Evaluation of NSW Aboriginal Child and Family Centres

Final Report

December 2014

circa

"It's about the kids for me. It's about the babies, making them grow up to be strong and deadly and wise little people, and letting them have the freedom to grow in their own time and space. And to be clever little blackfellas as we say."

"They all want to come out here, it's got a good family feel, the kids walk in like they own the place and stick around way past finish time; it's got the culture, people feel welcomed."

"It will be rewarding to see it all grow and succeed ... It will be one of the best places in the district. I see kids everywhere, running in and out, families coming up, grannies down the hallway, talking to people, people using computers, community events ... I can see it continuing. Indigenous and non-Indigenous ... we are part of the community."

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Aboriginal and Torres Strait Islander children are the most vulnerable group of children in Australia and disparities with non-Aboriginal children in some outcomes have widened in recent years. To reduce the gap, the National Partnership Agreement Indigenous Early Childhood Development (NPA IECD), recognised a shared commitment between the Commonwealth and the states and territories to address the needs of Indigenous children in their early years.

The NPA IECD funded 38 Aboriginal Children and Family Centres (ACFC) nationally to provide early learning, child care and family support services for Aboriginal children aged 0-8 years and their families. Federal funding for the initiative ceased in June 2014 and as at September 2014 ongoing alternative funding had not been secured.

The NSW ACFC program

The NSW ACFCs are funded to provide an integrated, tailored and culturally-appropriate mix of services. Services are provided in purpose-built premises where early childhood and family support is co-located. The nine Centre locations in NSW are Ballina, Brewarrina, Doonside, Gunnedah, Lightning Ridge, Minto, Mt Druitt, Nowra and Toronto. Seven of the nine ACFCs are operating licensed child care.

Overall state-wide project coordination and management of the ACFC program was provided centrally by the Department of Family and Community Services, Community Services (FACS). Local governance structures existed for each ACFC, with the aim of transitioning to Aboriginal Community Control by June 2014.

Evaluation approach

This process and outcomes evaluation was conducted to assess how effective the implementation of the program has been and how effective the ACFCs have been in improving outcomes for Aboriginal children, their families and communities. A participatory action research approach was adopted for the evaluation. This facilitated a process of cyclical feedback and reflection. The evaluation is comprised of the following qualitative data collection between October 2012 and September 2014.

Table 1: Qualitative data collection

Qualitative data collection (October 2012 - September 2014)			
Interview type	Face-to-face	Telephone	Total
Individual in-depth interviews	73	56	130*
Paired in-depth interviews	6	1	7
Mini groups (3 or more participants)	8	0	8
Focus groups (6 or more participants)	4	0	4
Total interviews	**91**	**57**	**149***

* Total also includes one written response

In total qualitative interviews were undertaken with 183 people as part of this evaluation, including 78 service users, 71 staff (management, staff, LRG and Board members), 22 service partners and 12 FACS staff.

Key achievements of the ACFC program

In each of the nine Centres local governance structures were established; ongoing community engagement was facilitated; nine purpose-built premises were completed with Centres playing a lead role in the design, Development Application (DA) process and construction; a workforce comprising 80% Aboriginal staff was recruited (115 people in total); strategies were developed to manage a rapidly growing workforce and develop training programs; interim services were delivered; more than 160 service partnerships were planned and developed; promotion activities and community events were implemented; and licensed Early Childhood Centres were established to provide 302 early childcare places.

The first purpose-built ACFC opened in May 2013, with both early learning and family support operating from this Centre soon after, and the remaining eight Centres were open from early 2014 through to June 2014 (all except one ACFC was open in early 2014). Seven of the nine Centres operate licensed child care services[1].

The NSW ACFCs have achieved positive outcomes relating to the NPA IECD Indicators. Specifically, the proportion of Aboriginal and Torres Strait Islander children attending the ACFCs who have had all age-appropriate health checks increased from 81% to 95%, and the proportion of Aboriginal and Torres Strait Islander children attending the ACFCs who were fully immunised increased from 92% to 99%.

The long term aims of the NPA IECD were to: increase the proportion of Aboriginal and Torres Strait Islander three and four years old participating in quality early childhood education and development and child care services; increase the proportion of Aboriginal and Torres Strait Islander children and families accessing a range of services, including but not limited to child care, early learning, child and maternal health and parent and family support services; and increase the proportion of Aboriginal and Torres Strait Islander children attending the ACFCs who go on to attend school regularly.

The census conducted during May 2014 found that in a one week period alone there were 471 children who attended the ACFCs, and this occurred through 1,096 attendances. It is estimated that on average 78% of children attending child care had not accessed this service previously. While it is too early to assess long term outcomes, the success of the Centres in reaching 'hard-to-reach' Aboriginal families highlights the potential of the Centres to continue to positively impact Aboriginal children and families into the future.

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[1] The ACFCs in Lightning Ridge and Brewarrina are exploring in-venue family day care models as they are not able to provide child care because they cannot access the Community Support Programme (CSP) from the Department of Education for remote child care providers.

Key facilitators of the ACFC program

Culturally-specific and integrated service delivery

Culturally-specific, purpose-built premises and co-location of early childhood and family support has enabled integrated and coordinated care for Aboriginal children and their families, with effective referral systems operating between the two areas. Successful partnerships with a range of service providers through service integration has enabled the Centres to meet a broad range of needs for Aboriginal children and families, to provide holistic and coordinated care, and increase cultural capacity among mainstream providers.

Community involvement

Community engagement and involvement has been a key strength of the project which has facilitated a sense of community ownership and enabled services to meet community needs. Community involvement was achieved through a variety of approaches, including Local Reference Groups, Advisory Groups, Community Governing Boards, employment of local Aboriginal staff, participation of service users in service planning, and community-wide engagement.

The Centres are in an ideal position to continue to build on these relationships with families, communities and local services to further enhance outcomes for Aboriginal children and families.

Aboriginal workforce development

The success of the workforce strategy to attract, train and retain Aboriginal workers (with Aboriginal people employed in 80% of roles) was a key achievement, and an important facilitator for effective engagement between the Centres and the community. Significant effort has gone toward achieving this outcome and overcoming key challenges relating to recruiting, training and supporting a local Aboriginal workforce with requisite skills and experience.

There has been considerable personal investment and commitment by Aboriginal people in key roles to support the establishment of the Centres.

Governance and management

Strong Aboriginal leadership through Centre Managers, Local Reference Groups and Senior Regional Strategy Officers (SRSOs) has enabled culturally appropriate service delivery, community ownership and pride, and increased capacity for Aboriginal leadership in the family support and early childhood sector.

Aboriginal community control has been a key goal. While this has been achieved in six of the nine Centres (four of the organisations contracted to manage the Centres are Aboriginal Community Controlled Organisations), adequate focus and resources are required to further enhance the development and consolidation of community-driven governance and management models.

The key challenges for organisations that were not Aboriginal community controlled have been the limited timeframe for transition to community control, funding insecurity, and navigating the processes required for registering new organisations and drafting a constitution.

Administration

The appointment of Aboriginal SRSOs was a key strength of the Department's approach to supporting the establishment of the Centres. Support from a central team within FACS with oversight across all Centres was also important. The Centres are now the responsibility of the relevant districts, and this has resulted in some loss of corporate knowledge and continuity.

Sustaining and building on outcomes

The evaluation evidence on outcomes and processes provide strong support for the continuation and on-going support of the ACFCs. Model integrity is an important factor in the ACFCs' capacity to achieve and sustain outcomes. It is important to acknowledge that the ACFC model is not a mainstream model, but developed specifically to provide accessible and culturally appropriate early childhood services to Aboriginal children and families. The uncertain future of the ACFCs is a significant concern, as is the potential for the Centres to secure sufficient core funding to enable them to continue to deliver the ACFC program as intended.

This report makes 15 high level recommendations relating to the future direction of the NSW ACFC program. These are summarised below.

Recommendations

Domain	Key recommendations
Sustaining and building on outcomes	1. Core funding is required to manage the significant risk that ACFCs will not sustain outcomes or continue to provide integrated service delivery and culturally-appropriate early childhood services
	2. Economic modelling is required by Centres to further understand recurrent funding needs according to the Centre size, services provided, demographics and other variables
	3. An analysis of social return on investment should be undertaken
Model integrity	4. The model of service integration, co-location of early childhood and family support, community involvement, and employment and capacity building of Aboriginal staff should be maintained
Service integration	5. Dedicated staff resources are required to facilitate and support service integration, through facilitating referrals, identifying needs, building the capacity of other services, engaging services and building future opportunities and relationships
Community involvement	6. Continue to build on the sense of community ownership by providing multiple options for community input to ensure services are responsive to community needs
	7. The ACFCs should facilitate input from service users into program design
	8. Dedicated staff resources are required for community engagement and soft-

	entry activities
Aboriginal employment, recruitment and retention	9. Mechanisms are required to support Aboriginal management and leadership, particularly in negotiating the changing roles and responsibilities as the Centres move through various establishment and operational phases
	10. Continue the focus on training, up-skilling and professional development to support Aboriginal staff
	11. The ACFCs should explore opportunities for the Centres to be utilised as a best practice learning facilities for traineeships and apprenticeships in early learning
Governance and management	12. Ongoing mechanisms should be implemented by the Department to support Centre Managers given the breadth of their roles and responsibilities, particularly in relation to information sharing and networking between the ACFCs
	13. Continue Departmental commitment to Aboriginal Community Control for the Centres and implement strategies to support the transition to Aboriginal Community Control
	14. Ongoing mechanisms need to be in place to support good governance and build capacity, for example, support in drafting the constitution for incorporation, board recruitment, mentoring and governance training
	15. Ongoing community advisory mechanisms specifically for the ACFCs should be implemented to continue the role previously undertaken by Local Reference Groups
Administration	16. Continue involvement of Aboriginal leadership within the Department centrally to support the ACFCs into the future
	17. Consider a role within Central Office that supports a more consistent approach across the districts and builds corporate knowledge about the ACFCs
	18. Ongoing monitoring systems should continue to be refined in collaboration with the Centres, ensuring that mechanisms are in place to capture narrative stories of change as well as quantitative program monitoring data.

Terminology and acronyms

Throughout this report, the term Aboriginal is used for consistency with NSW Government convention, although it is acknowledged that communities in NSW include both Aboriginal and/or Torres Strait Islander peoples.

Aboriginal Child and Family Centres are referred to by their location or alternatively by the Centre name. A list of ACFCs by their location and Centre names is provided in Table 1 at section 1.1.4.

ACCO	Aboriginal Community Controlled Organisation
ACFC	Aboriginal Child and Family Centre
Centre	Aboriginal Child and Family Centre
COAG	Council of Australian Governments
FACS	NSW Department of Family and Community Services
Integrated Service Delivery	Integrated Service Delivery aims to facilitate easy pathways to services including early childhood education and care, parenting and family support and child and maternal health services.
Local Reference Group (LRG)	LRGs were the key mechanisms for community involvement in each ACFC. LRG membership included both Aboriginal and non-Aboriginal members.
LRG	Local Reference Group
MEF	Monitoring and Evaluation Framework
NPA IECD	National Partnership Agreement on Indigenous Early Childhood Development
Service integration	Service integration aims to facilitate easy pathways to services including early childhood education and care, parenting and family support and child and maternal health services.
SRSO	Senior Regional Strategies Officer

Part A: Background

1   Introduction

1.1 The Aboriginal Child and Family Centres in NSW

1.1.1 Policy background

The realities of the inequities experienced by Aboriginal and/or Torres Strait Islander peoples in Australia has been well documented, and persists despite a range of targeted government and community driven initiatives. In 2005, the Aboriginal and Torres Strait Islander Social Justice Commissioner Tom Calma released the *Social Justice Report 2005* (HREOC 2005). This report called for the governments of Australia to commit to achieving equality for Aboriginal and Torres Strait Islander people in the areas of health and life expectancy within 25 years.

Following the establishment of the National Indigenous Health Equality Campaign (which ran a public awareness program under the title Close the Gap), on 20 December 2007, COAG committed to closing the gap in life expectancy between Aboriginal and Torres Strait Islander and non-Indigenous Australians. Importantly, COAG agreed to be accountable for reaching this goal within a specified timeframe. The strategy has become known as 'Closing the Gap'.

In November 2008, COAG agreed to the 'National Indigenous Reform Agreement'. This reform provides a comprehensive overview of the steps being taken to achieve the Closing the Gap targets, including the relevant objectives, outcomes, outputs, performance measures, and benchmarks in the various national partnership agreements (COAG 2011). In total, COAG has committed $4.6 billion towards Closing the Gap, directed to projects in health, housing, early childhood development, economic participation, and remote service delivery (Australian Government 2009).

Aboriginal and Torres Strait Islander children are the most vulnerable group of children in Australia and disparities with non-Aboriginal children in some outcomes have widened in recent years. To reduce the gap, COAG has set targets to:

◖ Halve the gap in mortality rates for Indigenous children under five within a decade

◖ Halve the gap for Indigenous students in reading, writing and numeracy within a decade

◖ Ensure all Indigenous four years olds in remote communities have access to early childhood education within five years, including in remote areas.

In the area of Indigenous Early Childhood Development, COAG agreed in principle to a National Partnership Agreement with joint funding of around $547.2 million over six years to address the needs of Aboriginal and Torres Strait Islander children in their early years. This funding builds on $16.8 million committed over five years for the Indigenous Child Care Hubs, which takes the total amount of funding under the Agreement to $564 million over six years.

