and the processes that enable integrated practice and holistic service delivery, it is important that quality frameworks apply to everyone working at an ICFC, including child and health nurses and other health supports.

Quality assurance around processes was also raised during interviews. This refers to processes that enable ICFCs to achieve their goals, such as co-design, community engagement and ways of working within centres.

Outcomes

ICFC models identify a variety of outcomes that they are trying to achieve, including outcomes focused on early learning, school readiness, early identification of need, engagement with targeted supports, child and maternal health, social connection, child safety and community building. It is necessary for each ICFC model to develop its own outcomes framework to support ICFCs identify and work towards specific outcomes. Queensland, for example, is currently undertaking a co-design process with all EYPs to develop an outcomes framework to move all services to a more consistent model.

A consistent, national outcomes framework is also recommended to help identify and measure the effectiveness of ICFCs. It is also recommended to ensure ICFCs are focused on achieving a broad range of outcomes for children and families, recognising their capacity to improve holistic life-long health, development and wellbeing for children, their families, and the communities in which they live. This must include a recognition that some ICFCs are more focused on early learning and development outcomes, whereas others, such as the NSW ACFCs, are focused on early intervention and link outcomes to Closing the Gap targets.

Discussions to create a national outcomes framework for ICFCs need to consider the role of ICFCs in ensuring children can access high quality ECEC services at a sufficient dosage. Research is clear that children experiencing disadvantage and vulnerability benefit from attending high quality ECEC services.¹¹⁶ Many ICFCs

do not include ECEC services, meaning many children only experience a relatively low dosage of support from ICFCs depending on how often their parents attend the centre.

Conclusion

The complex range of services and supports offered by ICFCs makes it difficult to measure and analyse outcomes. However, without this data and analysis, ICFCs are unable to properly understand who is and is not accessing the centres, whether their practises and supports are of a sufficient quality, and what outcomes they are able to achieve for these children and families. As is already happening in a number of models, consistent outcomes framework, quality improvement tools and data collection mechanisms are needed to support centres. Funding for evaluation is also needed so that centres are able to learn and improve their practises, and relevant staff is supported in data collection and analysis. A national approach to data and outcomes could also support in ensuring efforts to scale ICFCs are targeting the communities that would most benefit from the model.

Key recommendations

1. Fund evaluation and build the capacity of ICFCs to collect and analyse appropriate data in order to evaluate their service, measure their impact and use learnings to evolve service delivery.

Unique strengths and challenges

Importance of culture for Aboriginal and Torres Strait Islander integrated early years centres

A key finding from the current research is the significant value placed on culture and inclusion by Aboriginal and Torres Strait Integrated early years centres. This strengths-based approach supports a community connected by cultural pride and safety rather than perceived problems. This appears to be a crucial enabler for the success of these centres, creating not just a non-judgemental and welcoming environment, but a positive reason to engage. Research shows that “ensuring all our children have access to culturally safe quality early learning gives them the best chance to transition to school as ready and confident learners, proud of who they are”.¹¹⁷ Some centres have up to 100% of children attending identifying as Aboriginal and Torres Strait Islander,¹¹⁸ demonstrating the importance of culture and pride as a core reason for families to attend Aboriginal and Torres Strait Integrated early years centres.

Interviews with centre leaders identified the importance of this strengths-based approach in building a strong, dedicated local workforce. The centres employ local Aboriginal and Torres Strait Islander people, which has been identified as a key factor critical to addressing the cultural access barriers faced by Aboriginal and Torres Strait Islander children and families.¹¹⁹ Further, nearly 75% of Aboriginal and Torres Strait integrated early years centres are Aboriginal Community Controlled Organisations (ACCOs). Local ownership of programs improves service access and participation, improving outcomes for children and the community.¹²⁰

Aboriginal and Torres Strait Islander integrated early years centres are unique among ICFCs in promoting culture and pride as core enablers for service outcomes. Their dedication to the local community and the value placed on local knowledge was a strong narrative that came through in interviews with centre leaders.

A unique funding stream is needed to support Aboriginal and Torres Strait Islander integrated early years centres. This would protect the identity and mission of the centres and ensure they are not having to compete with mainstream centres.