In entering the National Partnership Agreement on Indigenous Early Childhood Development (NPA IECD) on 2 July 2009, the Commonwealth and the states and territories recognised that a shared commitment to improvements in Aboriginal and Torres Strait Islander child mortality requires better access to antenatal care, teenage reproductive and sexual health services, child and maternal health services and integrated child and family services which focus on quality early learning, child care and parent and family support.

The National Partnership Agreement funded 38 Children and Family Centres nationally to provide early-learning, child care and family support services to Aboriginal and Torres Strait Islander children and families to mid 2014. Federal funding for the initiative ceased in June 2014. FACS is providing reduced funding to the Centres for the next two years using underspent residual funds from the Commonwealth. To date, ongoing alternative funding beyond this has not been secured.

The National Partnership Agreement determined that the Centres would be located in urban, regional and remote settings where there is a high level of disadvantage and a need for services. The nine locations in NSW are Ballina, Blacktown, Brewarrina, Minto, Gunnedah, Lightning Ridge, Mt Druitt, Shoalhaven and Toronto.

The Aboriginal Children and Family Centres program is being implemented differently in each state and territory. In New South Wales, as with Queensland, Western Australia and the Northern Territory, government agencies went through an open tender process for the appointment of non-government organisations to lead the establishment of the Centres in each site. In South Australia, Tasmania and the Australian Capital Territory, the implementing government departments managed each Centre.[2]

In NSW, the Department of Family and Community Services, Community Services (FACS/the Department) is the agency responsible for the Aboriginal Child and Family Centres (ACFCs), with the involvement of other government agencies such as the Department of Family and Community Services, Ageing, Disability and Home Care (ADHC) and the Department of Family and Community Services, and Housing NSW. The Department of Finance and Services, NSW Land and Housing Corporation was involved in building the Centres.

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[2] In Queensland, the ten Centres sit under the auspices of the Department of Education, Training and Employment. Similarly, in South Australia, four Centres are managed through the Department for Education and Child Development. In the Northern Territory, five Centres are overseen by the Department of Education and Children's Services. In the ACT, one Centre is managed by the Department of Community Services. In Tasmania, the Department of Education is implementing two Centres. In Western Australia, the Department of Education has oversight for five Centres. In Victoria, two Centres are being managed by the Department of Children and Early Childhood.

1.1.2 Program objectives

The ACFCs are funded to provide a dynamic mix of services including quality child care, early learning and parent and family support services, and link with existing commonwealth and state and territory services such as child and maternal health services.

The intention of the Centres are to provide integrated, tailored and culturally appropriate support for Aboriginal children aged 0-8 years and their families including parents, kinship carers, grandparents, aunts and uncles. Service integration aims to facilitate easy pathways to services including early childhood education and care, parenting and family support, and child and maternal health services. Early years studies suggest that integrated early childhood development services have long-term benefits for children as well as adults (McCain et al. 2007).

Through the Centres, families can access services that are offered at the ACFC premises itself, through outreach, mobile and home visiting programs. The range of services available and the way in which they are delivered at each Centre varies according to the needs of the community.

To enable seamless referrals and joint service planning and delivery, it was intended that the integration model extend to management and governance arrangements. There were two main governance structures that supported the establishment of the project; a statewide structure to support the overall project coordination and management across the nine Centres (including common data collection systems), and local governance structures for each ACFC. A workforce strategy to attract, train and retain Aboriginal workers and to ensure that any non-Aboriginal workers are culturally competent was also an integral component of the Centres' establishment (FACS 2011).

The Commonwealth performance indicators for the ACFCs are:

◖ Increased proportion of Aboriginal and Torres Strait Islander children attending the ACFCs who have had all age-appropriate health checks and vaccinations

◖ Increased proportion of Aboriginal and Torres Strait Islander three and four years old participating in quality early childhood education and development and child care services

◖ Increased proportion of Aboriginal and Torres Strait Islander children attending the ACFCs who go on to attend school regularly

◖ Increased proportion of Aboriginal and Torres Strait Islander children and families accessing a range of services offered at or through the ACFCs, including but not limited to childcare, early learning, child and maternal health and parent and family support services.

1.1.3 Contracted organisations

The Department underwent a competitive tender process to contract non-government organisations (NGOs) to establish the nine ACFCs in NSW.

In most cases, tenders were awarded to a consortium of organisations for each location, with one tender usually being awarded for Centre management and family support, and a separate tender being awarded for early childhood services in each Centre. The lead agency was most often responsible for the overall Centre management, new building development, and the family support and integrated services delivered from the ACFC. Most often, early childhood education specialists were contracted to deliver childcare and early learning services from the Centre. In some instances, both the Centre management and early learning components were awarded to the one organisation who demonstrated capacity in both family support services and early childhood education services.

The table below indicates the tendering arrangements in each location, and demonstrates the contracting arrangements for each Centre. Key points of difference to note include the Department holding the Centre management contract in Toronto itself after a successful tenderer was not procured. It is also worth noting that the Centre management contract was awarded to Aboriginal Community Controlled Organisations (ACCOs) for four of the Centres, and to mainstream non-government organisations for the remaining four Centres. For those Centres not managed by an ACCO, a new Aboriginal organisation with an independent board was to be established by June 2014.

Table 2: Location, name of Centre and contracted agencies

Centre name	Location	Contracted Centre Manager / family support services	Contracted early learning / child care providers	Previous consortium partners
Ballina ACFC	Ballina	Bunjum Aboriginal Coop Ltd[1]	Bunjum Aboriginal Coop Ltd[1]	-
Dhirraway Dhaarun Bawu ACFC	Brewarrina	Brewarrina Business Centre[1]	NA	-
Ngallu Wal ACFC	Doonside	Childrenfirst	Yawarra Community and Childcare Centre	Junaya Family Development Services
Winanga-Li ACFC	Gunnedah	Relationships Australia	UnitingCare Children's Services	-
Warranbaa Dhurrali ACFC	Lightning Ridge	Brewarrina Business Centre[1]	NA	-
Waranwarin ACFC	Minto	Tharawal Aboriginal Corporation[1]	UnitingCare Burnside	-
Yenu Allowah ACFC	Mt Druitt	UnitingCare Burnside - Jaanamili Unit	UnitingCare Burnside - Jaanamili Unit	Link Up Gowrie NSW
Cullunghutti ACFC	Nowra	Relationships Australia	Illawarra Area Child Care	South Coast Aboriginal Medical Service
Nikinpa ACFC	Toronto	Muloobinba Aboriginal Corporation[1]	Muloobinba Aboriginal Corporation[1]	Awabakal Co-Operative[1]

1. Contracted organisation is an Aboriginal Community Controlled Organisation

1.2 Evaluation of the NSW ACFC program

The Department contracted the Cultural & Indigenous Research Centre Australia (CIRCA) to undertake the independent evaluation of the nine ACFCs in NSW. This state level evaluation sits in parallel to the national evaluation of the NPA IECD that was conducted by Urbis on behalf of the Commonwealth Government.

The approach of the NSW evaluation was designed to be responsive to the needs and unique characteristics of each Centre and community. This was an important consideration given the diversity of the communities included in the strategy, and because the quality of the evaluation is dependent on an approach to data collection and analysis that is responsive to local contexts and factors that influence results.

The evaluation period was from the end of 2011 to September 2014. The intention was for the evaluation team to be involved with the Centres from their establishment to the conclusion of funding through the National Partnership Agreement.

The statewide evaluation includes both a process and outcome evaluation. Specifically, the main areas of focus for the evaluation are:

◖ To assess the effectiveness of the implementation process of the ACFCs across NSW

◖ To assess the outcomes of the ACFCs for Aboriginal children, families and communities

◖ To review the cost of service delivery

1.2.1 Process evaluation

The process evaluation describes how the ACFCs were implemented across NSW, including processes with relevant government agencies, non-government organisations and Aboriginal organisations. As part of the process evaluation, cultural appropriateness, governance arrangements, service activities, staff training and resources are examined. The process evaluation provides information about the strengths and limitations of the statewide rollout and how the initiative could be further improved and strengthened. The process of building the ACFCs was not assessed as part of this evaluation.

1.2.2 Outcomes evaluation

The outcomes evaluation investigates how effective the ACFCs have been in improving outcomes for Aboriginal children, their families and communities. It examines how the Centres have contributed to the indicators as part of the National Partnership Agreement.

An economic component is also included that reviews expenditure related to the initiative in NSW to determine whether what was expected to be delivered was delivered and for the amount agreed.

1.2.3 Evaluation questions

The key focus areas and evaluation questions for the evaluation are shown in the table below.

Table 3: Key evaluation questions

Process	
Community involvement	Was there appropriate community consultation and involvement?
Cultural appropriateness	Are services and service structures culturally appropriate?
Service integration	How appropriate is the integration of early childhood education with family support services? Are partnership models appropriate?
Governance structures	Are governance and management structures of the ACFCs appropriate for meeting their aims and objectives?
Staff recruitment and retention	Has recruitment and retention of suitable staff been an issue for each Centre? If so, what strategies have been put in place to address this and how effective have these been? Is there evidence of efficient use of resources across the ACFC?
Outcomes	
Outcomes for children and families	To what extent are the ACFCs meeting their aims and objectives? How much progress has been made in achieving outcomes for Aboriginal children and families in relation to the national Indicators? a) Increased proportion of Aboriginal and Torres Strait Islander children attending the ACFCs who have had all age-appropriate health checks and vaccinations b) Increased proportion of Aboriginal and Torres Strait Islander three and four year olds participating in quality early childhood education and development and child care services c) Increased proportion of Aboriginal and Torres Strait Islander children attending the ACFCs who go on to attend school regularly d) Increased proportion of Aboriginal and Torres Strait Islander children and families accessing a range of services offered at or through ACFCs, including but not limited to childcare, early learning, child and maternal health, and parent and family support services. Does the community have appropriate access to the ACFCs?
Cost	Is there evidence of efficient use of resources across the ACFC?
Sustaining and building on outcomes gained	Is there evidence for the continuation of ACFCs, their replication and ongoing support? What emerging practices are effective in contributing to the success of programs and in what contexts?

2 Methodology

2.1 Evaluation components

The evaluation was comprised of the following components between end 2011 and September 2012.

- ❰ **Local workshops:** Workshops with Local Reference Groups (LRGs), along with discussions with Centre Managers and Senior Regional Strategies Officer (SRSOs), to set local priorities for the evaluation.

- ❰ **Interviews with 78 family members:** Face-to-face qualitative in-depth and group discussions with 78 parents, carers and family members of Aboriginal children attending the Centres.

- ❰ **Interviews with 71 staff:** Qualitative in-depth interviews with 71 Centre Managers, Early Childhood Coordinators, LRG members, board members and Centre staff. Forty-six were conducted face-to-face, and 25 by telephone.

- ❰ **Interviews with 22 service partners:** Qualitative in-depth interviews with 22 service partners delivering services from the ACFCs. Six were conducted face-to-face, 15 by telephone and one provided written feedback.

- ❰ **Interviews with 12 FACS staff:** Qualitative in-depth interviews with 12 Departmental staff involved in the implementation of the initiative including SRSOs, central office staff and regional staff. Nine were conducted face-to-face and three by telephone.

- ❰ **Program data:** Review of quantitative program data collected by FACS and the Centres as part of their reporting to funders. Review of additional program and other documentation.

- ❰ **Economic data:** Review of economic data provided to CIRCA by the Department.

The sections below outline the evaluation methodology in further detail.

2.2 Action learning approach

Participatory action learning was the methodology utilised for this evaluation. Participatory action research is an accepted methodological approach in many Indigenous communities around the world (Gatenby et al. 2000). This methodology was requested by the Department to ensure consistency with the philosophy of the program.

Participatory action research is primarily qualitative, and is characterised by being practical, participatory and cyclical. Evaluation priorities for an upcoming timeframe (typically six months) are determined and this is followed by a period of action, data collection, feedback and critical reflection (all undertaken collaboratively with the community of interest). The cycle then repeats. The practice

of action research varies globally but the theory shows that change can occur (for all stakeholders) while the process is being conducted.

The evaluation is built into the project rather than an 'add-on' and the iterative or cyclic feedback process allows for continuous reflection and improvement. The focus on qualitative research provides rich insight into the experiences, learning and perspectives of those who are most affected or involved.

Figure 1: Action learning approach
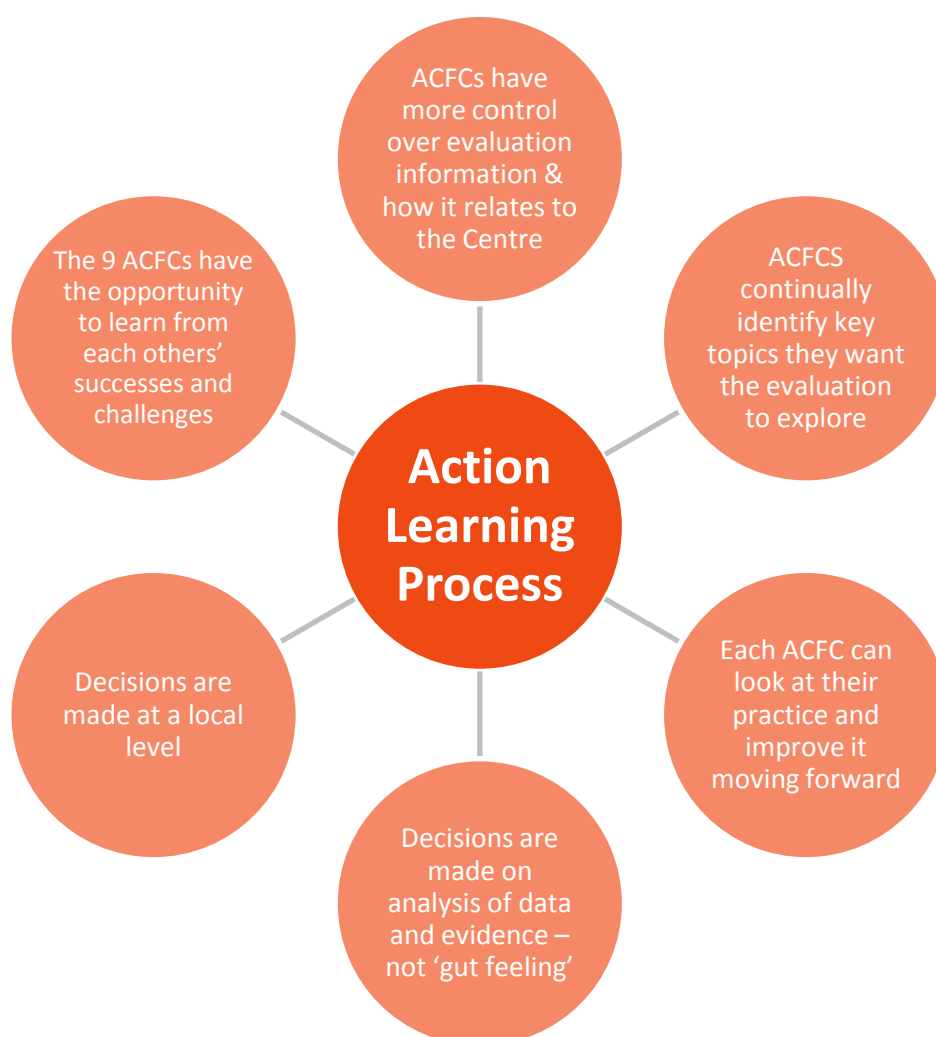
2.2.1 Action learning cycle

Since 2012, two action learning cycles were completed with the Centres. Figure 3 below shows the action learning cycle and explains the principles of the action learning process.

Figure 2: Action learning cycle

Explore
Identify opportunities for refinements
Refine monitoring tools

Plan
Program planning, identify priorities
Collaboratively develop logical framework
Identify data collection processes

Reflect
Collaboratively review data and
identify implications

Act
Implement monitoring tools
Collect data
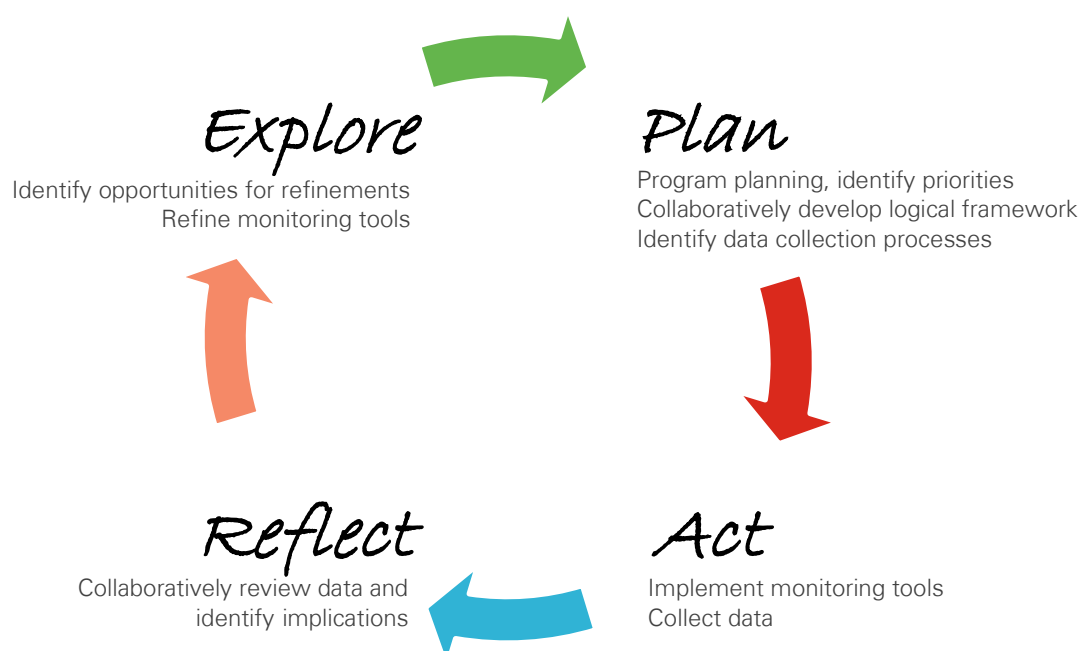
During each cycle, local evaluation priorities were developed and refined with the Centres. This involved initial workshops with LRG members and follow up meetings and discussions with Centre Managers.

Once local priorities were defined, data collection periods occurred. In keeping with action learning approaches, data collection was qualitative in nature. Research participants included service users (Aboriginal parents, carers and family members), Centre Managers, SRSOs, early learning providers, other ACFC staff, service or consortium partner organisations, Local Reference Group members, and board members.

The results from the first phase for five of the Centres were presented back to each community within the context of Local Reference Group meetings. Verification of findings and discussion was encouraged and this informed both the local results, as well as the statewide evaluation reports.

The local results from the first phase of action research were then combined to form the basis of an interim statewide evaluation report prepared for the Department. In order to collaboratively reflect on and validate findings, key findings from the interim statewide report were presented at a state conference in September 2013. In this setting Centre Managers, SRSOs and a representative from each LRG, were able to respond to the findings and collaboratively develop and refine the interim evaluation conclusions and recommendations.

The results from the second stage of action research were then also used to form the basis of the statewide evaluation. This final statewide evaluation report draws on data collection and findings from both the first and second action learning cycles.

2.3 Developing the overall evaluation framework

The first stage in the evaluation was to undertake a participatory approach to developing a monitoring and evaluation framework with key stakeholders from each ACFC. The framework helped ensure there were clear goals for the evaluation and for measuring performance.

A workshop with 26 participants was held in Sydney on 17 November 2011 to develop the foundation for the monitoring and evaluation framework. This workshop allowed CIRCA to work together with stakeholders from each ACFC and FACS to develop a common program logic for the initiative and a set of evaluation questions to guide the evaluation.

The final evaluation focus areas and questions developed through this approach are outlined in section 1.2.3 above. The program logic is attached at Appendix 1.

2.4 Ethics approval

In August 2012, ethics approval was obtained by CIRCA from the Aboriginal Health and Medical Research Centre for this evaluation. A study protocol, discussion guides, participant information statement and participant consent form were written and approved. The study protocol outlines the approach to recruitment, data security and storage, consent and confidentiality.

The evaluation has been undertaken in accordance with local protocols and ethical guidelines such as the National Statement on Ethical Conduct in Research Involving Humans, the Australasian Evaluation Society Guidelines for Ethical Conduct of Evaluation and the Australian Institute for Aboriginal and Torres Strait Islander Studies Guidelines for Ethical Research in Indigenous Studies. There has been particular regard for mutual respect, equality, reciprocity, confidentiality, consent and net benefit to Aboriginal communities.

2.5 Data sources

Data sources for this evaluation primarily included qualitative in-depth interviews. In total 183 people were interviewed either individually, in pairs or groups depending on participants' preferences. Some key stakeholders were interviewed more than once. Interviews took place between October 2012 and September 2014.

Aboriginal and/or Torres Strait Islander researchers facilitated almost all discussions with Aboriginal and/or Torres Strait Islander family members and carers accessing the Centres (except for 12 of the 78 service users interviewed). All service users were interviewed face-to-face. Interviews with ACFC staff and management, LRG or Board members, and FACS staff were either conducted face-to-face or by telephone, with face-to-face preferred wherever possible. A comfortable environment was created each time to enable frank and open discussion. Table 1 below outlines qualitative data collection.

Quantitative outcome data on the NPA IECD indicators was sourced from data collected by FACS as part of the census collection periods in August 2013 and May 2014 and the NSW IECD NP Bi-Annual Report for 1 January 2014 to 30 June 2014 was also used to supplement evaluation data.

Table 4: Qualitative data collection

Qualitative data collection (October 2012 - September 2014)			
Interview type	**Face-to-face**	**Telephone**	**Total**
Individual in-depth interviews	73	56	130*
Paired in-depth interviews	6	1	7
Mini groups (3 or more participants)	8	0	8
Focus groups (6 or more participants)	4	0	4
Total interviews	**91**	**57**	**149***
Participants by stakeholder group**	**Face-to-face**	**Telephone**	**Total**
Service users	78	0	78
Centre Managers, Early Learning Directors / Coordinators & Senior Management	13	5	18
ACFC staff	20	1	21
LRG & Board members	13	19	32
Service partners	6	15	22*
SRSOs, FACS Central staff & Regional staff	9	3	12
Total evaluation participants	**139**	**43**	**183***

* Total also includes one written response

** Where participants have been interviewed more than once by both face-to-face and telephone, the face-to-face interview has been counted

2.6 Analysis and reporting

All data sources were utilised in analysis, ensuring that the breadth of perspectives informed valid, robust and credible analysis.

The approach to qualitative analysis was a grounded theory approach using Strauss and Corbin's systematic approach (Corbin & Strauss 2008). Qualitative data was thematically coded. Specifically, thematic analysis involved initial theoretically sensitive coding, followed by axial coding developing a matrix of themes and sub-themes; and, verification with secondary coding.

At times sub-codes overlap across themes and are interconnected, in these places they have been discussed as they relate to each major theme, and the interconnected nature of data is illustrated in Figure 3 (in section 12 on sustaining program outcomes) which is the outcomes model.

The findings are presented according to key domains. The use of direct quotes has been prioritised in order for these key themes to be articulated through the words of respondents themselves. Stories of change have also been included throughout the document to highlight a selection of stories that participants told of how their involvement with ACFC has facilitated change in their lives, or the lives of others they have witnessed. These stories have been transcribed and presented in the narrative of respondents themselves.

Qualitative data was triangulated by using observation (e.g. site visits, attendance at LRG meetings and workshops) and a review of Centre Manager reports, tender and other program documentation documents, media coverage, online information and other relevant documentation provided by the ACFCs and FACS.

In order to maintain confidentiality, pseudonyms have been utilised throughout the report. Any alignment between names used and individuals involved in the ACFCs is coincidental.

2.6.1 Evaluation rubric

Evaluation data was utilised to develop an evaluation rubric in order to assess the effectiveness of the NSW ACFCs across the following key domains according to a scale of effective/outstanding, good, uncertain or poor/detrimental:

1. ACFCs are achieving outcomes for Aboriginal children and families

2. ACFCs involve the Aboriginal community in all stages/aspects

3. ACFCs are achieving culturally-appropriate service design and delivery

4. ACFCs provide an integrated response to the needs of Aboriginal children and families

5. Appropriately skilled Aboriginal people are employed in key roles

6. ACFCs have well-defined and effective structures of management and governance

7. ACFCs provide a positive return on investment

8. ACFCs can sustain and build on outcomes.

The assessment applied to each domain is included at the beginning of each relevant section within the evaluation findings (sections 7 to 12). A full description of the criteria for each component of the effectiveness scale (effective/outstanding, good, uncertain or poor/detrimental) is detailed in section 13, along with the statewide assessment against each domain.

Part B: Evaluation findings

3 Key outputs

In the three years from 2011-2014, the nine ACFCs have achieved the following outputs and key milestones. These key outputs relate to procuring land and building the new Centres, establishing and delivering an integrated service delivery model, and transitioning governance structures.

Table 5: Key achievements and outputs by the nine ACFCs 2011-2014

	Ballina ACFC (Ballina)	Dhirraway Dhaarun Bawu ACFC (Brewarrina)	Waranwarin ACFC (Minto)	Ngallu Wal ACFC (Doonside)	Winanga-Li ACFC (Gunnedah)	Warranbaa Dhurrali ACFC (Lightning Ridge)	Yenu Allowah ACFC (Mt Druitt)	Cullunghutti ACFC (Nowra)	Nikinpa ACFC (Toronto)
New purpose built premises									
Land procured and negotiated by LRGs to build new ACFCs	●	●	●	●	●	●	●	●	●
New buildings designed with input from LRGs / communities	●	●	●	●	●	●	●	●	●
DA approval granted for ACFC buildings	●	●	●	●	●	●	●	●	●
Interim premises secured and modified as required	●	●	●	●	●	●	●	●	●
Quotas achieved for Aboriginal staff involved in building the ACFCs	●	●	●	●	●	●	●	●	●
New ACFC buildings completed	●	●	●	●	●	●	●	●	●
LRG and community input on new building fit out	●	●	●	●	●	●	●	●	●
ACFCs operating from new premises	●	●	●	●	●	●	●	●	●
Integrated service delivery									
Initial services delivered from interim site									
Parent and family support	●	●	●	●	●	●	●	●	●
Early learning programs/activities	●	●	●	●	●	●	●	●	●
Child health services	●		●	●	●		●	●	●
Maternal health services	●		●	●			●	●	●

	Ballina ACFC	Dhirraway Dhaarun Bawu ACFC	Waranwarin ACFC	Ngallu Wal ACFC	Winanga-Li ACFC	Warranbaa Dhurrali ACFC (Lightning Ridge)	Yenu Allowah ACFC	Cullunghutti ACFC	Nikinpa ACFC
	Ballina	Brewarrina	Minto	Doonside	Gunnedah	Lightning Ridge	Mt Druitt	Nowra	Toronto
Health promotion and prevention	●		●		●		●	●	●
Early diagnosis support / intervention	●		●	●	●		●	●	●
Cultural events and activities	●	●	●	●	●	●	●	●	●
Other programs	●	●	●	●	●	●	●	●	
Services delivered from ACFC premises									
Parent and family support	●	●	●	●	●	●	●	●	●
Early learning programs/activities	●	●	●	●	●	●	●	●	●
Childcare	●		●	●	●		●	●	●
Child health services	●		●		●		●	●	●
Maternal health services	●		●		●		●	●	●
Health promotion and prevention	●		●	●	●		●	●	●
Cultural events and activities	●	●	●	●	●	●	●	●	●
Other programs	●	●	●	●	●	●	●	●	●
Community controlled governance									
Initial establishment of an LRG to support and advise on ACFC establishment from the project outset	●	●	●	●	●	●	●	●	●
Transition to a permanent board	**NA**	**NA**	**NA**	●	●	**NA**	●	●	●
ACFC is an ACCO	●	●	●		●	●		●	

Source: NSW IECD NP Bi-Annual Reports 2013 and 2014, and qualitative interviews

4 Outcomes for children & families

Evaluation question

How much progress has been made in achieving outcomes for Aboriginal children and families, as per the aims and objectives, and for the national indicators?