“ *It won't necessarily cost more but it will mean more access for Aboriginal children. The funding needs to go through ACCOs and it needs to be different to mainstream childcare funding. ACCOs need access to a bucket of funding for childcare that is not focused on the deficits of the child and family [as ACCS currently is]. The government tried CCS and it didn't work. Do something different. Change the way you fund it. Don't welfare-ise it. We need access that looks after us as families to be the best we can be.*”

– Lisa Thorpe, Bubup Wilam Aboriginal Child and Family Centre

Regional and remote ICFCs

The ICFC model incorporates place as a key strength. It is intended as a place within a local community that families with young children can go to meet and connect with others and access a range of services.¹²¹ Ideally, it should be walkable for families, or accessible by public transport. The integrated nature of the model also requires strong networks and access to a range of other services that families may need such as mental health services, financial support or housing services. Despite this, current ICFCs are often servicing large geographic areas, often in populations that don't have access to private transport.

ICFCs in regional and remote communities have identified the dispersed nature of the population and large geographic areas as barriers to being able to support some children and families. Regional and remote communities often lack reliable public transport, which means families without access to a car are simply unable to get to the centre. One regional Tasmanian CFLC leader described servicing a community where a high proportion of people are unlicensed. Where a family does have access to a vehicle, the father typically takes it to work leaving mothers at home with the children without access to a vehicle. Although some ICFCs may provide transport, in remote areas this was felt to not be feasible due to the time and expense needed to cover such large distances. Centres try to run outreach activities outside of the main centre, but this also requires additional, dedicated funding and time. One EYP in Queensland described servicing communities that were spread over various islands. There were significant ferry charges to reach each island, as well as the time needed to travel from one to the next.

Service availability and accessibility is generally poorer in rural and regional areas, which makes it challenging for rural and regional centres to support children and families to access the supports they need. For example, an Aboriginal and Torres Strait Islander integrated early years centre in regional NSW described substantial

wait lists for local doctors and allied health professionals, meaning they often drove families large distances to the closest city to be able to gain access more quickly. A regional Tasmanian CFLC leader described the challenge of not having local allied health professionals available to support families. Although the CFLC model includes the provision of a social worker and psychologist for one day per week, these clinicians were not locally based, which meant they were having to spend a significant portion of their allocated hours travelling to and from the centre. This reduced the amount of time they had available to support children and families there.

Rural and remote ICFCs identified strong networks as an important enabler. One Aboriginal and Torres Strait Islander integrated early years centre in regional NSW described a good working relationship with the local TAFE that enabled her to provide Certificate III and Diploma courses on site for the community to build, upskill and strengthen the local workforce. Conversely, an Aboriginal and Torres Strait Islander integrated early years centre in remote NSW described a poor relationship with their local TAFE whereby they were unable to get a trainer to provide any onsite training and the Aboriginal Liaison Officer was based in a city three hours away.

5. Conclusion

This discussion paper set out to identify the key enablers and barriers affecting the ability of Integrated Child and Family Centres (ICFCs) to deliver the best outcomes for children and families. It looked at the ICFC landscape in Australia with a specific focus on four models: Aboriginal and Torres Strait Islander integrated early years centres, Child and Family Learning Centres (CFLCs), Early Years Places (EYPs) and Our Place. These models were selected because of their diversity in funding and operating models, level of scaling, willingness to participate in the research and resource constraints.

The research was initially very focused on the structural components of each model and how these were affecting outcomes. What became evident throughout the process is the complexity of factors that affect the outcomes produced by these centres. ICFCs are enabled by individual components being able to leverage off each other to produce something that is far more than a sum of its parts. Each model is unique in its structure, and within models there is often significant diversity between centres. This makes it difficult to compare models as a whole or to identify which specific components within a model are serving as barriers or enablers. The research does, however, demonstrate the impact that is possible if centres are adequately funded, supported and led by strong centre leaders. It demonstrates the need for governments and funders to recognise and value ICFCs as a key service that can meet many of the needs of children and families experiencing disadvantage.

Recommendations:

1. Create a national approach to ICFCs that includes a broad definition with core components, a national quality framework and a professional learning system. Staff capability building around integrated practice is important to include, recognising ICFCs require a very different way of working.
2. Facilitate a process for the federal, state and territory governments and sector leaders to consider and develop a national plan for recognition, support and growth of the ICFC sector.