Summary assessment

rubric result
good

Six ACFCs were fully operational at 30 June 2014, although most had been operating for less than six months. During this time period the ACFCs have made significant progress in achieving immediate outcomes. Given the operational timeframe it is not possible to assess progress to achieving medium to long-term outcomes for Aboriginal children and families, however, Centres are on track to achieving these.

Participation in quality childhood education & development services	• Over 302 licensed childcare places available • 1096 children received services in May11-17 census week
Age-appropriate health checks completed	• Proportion of Aboriginal children who have had health checks increased from 81% to 95% in 9 months to May 2014
Immunisation rates	• Proportion of children using ACFCs who were fully immunised increased from 92% to 99% in 9 months to May 2014
Families using support services and allied health services	• 65% of families using ACFCs had not used services before • Integrated service delivery: over 160 service partners involved • 68 different services offered through ACFCs in May 11-17 census week
Families satisfied with services received	• Aboriginality embedded in ACFCs, seen as culturally safe places, a sense of community ownership fostered • 80% of ACFC staff are Aboriginal, in a range of roles • Community input into service design
Capacity building for families to support children's health & development	• Range of services available for families, e.g. positive parenting, child & maternal health, playgroups, after school programs • Community engagement and involvement a key strength of project

4.1 Outcomes relating to NPA IECD indicators

All ACFCs provided data to the Commonwealth to measure the contribution made by NSW ACFCs against two Performance Indicators (1 and 4) as required in the NPA IECD:

◖ Performance Indicator 1: Increased proportion of Indigenous children attending the ACFCs who have had all age-appropriate health checks and vaccinations

◖ Performance Indicator 4: Increased proportion of Indigenous children and families accessing a range of services offered at or through ACFCs including, but not limited to, childcare, early learning, child and maternal health, and parent and family support services.

Data was captured in a standard form by each ACFC to provide an objective quantitative indicator of progress. Data was collected during two separate census periods (4 August to 10 August 2013 and 11 May to 17 May 2014). A comparison of these results is detailed below.

4.1.1 Age-appropriate health checks and vaccinations

Table 4 below shows that there was a significant improvement in the immunisation rates and proportion of children who had received age-appropriate health checks (among Aboriginal and Torres Strait Islander children who accessed services through ACFCs) between August 2013 and May 2014.

Table 6: Age-appropriate health checks and vaccinations

Performance Indicator 1: Age-appropriate health checks and vaccinations	4-10 August 2013	11-17 May 2014
Aboriginal and/or Torres Strait Islander children who were **fully immunised** for their age according to the Australian Childhood Register definition *	211 (92.1%)	466 (98.9%)
Aboriginal and/or Torres Strait Islander children who had received the latest **age-appropriate health checks** for their age *	185 (80.8%)	445 (94.5%)
Aboriginal and/or Torres Strait Islander children who were **both fully immunised and had received the latest age-appropriate health check** for their age *	180 (78.6%)	445 (94.5%)

* Number and proportion of those who accessed services through ACFCs where immunisation health check data was available

Immunisation rates for Aboriginal and Torres Strait Islander children who had accessed services at the ACFCs increased from 92.1% in the August 2013 census period to 98.9% in the May 2014 census period.

Directly comparable statewide data is not available; however, Australian Childhood Immunisation Register data for immunisation rates among Aboriginal and Torres Strait Islander children in NSW in 2013/2014 are used. These data show that the proportion of Aboriginal and Torres Strait Islander children receiving services through ACFCs in NSW who are fully immunised is higher than statewide data for Aboriginal and Torres Strait Islander children in NSW across three age-cohorts (12-<15 months: 87.8%; 24-< 27 months: 91.9%; and 60-<63months: 93.6%) (Australian Government 2014).

The proportion of Aboriginal and Torres Strait Islander children receiving services through ACFCs who had received the latest age-appropriate health checks increased from 80.8% in the August 2013 census period to 94.5% in the May 2014 census period. This represents a significant improvement. No data is available that compares this with Aboriginal and Torres Strait Islander children generally across NSW.

4.1.2 Participation in early childhood education / childcare

The *Evaluation of the National Partnership Agreement on Indigenous Early Childhood Development* conducted by Urbis shows that in 2013, there were 3,121 NSW Aboriginal and Torres Strait Islander children recorded as enrolled in, and 2,996 attending, preschool programs in the year before full-time schooling, representing 4.5% of all enrolled (and 4.4% of attending) children. A total of 2,269 Aboriginal and Torres Strait Islander children were recorded as enrolled in preschool for 15 hours or more per week in 2013 (ABS 2013). This represented 5.6% of the total number of children recorded as enrolled for 15 hours or more per week in 2013. Trend data is not yet available as these data are not comparable to previous collection cycles due to changes in collection coverage, data development activities and collection methodologies (Urbis 2014).

The data in Table 5 shows that the nine month period between August 2013 and May 2014 was one of substantial growth. Early learning / childcare attendances for Aboriginal children aged 0-8 years rose from 39 in 2013 to 541 in 2014, increasing by more than ten-fold over the two census periods.

Data from the Centres also indicates that a key achievement of NSW ACFCs appears to be their success in reaching members of the community who have not accessed services in the past. It is estimated that on average 78% of children accessing early learning at the Centres had not accessed early learning services previously.[3]

Qualitative feedback from many families across the evaluation indicated that contact with the ACFC facilitated their uptake of services not previously accessed, either because they were not aware the services were available, because they were not confident using or approaching services, or because they could not afford or easily access these services.

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[3] Based on estimates provided by four Centres.

Table 7: Attendances for Aboriginal children aged 0-8 and parents/carers by service type for each census week by ACFC

	Total	Ballina ACFC — Ballina	Dhirraway Dhaarun Bawu ACFC — Brewarrina	Waranwarin ACFC — Minto	Ngallu Wal ACFC — Doonside	Winanga-Li ACFC — Gunnedah	Warranbaa Dhurrali ACFC — Lightning Ridge	Yenu Allowah ACFC — Mt Druitt	Cullunghutti ACFC — Nowra	Nikinpa ACFC — Toronto
Census period 4-10 August 2013										
Child care*	**39**	-	-	-	-	39	-	-	-	-
Other early childhood education**	**90**	-	5	18	5	6	10	36	10	-
Health, family support & other	**165**	15	42	-	7	77	-	15	1	8
Total attendances	**294**	15	47	18	12	122	10	51	11	8
Census period 11-17 May 2014										
Child care*	**541**	207	-	-	22	135	-	-	100	77
Other early childhood education**	**193**	14	27	23	6	-	16	32	15	60
Health, family support & other	**362**	45	4	12	11	215	17	42	14	2
Total attendances	**1,096**	266	31	35	39	350	33	74	129	139

* Includes child care, after hours school care and day care

** Includes pre-school, playgroup, reading groups, homework clubs

The range of services provided to Aboriginal and Torres Strait Islander children at or through ACFCs in NSW also more than doubled in the period (the total services delivered in the 2013 census period was 30, compared with 68 in the 2014 census period). Significantly, the number of early childhood education / childcare services increased from 4 to 14 over the period (see Table 8 below).

Table 8: Service types delivered to children in 2013 and 2014 census periods

Service types provided to children (at or through ACFCs)	4-10 August 2013	11-17 May 2014
Early childhood education / early learning activities	2	7
Childcare	2	7
Other services	26	54
Total services	**30**	**68**

4.1.3 Transition to school and attended regularly

Research shows that attendance at early childhood education and childcare services is important for a successful transition to school (AIFS 2011). One of the ACFCs' longer term objectives is to affect outcomes relating to school attendance and school readiness. Use of attendance data from ACFC early childhood education / childcare services as a proxy measure for this indicator is not possible within the timeframe of the evaluation.

The first ACFC to be fully operational (Winanga-Li in Gunnedah) has been operating childcare in the new premises since June 2013. As such, of the nine ACFCs in NSW, Winanga-Li was the only ACFC to provide early childhood education / childcare services to children in the year before they started school (that is, provided services in 2013 for a 2014 school intake). Analysis of transition to school and school attendance outcomes is not feasible for Winanga-Li given the small number of children in the 4-5 year age group attending childcare during the period, and the small window of time in which services were available.

"[My son] started kindy at the start of the year and he wasn't ready so I had to make the decision to either keep him there while he was still struggling or take him back to pre-school. [The Centre] came to the meetings with the school to support [my son] in the transition for next year. So we have a plan in place ... The transition program is being developed for the little kids who are attending kindy next year."

However, while transition to school and school attendance data is not available there are a range of other indicators that may be used to assess the capacity of the ACFCs to contribute to outcomes against this indicator. The Australian Institute of Family Studies notes that a child's ability to adapt to the school environment (their school readiness) is affected by their innate characteristics (e.g. temperament, personality), parent characteristics (e.g. attitudes to school, maternal education), but also their family environment, the communities in which they live, the accessibility and quality of local services, the schools within their community and the relationships between all of these (AIFS 2011).

As well as the individual characteristics of each child, attendance at a quality early learning or care environment is consistently found in the literature to positively influence the transition to school. This is most likely due to the fact that the individual characteristics that assist a child in the transition to school are often developed in these early childhood programs.

Given the above, possible proxy measures to assess the contribution of the ACFCs to transition to school and school attendance outcomes could include participation in:

◖ Child development information programs/activities that engage parents in activities to increase their skills and knowledge on how to assist their children in early learning

◖ Transition to school activities for children and families in partnership with local schools

◖ Positive parenting programs that focus on routines, healthy eating, child development milestones, developing positive relationships and expectations

◖ Early literacy programs/activities such as reading groups and storytelling activities

◖ Supported playgroups

◖ After school programs, such as homework clubs.

All nine ACFCs in NSW are offering at least some of this suite of services, albeit to varying degrees depending on their operational stage. However, given that most services have been fully operational for less than six months, it is not feasible to conduct a contribution analysis on participation in these programs toward school readiness and attendance outcomes at this stage of the program.

4.2 Other outcomes

Increased accessibility of early learning and family support services

◖ A key benefit for Aboriginal children and families is the provision of family support services free of charge, including bulk billing for integrated medical and allied health services such as paediatrics, speech pathology, occupational therapy, psychology and counselling.

◖ Low-cost affordable child care has also been important in attracting Aboriginal children to the Centres.

◖ A key challenge for the ACFCs into the future will be monitoring the impact of fee structures for childcare on enrolments.

Increasing access and use of available services, information and resources

◖ At June 2014, at least 68 services/programs were available from ACFC premises, including parent and family support, early learning programs/activities, childcare, child health services, maternal health services, health promotion, and cultural events and activities.

◖ One of the key strengths of the ACFCs is their ability to attract service users who have not previously accessed services. An estimated average of 78% of children accessing early learning services had not previously accessed services.[4]

◖ Feedback indicates that the most significant element contributing to this engagement has been the capacity of the ACFCs to provide culturally responsive services and facilitate a culturally safe environment, as well as the flexible and inclusive approach of staff. The high proportion of Aboriginal staff has been integral to this.

"There's been great outcomes out of the speech [therapy] with the kids, you've got kids who wouldn't even say hello or mum and dad ... One of the kids ... couldn't talk at all when he first came here and now he's saying things. He's in kindergarten now, but I still go and pick him up from school to bring him to speech ... He would have been three [when he first started coming] and he's still coming to speech every week."

◖ Through integrated service delivery, the ACFCs have formed over 160 service linkages with other community services, early childhood services, primary healthcare, preventative health, early diagnosis support and allied health providers.

◖ Service integration has enabled holistic and coordinated approaches to meeting the needs and improving outcomes for Aboriginal children and families.

◖ Service integration has also reportedly resulted in increased cultural competence among some service partners.

Enhancing and building skills to lead and drive change in the development, design and delivery of services under the NPA IECD

◖ Local Reference Groups were established and are operational for all the ACFCs. The LRGs were one of the key mechanisms for community involvement in the ACFCs at each site – from procuring land, input into the design and construction of the premises, advice on recruitment of staff, and ongoing program development and service planning.

◖ Both staff and service users reported examples of having input and influence on the design and delivery of services. The ACFCs have committed to providing the community with multiple avenues for dialogue and feedback with the Centres, including participation in early childhood education and training, service satisfaction research, and participating in community events such as soil-turning ceremonies and community forums.

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[4] Calculated using estimates provided by four Centres.

◖ Varying levels of achievement in transition to Aboriginal community control.

◖ A key achievement of the ACFC program to date is the development of an Aboriginal workforce. Eighty per cent (80%) of ACFC staff are Aboriginal and are employed throughout the Centres in a range of key roles including Centre managers, early childhood teachers and family connectors. The 20% quota for Aboriginal people employed in the construction of the premises was also exceeded.

◖ The ACFCs have made significant investments in supporting and training an Aboriginal early learning and family support workforce. These training and workforce development opportunities have provided increased local workforce capacity, particularly to provide culturally appropriate and quality services to Aboriginal people.

Facilitating supportive connections for families to their local communities

◖ The co-location of early childhood and family support has enabled inter-service referrals between early learning and family support areas within the ACFCs and engaging closely with families through family support activities has resulted in early learning enrolments.

◖ Where there are high levels of interaction between early learning and family support staff, the benefits for families include a joint intake process, targeted service delivery that takes into account the needs of the whole family, and a 'one-stop shop' approach to service delivery.

◖ In addition, families have been connected to other local community services through intra-service referrals.

◖ The ACFCs are viewed by service users as a 'community space'. This sense of community ownership has been fostered by a combination of the model itself (i.e. a dedicated/targeted Centre for Aboriginal children and families), the level of Aboriginal community involvement in the development and operation of the Centres, the physical premises, and the integrated nature of service delivery.

"We had one mum, a high risk mum, she'd just had a baby. When she came into town, we let her know she could come here to breastfeed and then we just got that connection with her and could link her up to support and help ... This mum has a lot of issues, and then there's probation and parole, so we work with them and community services, to help her out."

◖ Cross-generational involvement has been a crucial element in the capacity of the ACFCs to be an inclusive service, reflect Aboriginal culture in service delivery, and meet the needs of service users. The Centres have engaged Elders, grandparents, parents, carers, kinship carers, other family members, young people and children in both targeted programs, as well as activities that involve generational interaction.

Enhancing knowledge and skills development to support children's health and development needs

◖ The ACFCs have capacity to deliver parent education programs that take into account Aboriginal, and local community contexts, and are able to address children's and families' learning needs taking into account social, economic and environmental influences.

◖ The ACFCs report a commitment to using a strengths-based approach when working with families that recognises the expertise parents bring, and builds on that expertise (e.g. the delivery of the Triple P - Positive Parenting Program).

Service satisfaction

◖ Nearly all 78 service users were highly satisfied with the ACFC and the services the Centres provide. Only a few parents raised concerns related to fair treatment and confidentiality. However, it should be noted that those service users consulted as part of the evaluation were likely to be very engaged with the Centre.

> *"It's great that we are full; we have 44 kids on the waiting list. We're getting great reports from families. We've got really good rapport with families. We've done surveys, parents are quite happy, so I think this is doing really, really well."*

4.3 Progress towards long-term outcomes

Given the progress made by ACFCs toward achieving stated outcomes to date, it follows that moving forward, the ACFCs are on track to make contributions to stated longer-term outcomes for Aboriginal children and families (notwithstanding the influence of external factors, e.g. stability of funding) such as:

◖ Children's physical well-being

◖ Children's age-appropriate social, emotional, literacy and numeracy skills

◖ Children's cultural and spiritual well-being

◖ Children's social and emotional well-being

◖ Families' access to and use of suitable and culturally inclusive early childhood, family support and allied health services.

STORY OF CHANGE: FINDING THE SUPPORT NEEDED

"My child was diagnosed with a heart murmur at five weeks. I was paying $190 a fortnight to see the doctor. I started coming here and they said I could see the doctor for free and then I could afford to live … I was absolutely broke because I had been paying for all the paediatrician appointments. The staff got me an appointment to see one of the charities to get help getting new formula and bottles. They sorted it all out for me in the two hours that the playgroup runs. So I went there bawling my eyes out and left with my problems fixed. It's like a community. I knew I could trust everyone." - Mother

5   Community involvement

Summary assessment

rubric result
good

There has been community engagement and involvement across all stages of the development of each of the ACFCs in NSW. Overall, community engagement and involvement was felt to be appropriate.

◖ This was a key strength of the project.

◖ Key facilitators include community involvement in governance, employing local Aboriginal staff, involving service users and keeping the community informed.

◖ Centres that excelled in this area did well in all four facilitators.

◖ Key challenges relate to maintaining community engagement throughout the three year process and divisions in some locations.

◖ Community engagement and involvement has led to a sense of community ownership across the Centres, improved accessibly and services meeting community needs.

Facilitators

Community involvement in governance

Employing local Aboriginal staff in a range of roles

Involving ACFC service users

Keeping community informed

Challenges

Maintaining community engagement throughout:

  - Lengthy building process for some ACFCs

  - Community divisions in some locations

Outcomes

A sense of community ownership

Services meeting community needs

Increased accessibility of services

5.1 Elements of community involvement

Community involvement in governance (LRG, advisory groups and boards)

The LRG is felt to be one of the key mechanisms through which the community has maintained involvement in the project. LRG membership included both Aboriginal and non-Aboriginal members. Aboriginal LRG members included Aboriginal staff from local services, Elders and other Aboriginal community members.

Most commonly, LRG members have had involvement in finding and procuring the land, getting the Development Application (DA) approval, working with the architect to ensure a culturally-responsive design of the new building, providing advice on the recruitment of staff, and providing advice on ongoing program development and service planning.

In some cases, concerns were raised about the extent of community representation on LRGs, and there were mixed perspectives on whether Aboriginal staff from local agencies or services are community representatives. The perspective of local Aboriginal agency staff themselves was that they were part of the LRG as both a community member and a staff member from their organisation.

Aboriginal involvement has continued during the transition to new governing boards for the Centres (where applicable), and in other formal bodies such as working groups and advisory groups within the Centres. Membership includes representatives from other ACCOs, Aboriginal staff from local organisations, Elders and Aboriginal community members and service users. Governance structures are discussed in further detail in section 9.

The contributions of community members in the establishment of the ACFCs have been celebrated and formally acknowledged. For example, Ballina ACFC and Winanga-Li ACFC buried a time capsule onsite documenting the contributions by community members (particularly those on the LRG) to the establishment of the Centres.

> *"One of the main visions from the LRG mob is that this is a place that will bring the community together, we can have a lot of events down here, people can come together, away from the clubs and places with alcohol, it's a safe place that you can be with little kids, a family place."*

Employing local Aboriginal staff in a range of roles

The second key strategy used to engage local community members and build ownership has been the employment of local Aboriginal people in key roles. Aboriginal employment is discussed further in section 8, but it is important to acknowledge the significance of this strategy when considering community engagement. In particular, employment in key roles within the Centre (e.g. Centre Manager, Family Connectors, Community Connectors, Family Support Workers), as well as employment in the building of the Centres themselves, were seen as critical for generating a sense of pride and enhancing community involvement.

Employment of local community members was identified as engendering a sense of involvement, belonging and ownership over the Centre and the services delivered, as well as its longevity as a respected service delivery Centre.

> "The staff make you feel welcome, like they're probably real nice, like, yeah, they don't make you feel like you don't want to come here, like, basically, it's like a second home to me, because I'm here, like, nearly every day."

> "[Most places] you just don't feel comfortable, and they don't have that personal connection with you. They don't want to know about your day, or whatever, at other places. Here, they are, 'How have you been? How are the kids?'"

A key strategy for achieving community engagement and involvement was the employment of Family Connectors, Community Connectors and/or Family Support Workers by the ACFCs. These positions filled by Aboriginal community members either from or living in the community, and the role included community outreach, referring and linking families to other services, engaging with service providers, and involving community members in Centre development.

For many participants it was important that they knew staff working in services, and in many cases, the presence of Aboriginal staff and a welcoming atmosphere were key factors in client preparedness to use the service.

> "Nothing is too hard. If they can't do it, they will find someone who can. You can just come for a cuppa and a yarn. Such a nice place"

Involving ACFC service users

The ACFCs have made considerable effort to involve service users in the development and design of the Centres themselves, as well as the services delivered.

Strategies across the ACFCs have included surveys of service users to obtain feedback on current service delivery and services they would like to see, continuous dialogue between staff and service users for their feedback, and feedback sessions on event days or during playgroup or other sessions.

Service users interviewed also spoke of the role they had played in engaging other community members with the Centres. These included helping others access the ACFCs (e.g. through driving or accompanying them), spreading the word about the Centre, referring others, or volunteering on community event days.

Some services users have also gone on to become more formally involved in the Centres, through either appointments in governance positions, becoming employed at the Centres or taking up volunteer positions. In some Centres, service users have also participated in formal early childhood education training alongside staff. Centre Managers identified an opportunity to enhance the involvement of service users by further building capacity among staff working with families so they take a more active role in facilitating their feedback.

Keeping the community informed

To provide the community with information, and seek their initial involvement, information sessions (or community gathering forums) were held. In each site, steps were taken to maximise participation and attendance at these Centres. In one Centre, multiple sessions were scheduled in various locations to ensure that community members would not have to travel far to have input. The Centres had mixed levels of success in relation to these more formal community information sessions.

Most Centres have successfully delivered family and community fun days and involved the community in designing and choosing the Centre name and logo. In Mt Druitt, Blacktown and Gunnedah, for example, family fun days were attended by over 200 community members.

To promote Centre activities, most Centres have also been producing a community newsletter. In one Centre where the newsletter had been discontinued, this was felt to be a significant loss in maintaining community involvement and awareness of what was happening in the Centre: "There is no communication, no newsletters. The [broader] community, they don't know what is going on."

Word-of-mouth, community events and relationship building appear to have been the most effective mechanisms in keeping the community informed of the development of the Centres.

Maintaining community engagement throughout

Community engagement has been an ongoing process for the Centres from the project inception to the present time. Some Centres reported challenges in maintaining community engagement during the period of building the new Centres, particularly in cases where procuring land was a lengthy process and/or the building process was delayed.

Initially, community interest was high across the Centres. For example, all Centres had a soil-turning ceremony on the land where the Centre was being built before the building process began, most were attended by 200-250 people and involved different families within the community coming together.

Key challenges to maintaining community engagement for some of the Centres has included divisions and alliances within communities, engaging other local Aboriginal organisations, frustrations regarding lengthy processes in building some Centres, and concerns regarding the long-term plan for the ACFCs.

The opening of the new buildings created important opportunities for re-engagement with community members. This period enabled rejuvenation of community interest in areas where this had waned, and increased motivation to become involved in the Centres. In a few Centres some segments remained disengaged at the time of reporting, however, overall engagement remains high.

5.2 Outcomes of community involvement

Fostering community ownership

The activities outlined in relation to community consultation and involvement have led to a strong sense of community ownership across the Centres.

Across the different Centres, participants spoke about the importance of place for the local community to not only access services but feel comfortable and belong. Participants from across different sites expressed that community ownership was both a goal and key indicator of success: community ownership is felt to be the means to achieving all the other goals of the project.

When asked in the initial evaluation stage to describe what successful community ownership would look like, participants said that people would visit the Centre without needing an appointment, see themselves reflected in the staff, activities and physical decor, and be visibly relaxed and comfortable at the Centre.

> *"You would see people sitting out the back having a cup of coffee, just dropping in and not feeling that they needed an appointment. Walking in the door and feeling immediately comfortable. A fire pit is important. I hope this is going to happen because this is more than paint. We will know we are doing a good job when we've got this happening."*

> *"The important thing is that this Centre provides a place for Aboriginal people to be, to turn up for a chat. They will come once they know it's a place for the Indigenous community where they are not going to be asked to leave."*

Feedback in the final stage of the evaluation indicates that this has been achieved, with both staff and service users speaking about the Centres being a place where people feel a sense of belonging and that the Centres are a community space where they can come to without an appointment.

> *"They all want to come out here, it's got a good family feel, the kids walk in like they own the place and stick around way past finish time; it's got the culture, people feel welcomed."*

> *"Everybody's got that sense of belonging and sense of knowing that we've achieved something major in the community that's never been here before. And what people are going to understand is that we've built this from the ground up."*

Many also noted the fact that the buildings were free from graffiti and vandalism reflected a strong sense of community ownership as "community were keeping an eye on it".

Improved accessibility and service design meeting community needs

The above approaches to community involvement and engagement have fostered an environment where service users and Aboriginal staff have had ongoing input into the ongoing development of programs delivered from the Centres. This is an important element of the ACFC model and is critical for maintaining cultural appropriateness going forward. Both staff and family members reported examples where they had provided or received input from community members that then influenced program design in the Centres.

Examples include service users or staff suggesting new programs that have resulted in these programs being delivered, service users suggesting refinements to existing programs that have been implemented, and service users being part of more formal service planning sessions. This input has become evident in practice within the Centres has helped to further foster a sense of pride and community ownership in the Centres, and has encouraged community members to continue investing in the Centres in this way.