A key finding from this research is the importance of their role as a safe place that families can come with their children. This is enabled by having centres open to families outside of formal service provision and ensuring staff are using culturally safe, child-centred and relational practices and have un-rostered time to be able to sit with clients, talk about issues and engage in casual interactions. This requires outstanding centre leadership that can build and lead a multidisciplinary team to work collaboratively to meet the needs of children and families. Centre leaders are also crucial to enabling integration across a centre, and have the

capacity to innovate and drive the model in response to community need. In terms of progressing the ICFC model and ensuring high quality services and supports for children and families, it is essential for decision makers influencing the authorising environment to consider how they can best support centre leadership, who are in turn able to support their workforce and the children and families attending the centre.

The research also identified the integration/glue function as a key driver of outcomes. This function is what differentiates ICFCs from early years services delivered in standalone settings and contributes to ICFCs being able to deliver more than the sum of their parts. Rather than ICFCs being a location with a range of co-located services, the integration function helps to ensure these services are working holistically to support a child. It also ensures that children and families can access services and supports beyond those offered by the ICFC through effective networks and referrals. An effective funding model for ICFCs must recognise and value the importance of the integration function.

The discussion paper has focused on the core components of ICFCs that are consistent across the models. As detailed earlier, these include early learning programs, MCH, family supports, allied health and the 'glue'. Each centre offers a different mix of programs and supports for each core component. Quality is an important issue that must to be measured in a consistent way to support centres to improve their processes to drive outcomes. In terms of core components of the model, availability of ECEC is one of the most notable differences across ICFCs. Some centres offer child care and preschool onsite whereas others may only provide information to parents about available ECEC services in the area. Evidence supports at least 15 hours of high-quality ECEC per week, and children experiencing vulnerability may benefit from even more.¹²² Although the funding mechanism and structural requirements to provide child care and preschool are often cited as barriers to service provision, any future expansion of existing or new ICFCs should include ECEC as a core component.

ICFCs have made a significant contribution to individual families, children and communities in Australia over the past 20 or 30 years, and with adequate funding and support, could have far more impact for the young children and families across Australia experiencing disadvantage today. The findings from this paper demonstrate the opportunity that currently exists to both recognise and improve the outcomes of current ICFCs and to explore pathways to scale to ensure more children and families can benefit from these centres. The recommendations included below provide guidance around how that could be progressed. It is hoped that this research can be an input to better understanding ICFCs and the principles for scale, including their effective inclusion in national and state early childhood policy frameworks as a key support for children experiencing disadvantage and their families.

Key recommendations

1. Create a national approach to ICFCs that includes a broad definition with core components, a national quality framework and a professional learning system. Staff capability building around integrated practice is important to include, recognising ICFCs require a very different way of working.
2. Design and operationalise a funding model specifically for ICFCs that ensures ICFCs are child and family centred, responsive to community need, sustainable and supported to deliver on their role as an integrated service and social hub. This should explore options for pooled, holistic funding.
3. Design a unique funding stream for Aboriginal and Torres Strait Islander integrated early years centres that privileges ACCOs for Aboriginal and Torres Strait Islander children and recognises and supports their vision, operations and structures.
4. Ensure ICFCs can provide ECEC services, including child care, if appropriate in their community.
5. Reform the allied health system to ensure a systemic way for ICFCs to provide access to allied health for children and families.
6. Provide support for centre leaders and the ICFC workforce, including competitive remuneration, working conditions, practice frameworks and other necessary supports – such as clinical supervision – to ensure they can thrive in the role.
7. Provide support to further enhance outreach within the ICFC operating model to ensure centres are reaching the most vulnerable members of the community.
8. Introduce a system stewardship approach to support a shift in government leadership that supports collaboration, integration and ensuring the needs of children and families are the central focus of service design and delivery.
9. Fund evaluation and build the capacity of ICFCs to collect and analyse appropriate data in order to evaluate their service, measure their impact and use learnings to evolve service delivery.
10. Facilitate a process for the federal, state and territory governments and sector leaders to consider and develop a national plan for recognition, support and growth of the ICFC sector.

Endnotes

Executive summary

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