> **STORY OF CHANGE: BEING PART OF LOCAL DECISION MAKING**
>
> "I put my heart into it. I just got sick of our kids and Aboriginal people going into second hand homes, going into second hand schools. The school that was over there was condemned twice. So when they came and asked me would I come and get on the committee, I said, 'Yes, I will'. And I said, 'No more back doors for me'. It's all on the main road, or the main street. This is where they're going to live, and what they're going to work for. I said, 'Yes I'll come on, and if it's going to be a new school for those little Aboriginal children, we want them to go into a new school, learn their culture, learn about respect, and learn to be leaders in the future'. That's what I want."

6 Cultural appropriateness

Evaluation question:
Are services and service structures culturally appropriate?

Summary assessment

rubric result

effective

The ACFCs have been designed to provide culturally-appropriate services to Aboriginal children, parents, carers and community members. Overall, services and service structures were felt to be culturally appropriate.

◖ Key facilitators include the Centres being dedicated Aboriginal child and family centres, flexible and inclusive approaches, the physical space, including all generations, including culture across all services and programs, and employing Aboriginal staff.

◖ Key challenges relate to the approach of some mainstream organisations involved and reduced resources to continue the service approaches that were developed.

◖ Culturally appropriate service provision has led to the ACFCs being culturally safe spaces, Aboriginality being embedded throughout the Centres, and children and adults accessing services who have never done so before.

Facilitators

Dedicated Aboriginal child and family centres

Flexible and inclusive approaches

Physical space, building design and fit out

Cross generational involvement

Including culture across all services and programs

Employing Aboriginal staff in a range of roles

Challenges

Approach of some mainstream organisations

Reduced resources

Outcomes

ACFCs as culturally safe spaces

Aboriginality embedded through the Centres

Children and adults accessing the ACFCs who have never accessed services before

6.1 Elements of cultural appropriateness

Dedicated Centres for Aboriginal children and families

One of the most significant findings is the importance of the commitment to creating a dedicated space for Aboriginal people led by Aboriginal people. Having a purpose-built child and family centre for Aboriginal people was a source of great motivation across all sites. In most sites the establishment of the ACFC followed a long process of community advocacy for a dedicated Centre such as this, with this being identified as a 40 year struggle for one of the Centres.

> *"This Centre is a result of a long history of advocacy to get more services for Aboriginal families."*

Along with communities having access to the services the Centres provide, participants spoke about the significance of creating a culturally-appropriate, inclusive and safe space for Aboriginal children and families to receive the support they need. It is this commitment that also kept key people motivated throughout the establishment process and brought key stakeholders together.

> *"Everyone was brought together on that one topic; children and the future. This has meant that they've been able to work through a lot of those historical divisions."*

Physical space, building design and fit out

In creating culturally-appropriate services, a collaborative approach was taken in relation to the building design and fit out. Input into the design of the building was primarily through the LRG. Some Centres also engaged community input through other mechanisms such as directly inviting feedback from Elders and other key community members, and consulting with service users.

In seven of the nine Centres, the buildings were designed by the NSW Government Architect's Office. The process of building design generally included the architects conducting multiple site visits and meetings to receive input on building design and fit out from the Centre management and staff, early learning staff, LRGs and other key stakeholders. Those consulted felt that their feedback was reflected in the final design of the building.

All the ACFCs identified key elements in the physical space of the Centres that enhanced the cultural appropriateness of service delivery. These included:

◖ Incorporating key natural features of the site and surrounding environment in building design

◖ Local artworks and significant cultural items having prominent display within the buildings

◖ The design including a free flowing and open feel, and outdoor spaces

◖ Including spaces for community to gather and feel welcome.

Flexible and inclusive approach

All the ACFCs described a flexible and inclusive approach as being a pivotal component in providing culturally-appropriate services to clients. Characteristics of this approach included the following elements:

◖ Addressing client needs, regardless of what these may be, and taking the time to find the right help for them if referral is required. Examples included both brief support, such as writing a letter or making a phone call for a client, to intensive support or case management

◖ Making the time for clients and community, sitting with people, building trust and relationships

◖ "Going the extra mile" – examples included driving and accompanying clients to appointments, picking up Elders and other key community members to attend meetings, personalised follow up with clients, outreach and meeting people in community.

Cross generational involvement

A crucial element to the cultural appropriateness of the ACFCs was the involvement of all generations in the Centres. Centres worked with all generations, and bringing generations together was seen as a key facilitator to building culturally-appropriate services, and more importantly, to building strong Aboriginal families and communities.

The Centres engaged grandparents, parents, carers, kinship carers, young people and children in targeted programs, as well as activities that involved generational interaction.

> *"They've got an Elder down there that goes in, and she teaches - she does damper making and all that ... volunteers her own services. And she was the one that went to the CEO of the Centre, and said 'Look I want to do this, this is the future of my culture, and I want to teach them how I grew up'. And she does it every Monday down there."*

The Centres were seen to be a place for generations to come together, as well as a space for both current and future generations. Despite the future uncertainty of the Centres, a strong theme throughout the interviews conducted was that the ACFCs were a place and a legacy for future generations. This was seen as a key motivator for those involved as well as being important for ensuring the longevity of the Centres themselves.

> *"I want to come back here in ten years time and see my nieces and nephews' kids using it. It's a generational thing, for future and current generations."*

> *"I think it's helped the community, because the elder people are coming, and doing their courses here ... and a lot of them are coming now and learning the computers, and the mothers and fathers are out there, more fathers are coming now, to the baby health Centre, because it's free and it's hope, and they can mix with the kids. And the kids have improved since they've been coming here."*

"I think this Centre was really aimed uniting the families...and bringing the children all together. And then the Elders and the young mums and young fathers, they can all use this Centre. So it's theirs. This is what the planning was, that this was going to be a family orientated one, and we bring in all that outside services to service them here, for their future - better for their future."

Including culture across all programs and services

Centre staff, service users and service partners all spoke of the inclusion of culture across all the services and programs that the ACFCs provide. This included both specific cultural programs, as well as embedding culture into mainstream programs (such as parenting, men's or women's programs) that were modified for use within the Centres themselves or were already modified for use with Aboriginal and/or Torres Strait Islander peoples.

This inclusion of culture was seen to be a significant and unique element of the ACFC service structures and service design. As well as a facilitator of culturally-appropriate service provision, feedback suggests this has contributed to strengthening connections to culture and community among service users and staff, including families with non-Aboriginal carers and/or partners.

Employing Aboriginal staff

The employment of Aboriginal staff also arose as a key facilitator to services being culturally appropriate. The cultural understanding arising from Aboriginal staff working with children and families was an incredibly significant element in service users feeling comfortable, safe, understood and supported at the Centres. Aboriginal staff have brought a deep level of cultural understanding, sensitivity and responsiveness to service provision at the ACFCs.

Aboriginal leadership has also meant greater understanding and support between management and Aboriginal staff, which has in turn facilitated flexible and inclusive approaches to service provision and service models described above.

"I think the main difference is my staff and their way of thinking about community, their way of engaging community and treating everyone as though they are part of the [ACFC] family ... My staff say that's ok because that's what we do for family ... It's just the different language, the different attitudes, it's a very flexible environment. People don't have to have an appointment ... And my staff also know that their family come first ... so the staff are more committed in their roles. And with that flexibility that doesn't mean the staff are lazy or nick off, I always know where they are and what they are doing ... They have the ability to design and come forward with ideas. A lot of the programs are the staff's ideas and the families' ideas ... It's about truly listening and not saying we're not funded to do that. We're funded to respond to the needs in our community."

A few of the Centre Managers identified their concerns regarding the impact of reduced funding on the capacity of their staff to provide this level of culturally-appropriate service provision. Specifically, it was identified that there may be difficulties in maintaining the level of support and flexibility the

ACFCs were providing to families if there were less staff in their family support teams. This is discussed further in section 12 on sustaining outcomes.

Mainstream organisations

The approach of some mainstream organisations was identified by some as a key challenge to culturally inclusive practice. Challenges identified included mainstream organisations not understanding how to "do business" with Aboriginal communities, limitations to consultation processes being culturally and locally appropriate, and, in some instances, the involvement of mainstream NGOs putting people offside within the community.

These issues were identified in some Centres. It was generally felt that the establishment of the ACFCs was a learning process for these mainstream NGOs involved in relation to culturally reflective practice.

> *"One of the challenges that we do find with some of the mainstream providers is that some of them, and this is not all of them, some of them were great with us, they were, but some of them just want to use us as a reference when they're tendering and going for the same Aboriginal programs that we're actually tendering for."*

These issues have been largely overcome, or are in the process of being overcome. In instances were these comments related to contracted organisations, the transition to Aboriginal community control was also identified as an opportunity to re-engage segments of the community that had disengaged from the process due to concerns or disagreements with the mainstream NGOs involved in Centre management.

6.2 Outcomes of cultural appropriateness

Aboriginality embedded throughout the Centres

When asked at the start of the ACFC project what culturally-appropriate service provision would look like, participants noted that Aboriginality would be embedded throughout the Centres, both in the physical space, as well as the approach and context to all that the Centres did.

> *"You would be able to sense and see the Aboriginality. That's the cultural context of everything we do. It's not about having a bit of Aboriginal content on the curriculum in term three. Families will know this is their place by the messages; subtle and unsubtle. Who greets you when you walk in the door, the children playing, how we approach the early learning, the artwork. Everything here is strongly influenced by that context."*

The evidence and feedback outlined above indicates that this has been achieved, with culture being present both in program design and service delivery across the Centres, children learning, growing

and becoming strong in their culture, as well as culture being more deeply embedded in the underpinning philosophy and approach to service delivery. Many participants spoke about it being about "instilling pride in culture".

> *"It's good for the kids to come together culturally, they know each other. I always say it takes a community to rear one child, so it's about having all the community around nurturing and loving the babies ... the kids all know each other and they know their links, if they're related so they're growing up with that cultural bond and strength."*

> *"They implement the culture side of it ... Some day care Centres don't even acknowledge Koori kids, you're just a number to them."*

Further, collaborations and partnerships with other mainstream service providers have helped to facilitate greater cultural awareness and cultural responsive practice among service partners (discussed further in section 7).

Culturally safe space

The above elements of culturally-appropriate service provision and service structures have contributed to the Centres being culturally safe spaces for Aboriginal children, families and community members.

The creation of a culturally safe space in the area of early learning and family support services is a significant outcome for the ACFCs, particularly given the structural and historical barriers that exist in this space. The areas of education, family and children's services hold deep generational trauma and pain for Aboriginal and Torres Strait Islander peoples in NSW and nationally. Given this, the significance of creating a culturally safe space as part of a FACS program cannot be understated, and is evidence of the success of the above mentioned elements and the investment and motivation of those involved in the establishment of the Centres.

> *"I had problems, so I came to here, and my son couldn't read and he was hitting other kids and not mixing in. I didn't know what to do. Here, they helped him out and now he's reading and not in trouble. I feel a lot better, coming here and meeting new people, I made new friends and it's built me up."*

Families accessing support who have never been to a service before

Across the ACFCs in NSW, an estimated average of 78% of children accessing early learning services had not previously accessed early learning before. Feedback indicates that the most significant element contributing to this engagement has been the culturally-appropriate service context, and the flexible and inclusive approach of the staff.

> *"I think close to 60 per cent have not been in childcare before. So there's barriers and now we are getting these children ... and we've had families come and say, okay we'll book that one child in for one day, two weeks later they said oh my child loves it here, can they have two, three, four days? So that's kind of telling us that*

once we're getting them in the door and they can see what we are doing and how well we do it, then they want their child involved more days."

Reasons given by parents as to how the ACFCs differed to other service providers included the level of personal support provided, not feeling judged by the staff, feeling safe and comfortable at the Centres, and not being turned away because their problems are too hard or do not fit the service scope.

"Oh, it's so good. I've got six kids and in 11 years I haven't had a break. I've never ever put my kids in childcare, because you can never put them in anywhere else. And I do now."

"The parents are coming [to the playgroups] and wanting to be part of it. For them, for community people, it's about having those familiar faces, so they already know sista goes down there, so we'll go."

> **STORY OF CHANGE: GROWING STRONG KIDS AND COMMUNITIES**
>
> **"I started coming because I was new to the area, so it's the only way I can get to know other women, and my kids can interact with their kids as well. I enjoyed playgroup, my kids enjoyed playgroup, and then we got offered places for the Centre. I've got two kids with learning and behaviour disabilities, and my son was six months behind in his learning development. It's an amazing job that they've done here, it's unbelievable, you can't even recognise the same kid ... it's a big difference."**

7 Service integration & partnerships

Evaluation question:
How appropriate is the integration of early childhood education with family support services? Are partnership models appropriate?

Summary assessment

rubric result
effective

All the ACFCs operate an integrated service delivery model. The first aspect of integration is the co-location of early learning and family support services in a purpose built building. The second is that family support is provided through an integrated service delivery model, where other service providers work out of the Centres (e.g. primary and allied healthcare).

◖ Key facilitators include the level of integration between early learning and family support services, partnerships built with other providers, integrated services addressing service gaps, and goodwill among providers.

◖ Key challenges relate to the difficulties of contracted organisations working together, the significant resources required to support integration and funding uncertainty.

◖ The appropriate integration of services and partnerships has led to holistic and coordinated care, improved outcomes for children and adults, and increased cultural capacity among mainstream providers.

Facilitators

Integration of early learning and family support services

Partnerships built with broad range of service providers

Goodwill & motivation among service providers

Challenges

Contracted organisations working together

Resources required to support integration

Funding uncertainty

Outcomes

Meeting needs and improving outcomes through holistic and coordinated care

Increased cultural competency among service partners

7.1 Elements of service integration and partnerships

Integration between early learning and family support services

The key element in the design of the Centres is the co-location and integration of early learning and family support services within the one Centre and building. The level of integration has varied across the Centres. At a minimum, integration has meant the following for children and families:

◖ Referrals occurring from early learning to family support / integrated services

◖ Family engagement from family support staff leading to early learning enrolments

In Centres where integration between the two arms of the service is very high, high levels of integration are characterised by:

◖ Either one management structure for early learning and family support, or the Director of Early Learning and the Centre Manager co-manage the Centre with shared management responsibility and joint decision making

◖ An integrated intake process for new clients of both early learning and family support

◖ Staff from both early learning and family support services interacting regularly and being collaboratively involved in staff meetings, staff days, service design and service planning.

Those Centres where the minimum level of integration is operating have indicated a desire for the two arms of the organisation to operate with a higher level of integration. Barriers to this occurring have included two different organisations operating each component, the early learning component only being relatively recently established compared to family support services, staff feeling stretched and unable to take time to further develop systems between the two, and the focus being on other more immediate needs (namely securing funding and developing services).

Soft entry to a holistic service model

As part of this holistic service model, the Centres have focussed on creating multiple opportunities for children and families to enter services. These soft entry activities have included events and activities such as hosting local family and cultural days (e.g. NAIDOC and Sorry Day celebrations), welcoming days where new babies are welcomed into the community by Elders, opportunities for parents to bring babies in for hand and feet moulds, pregnancy belly casting, holding reading groups in the park, and cultural learning including Aboriginal dance, song and art.

> *"Look, that day we came up here for the Sorry Day, you know, all these parents they just wandered in with their little kids it was as natural as ... there was a real sense that they belonged here. And we had a huge family fun day in one of the parks out in the housing commission part of town. I have never seen so many people. So there was just huge community involvement and we never dreamed that that many people would turn up."*

Outreach has also been a key component of service delivery, with Centres going out into the community to connect with community members. Examples of this include an outreach bus for service delivery, outreach into local schools, as well as door knocking and neighbourhood visits.

> "We do have a lot of outreach; once a month we go out, outreach and connect with all those people out there to let them know what's happening. We go to the schools and do little programs so they all know, and the parents know we're there."

Most Centres also provide assistance to remove as many structural barriers as possible to ensure community members can access programs and services, including the provision of transport, catering, and assistance with caring for children when offering activities for parents. Centres providing transport assistance either own their own bus or utilise community transport services to enable community members to get to the Centre and to take activities and services out to the community.

> "It's community based and it's close to the area where I live and it's a good environment, and it's lovely to pop in and out and visit and I've got a little granddaughter here ... plus there's a doctor's surgery here every Wednesday. And to use the computers and the facilities are pretty good."

Partnerships with other service providers

A key activity in the development of the Centres has been to build relationships and partnerships with other service providers. Across the nine ACFCs in NSW, a significant number of service providers have been engaged as service partners and integrated service providers. In the six months from January to June 2014 at least 160 service partners were involved in service delivery with the ACFCs. At the time of writing this report there were current memoranda of understanding in place with 16 of these organisations, with most working informally.

In each of the Centres, relationship building has been intentional with service providers indentified early in the process for partnership and collaboration. Key mechanisms for developing relationships have included utilising existing networks and relationships of LRG, board and staff members, attending interagency forums and meetings, attending activities and events hosted by other services, and hosting information days for local service providers. Further, activities such as mapping services and conducting scoping exercises for integrated service delivery was undertaken by Ngallu Wal, Cullunghutti and Waranwarin in the early stages of the Centres' development. Building service partnerships generally began slowly for the Centres at first, with momentum building as the establishment period progressed, particularly as the new buildings opened.

> "The really key people have … spent a long time saying, 'Do we have the right people and are there others out there that we need to include?' ... They're working at the school with most families and the new principal at the high school is on board and will make referrals. The preschool director has been really great. The Aboriginal health unit at the hospital will also make referrals."

"I am proud that I can be associated with a community run organisation, providing services to some of the most disadvantaged in our community. There has been a greater willingness for local Aboriginal and Torres Strait Islander families to seek psychological assistance [in this Centre]."

A key component in service integration has also been to not duplicate services, but enhance service delivery for Aboriginal families. This has involved ongoing consultation and engagement with other service providers, as well as promoting and building capacity in integrated service delivery among other services in the area. This has included activities such as direct consultation and engagement with individual services, and area-wide workshops and information sessions.

"Certainly I know that they have tried to talk to other services similar to us in the area, they have talked about trying not to duplicate. They've also worked with some of those groups to see if there is possibility for them to do some of the time out of their offices ... that is their aim … to try and work together."

The partnerships developed with other service providers have led to children and families accessing a broad range of services through their involvement with the ACFCs. Table 8 outlines the range of services provided via the ACFCs, with at least 50 different service types being identified. Services have been provided in the areas of health, early learning, family support, workshops and training, and social support.

Partnerships have enabled all Centres to provide infant health checks and maternal health services (antenatal and postnatal care). Most Centres have also been able to provide regular general health checks and/or GP clinics. These primary health care services have also enabled immunisations to be provided to children at the Centres.

Allied heath and specialist providers have also partnered with the Centres, enabling families to be bulk billed for services such as speech therapy, occupational therapy, counselling, dental care, optometry, podiatry, psychology, paediatrics and others. This has substantially increased the accessibility of these specialist services for those now able to access them.

Service coordination

In supporting service partners to deliver services from the Centres, family support staff provide almost all of the administration and referral support required. This is in order to facilitate a smooth service delivery process for children and families. This support also minimises the burden on service partners, particularly those offering allied and specialist health services, given many areas are already sacrificing resources due to agreed bulk billing arrangements for ACFC clients. Such support was identified as a key facilitator in enabling service partners to operate successfully from the Centres, and coordinating care and referrals for children and families.

The impact of reduced funding on staff resources, particularly the loss of Family Connectors, Community Connectors and Family Support Workers in some Centres was noted by both ACFC management and service partners. For example at least two Centres no longer have Community Connectors, and one Centre had reduced staff from three Community Connectors to just one. There

were significant concerns in relation to the negative impact this would have on the level of services provided under integrated service delivery arrangements given the important role Community Connectors have within the ACFC model. It was felt that reduced staff resources in family support and community engagement would lead to fewer referrals and less onsite support for service partners. Further, Centre Mangers expressed fears that the loss of these roles and support would have the biggest impact on the most disadvantaged families.

Early start diagnosis

In order to further support service coordination and early intervention for families, the ACFCs received funding through ADHC to provide an Early Start Diagnosis support program. This involved the Centres employing an Early Start Diagnosis worker to facilitate support for families with children who have recently been diagnosed with a disability, have an identified developmental delay or concerns with developmental delay.

The program involves a tailored plan for support to be designed for the family. This program being delivered with the ACFCs in an environment of integrated service delivery has meant that mutual referrals and care coordination between the Early Start Diagnosis worker and service providers has worked well and helped families to more easily access the range of services they need. Where families have needed additional or more intensive support than what is offered at the Centres, Early Start Diagnosis workers have also been able to coordinate this care and support families to meet referrals and access services.

The positioning of these roles within the Centres has enabled Aboriginal children to access early intervention that is in keeping with ADHC's approach to early intervention support and inclusion for children with disability:

> "If your child needs additional support, they should be able to access this through their natural everyday environments and routines, such as at home or in early childcare settings. To give children the best start they can have it is important to access these supports as early as possible." (ADHC 2014)

Good will and motivation among service providers

ACFC service staff and management identified that a great level of good will and motivation had been demonstrated by service partners involved in their Centres. This included the time and effort service partners had contributed, in-kind support such as sharing materials and time and, for some specialist health workers, offering services to ACFC clients under bulk billing arrangements thus forgoing significant potential income.

> "So I think that was enormous, the fact that individuals and Aboriginal organisations were able to just say, 'Righto, we've got our differences, we've got our history ... but for this organisation we're putting that aside and we just want this to work'."

The shared commitment to improved outcomes for Aboriginal children, families and communities, as well as commitment to see the Centres themselves thrive and grow, were key motivators for service partners. Service partners involved in the ACFCs spoke highly of Centre staff and the design and

facilities of the Centres themselves. All indicated an ongoing commitment to continuing their involvement and partnerships with the Centres, and many also wanted to see more local services and service providers become involved in the Centres.

Difficulties with service integration

The broad range of services provided across the Centres is evidence to the generally strong level of support for the ACFCs among other service providers. In some locations, a few service providers have expressed discontent over the presence of the ACFC or refusal to become a service partner. In part, this has been due to those services identifying inadequate consultation and involvement with their service, the ACFC being in competition for government funding, or a reluctance to become involved given the funding uncertainty post-2014 from the beginning.

> *"It's been difficult getting partners to the table with no funding to offer, in an over-stretched and under-funded sector. Competitive tendering for every dollar has created fragmentation and politics in the sector. Other consortiums were not successful and that meant it was hard to get the right people to the table."*

An additional challenge identified was that in some cases Centre staff had limited influence over how some mainstream service providers worked with families at the ACFCs, raising concerns about the cultural appropriateness of service delivery and transparency.

Opportunities were also identified for further enhancing service partnerships. These included building relationships with more services so each Centre increasingly offers a broader range of services than those outlined in Table 8. A few service partners also noted that they were unaware of what other service partners were working with the Centre, or what support services other partners were providing. As such it was felt that the ACFCs could also further promote communication and relationships between service partners into the future to further improve continuity of care.

7.2 Outcomes of service integration

Integrated services addressing community needs and achieving client outcomes

Key feedback from service users and ACFC staff has been that the services people have been able to access through the Centres have met the broad range of needs that children, carers and families have presented with, and provide a model of holistic care. As well as the provision of services out of the Centres themselves, Centre staff and service partners have also referred children and families on to other local service providers. Referral processes between the ACFCs and service partners are generally strong.

Feedback indicates that the links and relationships developed between the Centres and service partners has enabled improved coordination of care for children and families, greater opportunities for early intervention, greater access to services required, and ultimately improved outcomes for children and adults. The integrated service delivery approach has facilitated access to specialist services that

were previously unaffordable, unavailable or unknown to parents and carers. There have been many examples provided of significant positive outcomes for both children and parents.

Having a strong network of service partners also assists services to mutually identify needs in their community and work together to meet those needs through coordinated and holistic service provision. This was a key element of service planning from the outset.

> "It's really timely to talk about how all the services link together so we don't have disjointed processes for families – making sure no-one falls through the cracks".

Mutual learning between ACFCs and mainstream service providers

In speaking about their relationships with mainstream service providers, ACFCs also noted that there was a mutual learning and capacity building taking place. Specifically, it was felt that as mainstream service partners contributed their skills and expertise to the integrated service model, the ACFCs also assisted these organisations to become more culturally responsive in their own practice. This learning was said to be evident in both the way mainstream service providers worked with children and families at the Centres themselves, as well as a change in approaches and practice outside the Centres.

> "I said, 'Look, why don't we do this together? You deliver your component and we'll bring across the cultural stuff'. They said, 'That would be great. We don't know how to do that'. So we did and it was fantastic. The parents loved it; they want additional programs."

A few Centres also noted that they had been called upon by other local service providers to provide support, training and/or advice in working with Aboriginal children and families. While this is seen as an important role for the Centres to play, it is also time and resource intensive.

STORY OF CHANGE: FACILITATING THE BEST START FOR KIDS AND SUPPORTING PARENTS

"**Kiah was a young Aboriginal mum with two young boys, both were diagnosed with autism. She wasn't engaged with any services and was socially isolated. She started coming in to our Centre to see a psychiatrist once a fortnight. At the same time we started working with her two boys. Kiah started to engage with some activities and meet some other local people but she had no other support and is separated from her husband. Kiah now feels there is somewhere she can go where she will be supported and the boys are now getting the help they need too.**"

Table 9: Services provided by NSW ACFCs

	Ballina ACFC (Ballina)	Dhirraway Dhaarun Bawu ACFC (Brewarrina)	Waranwarin ACFC (Minto)	Ngallu Wal ACFC (Doonside)	Winanga-Li ACFC (Gunnedah)	Warranbaa Dhurrali ACFC (Lightning Ridge)	Yenu Allowah ACFC (Mt Druitt)	Cullunghutti ACFC (Nowra)	Nikinpa ACFC (Toronto)
Direct service provision by the ACFCs									
Day care	●	●	●	●	●	●	●	●	●
Preschool	●	●	●	●	●	●	●	●	●
Playgroups	●	●	●	●	●	●	●	●	●
Early diagnosis	●	●	●	●	●	●	●	●	●
Family support	●	●	●	●	●	●	●	●	●
Parenting programs	●	●	●	●	●	●	●	●	●
Services provided in partnership									
Health									
Infant / child	●	●	●	●	●	●	●	●	●
Maternal	●	●	●	●	●	●	●	●	●
General health checks / GP		●	●	●	●		●	●	●
Allied & specialist health									
Child dental	●			●	●		●		
Child psychology						●		●	
Counselling		●			●			●	●
D&A		●				●			
Grief		●				●			
Sexual assault					●				
Dietician			●						
Hearing checks								●	
Occupational therapy						●		●	
Optometry				●					
Paediatrics								●	
Physiotherapy				●					
Podiatry				●					
Speech therapy			●		●		●	●	
Early learning									
Outreach playgroups	●			●	●		●	●	
Reading		●	●				●		
Transition to school	●						●		
Breakfast club				●					

| | Ballina ACFC | Dhirraway Dhaarun Bawu ACFC | Waranwarin ACFC | Ngallu Wal ACFC | Winanga-Li ACFC | Warranbaa Dhurrali ACFC | Yenu Allowah ACFC | Cullunghutti ACFC | Nikinpa ACFC |
	Ballina	Brewarrina	Minto	Doonside	Gunnedah	Lightning Ridge	Mt Druitt	Nowra	Toronto
Family support									
Referrals	●	●	●	●	●	●	●	●	●
Disability support	●	●	●	●	●	●	●	●	●
Family relationships			●				●		
Outreach to adult residential	●								
Postnatal support		●				●			
Brighter Futures				●					
Workshops / training									
Parenting		●		●		●	●	●	
Cooking		●	●						
Self esteem & wellbeing		●				●			
Language					●	●			
Mental health			●			●			
Budgeting				●		●			
Men's programs						●		●	
Life skills			●						
Homework club			●						
Child health info sessions			●						
Managing child behaviour								●	
Nutrition								●	
Social support									
Centrelink		●	●	●		●		●	
Child protection	●	●			●	●	●		
Court / police		●			●	●			
Housing			●			●			
Legal support	●								
Gambling				●					
Employment			●		●				
Other									
Heavy vehicle license training						●			
Funeral booklets		●							
School holiday activities									●

Source: NSW IECD NP Bi-Annual Report for 1 January 2014 to 30 June 2014 and qualitative interviews

8   Aboriginal employment

Evaluation question:
Has recruitment and retention of suitable staff been an issue for each Centre?

Summary assessment

rubric result
good

The number of staff employed across the nine ACFCs in NSW almost doubled between 2013 and 2014 (increasing from 60.5 employees to 115 employees between 1 July 2013 and 30 June 2014). The majority of employees of ACFCs are local Aboriginal community members.

The development of a local Aboriginal workforce is seen as central to the success of the ACFC program in NSW. While overall the ACFC program in NSW has provided employment opportunities for local Aboriginal people at each of the ACFC sites (with Aboriginal people comprising 80% of all people employed across the nine ACFCs), recruiting a local Aboriginal workforce with requisite skills has been a considerable challenge for all ACFCs. Given this context, the achievement of 80% Aboriginal staff should be viewed as a significant outcome of the ACFC program.

"I love seeing that we have heaps of blackfellas here working, there are only two non-Aboriginal people working here. For community to have that ownership, that is going to be excellent."

Outputs

Aboriginal people employed in key roles

Local Aboriginal staff employed in a range of roles

Considerable efforts to skill & train local workforce

Challenges

Identifying community staff with requisite skills

Capacity to provide structural support for roles

Developing nature of roles and services affecting

Outcomes

20% quota exceeded for Aboriginal people employed in construction

80% of staff positions at ACFCs filled by Aboriginal people

Strengthened capacity of local Aboriginal workforce

8.1 Recruitment of Aboriginal staff

At 30 June 2014, there were 115 staff employed across the nine ACFCs in NSW. Aboriginal and Torres Strait Islander people filled 80% of these positions. Aboriginal and Torres Strait Islander people were employed across all areas of the Centres, including director/Centre management, early learning, family support and administration roles.

Table 10 outlines the number of Aboriginal and non-Aboriginal staff employed across the nine ACFC sites at 30 June 2014, by staff position.

Table 10: Number of staff and positions

	Cullunghutti ACFC Nowra	Dhirraway Dhaarun Bawu ACFC Brewarrina	Warranbaa Dhurrali ACFC Lightning Ridge	Nikinpa ACFC Toronto	Ballina ACFC Ballina	Ngallu Wal ACFC Doonside	Yenu Allowah ACFC Mt Druitt	Waranwarin ACFC Minto	Winanga-Li ACFC Gunnedah
Management	2	0.5	0.5	1	1	3	2	1	2
Community / Family worker	3	2	3		5	2	3	4	
Early Learning Staff	6			12	24	3	2	7	10
Administration	1	1	1	3	1	1		5	3
Total Aboriginal staff	**10**	**2**	**4**	**12**	**18**	**8**	**6**	**17**	**15**
Total non-Aboriginal staff	**2**	**1.5**	**0.5**	**4**	**12**	**1**	**1**	**0**	**0**
Total staff	**12**	**3.5**	**4.5**	**16**	**31**	**9**	**7**	**17**	**15**

At 30 June 2014, the Centres varied considerably in terms of the number of staff employed, ranging from 3.5 employees in Dirraway Dhaarun Bawu to 31 employees in Ballina. This is reflective of the different operational stages of the Centres (with some yet to provide early learning services), as well as the size of the childcare Centres - 35 childcare places (Yenu Allowah and Winanga-Li) to 59 childcare places (Ballina ACFC).

A significant achievement of the ACFCs has been the fact that the majority of staff at all Centres are Aboriginal. In many of the ACFCs local Aboriginal people hold key management roles. Stakeholders and service users credit a strong Aboriginal presence at the Centres as one of the key factors that contribute to the engagement of communities and families with the Centres. The capacity building, up-skilling and employment of Aboriginal staff have also had a positive impact for these staff, their families and the communities.

> *"I consider I have a dream team here. All are women from the community, who have worked in the community for a long time, and hit it hard ... [with] genuine passion and commitment."*

In discussions about quality of staff with both stakeholders and service users throughout the evaluation, value tended to be placed on attributes such as a shared cultural understanding, local community knowledge and commitment to the community, rather than specific formal qualifications or experience. This highlights the importance of local Aboriginal workforce development to the success of the ACFC program in NSW.

> *"You have to have Aboriginal people on board and people with enough credibility to get the community to walk in the door. It's the only way that Aboriginal people will go to the new Centre."*

> *"In the end, people go to a Centre because they know and trust someone."*

8.2 Training and support for Aboriginal staff

The ACFCs have made a considerable effort to skill and train a local workforce. Anecdotal feedback suggests that some of the Centres have employed Aboriginal people in their first paid job. In most Centres, the LRG, the SRSO, the Centre Manager and local Aboriginal employment services have been working together to maximise employment and training opportunities for Aboriginal people within the Centres, on the construction site and within the context of service delivery.

All Centres have invested in formal training initiatives for staff. This not only increases the development of a trained local workforce within the ACFCs, but also contributes to the building of capacity within communities to provide culturally appropriate and quality services to Aboriginal and Torres Strait Islander communities locally.

Aboriginal early learning staff at Ballina, Ngallu Wal, Nikinpa, Yenu Allowah, Waranwarin and Winanga-Li ACFCs have or are undergoing TAFE or university level training in the area of children's services and/or early childhood education.

Additionally, in the period January to June 2014 across the nine Centres, staff undertook training in the following areas:

◖ Management: Leadership-in-action, business administration, Director training

◖ Family support: Triple P, suicide prevention, counselling, welfare (child protection), mental health, workshop facilitation skills

◖ Administration: Mind Your Own Business (MYOB), Smartboard training, website management

◖ Occupational health and safety: first-aid, fire safety, asthma and anaphylaxis, building inductions

◖ Cultural awareness training.

In addition to formal training, staff have been supported by informal mentoring from more experienced staff, members of the LRGs and local agencies. Centre Mangers noted that training and mentoring staff was a significant part of their role, with incredible gains as well as being challenging and resource intensive. Further, most Centres have invested in training in early childhood education and other forms of professional development and support for staff.

> *"There's just a big difference with this Centre, because I was doing my work placement at another childcare Centre, and they just don't worry about the kids, they don't spend time with them one-on-one. And then move the people that work there. So when I changed to come here, you could tell a really big difference with how welcoming and - I don't know, it's just great."*

There is a need for continued and ongoing commitment to training Aboriginal people in early childhood and developing career pathways due to staff turnover and the necessity to maintain a casual pool of trained and skilled workers, particularly given licensing requirements for staff to children ratios.

8.2.1 Fostering Aboriginal leadership

There were significant challenges with recruitment and a high turnover of Centre Managers, with six Centre Managers across seven locations resigning within an 18 month period during the course of the evaluation. Recruitment has been difficult due to issues such as providing adequate support for people who have been recruited to deliver on the enormous brief, and the unique challenges associated with working in one's own community.

Discussions with Centre Managers and Early Learning Directors/Coordinators indicated a perception of a lack of structural support for these positions in terms of formal qualifications, professional development and mentoring. A number of Aboriginal people employed in management positions across the ACFCs are in leadership roles for the first time. Evaluation feedback from these staff members indicates that many have felt support for their role has been limited.

*"I was thrown in the deep end, given a brief, and told to go for it but with no
support or infrastructure."*

*"Retaining is more than training; it's more than signing people up to a traineeship.
It's about never putting an Aboriginal person into a position on their own. It's about
understanding the impact of trauma. And making sure the whole organisation's
attitude is culturally supportive, and usually that means support for Aboriginal staff
from Aboriginal staff."*

The evaluation suggests that there are greater opportunities for the lead agencies in the ACFC
Service Partnerships, and FACS, to play a role in fostering Aboriginal leadership. This type of support
and capacity building is crucial to the development of a local workforce – both at the ACFCs and
elsewhere. Challenges were also identified in recruiting higher management level positions given
limited career pathways for Aboriginal people to senior management and director positions in the
early childhood sector. The need to develop the Aboriginal early childhood workforce to this next level
was highlighted.

8.3 Recruitment and retention challenges

8.3.1 Commitment to local Aboriginal employment

Despite 80% of people employed across the nine ACFCs in NSW being Aboriginal, one of the key
challenges faced by all the Centres in providing employment opportunities for Aboriginal people has
been identifying local Aboriginal community members with the requisite skills and experience to
undertake roles. Additionally, once in roles, many have received limited structural support and
mentoring to maintain the ongoing success of their positions.

Feedback from all the Centres suggests they face ongoing challenges attracting and retaining people
who have both local networks and relationships, and the requisite skills, qualifications and experience
to support early childhood development.

This issue was exacerbated by the fact that the ACFCs are still in the development stage, and have
been built from the ground up. A lot of staff positions have had to develop fairly organically in an
environment of rapidly growing staff numbers and service delivery. The developing nature of staff
positions and Centre services resulted in a lack of clear distinction around roles, in some cases
impacting on employment stability and staff retention.

Some of the strategies used by the Centres to address this have been facilitating information
sessions to support the advertisement of positions, proactive targeting of TAFE and universities for
potential candidates, and active use of social media and networks to broaden the reach of
advertising.

As the profiles of the Centres continue to grow, and as the Centres move through the establishment
phases to being fully operational, Centres are reporting that these recruitment challenges are easing.
Similarly as service delivery is stabilising, position descriptions are becoming easier to define.

8.3.2 Short term and uncertain funding

Finally, funding uncertainty has placed considerable pressure on recruitment and retention of staff across the ACFCs, with services operating with no guarantee of key funding for services beyond June 2014. Centres have reported workers are under pressure to start looking for new jobs, in the wake of not knowing whether they will be employed in the near future. While it is not possible to put a figure on the extent to which this is an issue for the ACFCs, anecdotally staff and management are increasingly anxious about their future employment.

The impact of funding uncertainty on community and client confidence, the capacity for longer term planning, and the development of staff and other assets to foster productivity and growth is discussed more fully in section 12.

8.3.3 Other outcomes in Aboriginal employment

A commitment to Aboriginal employment through the ACFC program has also been demonstrated in relation to the construction of the Centres; the target from the National Partnership Workforce Strategy was that 20% of people employed in the construction of the buildings would be Aboriginal. Program data indicates that this target was exceeded, with the Aboriginal participation on the construction of the ACFC premises averaging 25% through builders engaging Aboriginal staff directly and through employment agencies at the project locations (FACS 2013).

Local agencies have also involved Aboriginal community members in the construction of the ACFCs.

> *"Local schools will be involved in landscaping and planting trees. There will be a mural for the men, women, Elders and children. This way, everyone who walks in will feel they had a role in creating the building and feel ownership and pride and everyone will look after it."*

9 Governance and management

Evaluation question:
Are governance and management structures of ACFCs appropriate for meeting their aims and objectives?

Summary assessment

rubric result
good

The development of all the ACFCs in NSW has been guided by LRGs, which has been an appropriate governance model. Strong Aboriginal leadership has also been a key strength of the management model.

Aboriginal community control was a key goal of the ACFCs, and as at September 2014, six of the nine Centres are operating under an ACCO. As most Centres have only been fully operational for less than six months, it is too early to assess the appropriateness of current governance and management structures.

◖ Key facilitators include LRGs, Aboriginal leadership, personal investment of key stakeholders, governance composition and capacity building to enable Aboriginal community control.

◖ Key challenges include timeframe to transition to community control (non-ACCO Centres), funding insecurity, and navigating processes required to open early learning Centres and register new organisations.

◖ Appropriate governance and management structures have led to the delivery of family support and early childhood services to Aboriginal families, community ownership and pride, and further increased capacity for Aboriginal leadership in these sectors.

Facilitators

LRGs support & guide initial establishment phase

Aboriginal leadership & personal investment

Governance composition

Capacity building to enable ACCO transition

Challenges

Funding uncertainty

Timeframe to transition to community control

Navigating processes for licensing and registration

Outcomes

Delivery of family support and early childhood services for Aboriginal families

Increasing community capacity to govern Centres

Community ownership & pride

9.1 Elements of governance & management structures

The original vision for the development of the ACFCs was based on the principle that local Aboriginal communities are best placed to advise on and lead the establishment of the Centres and that local engagement and ownership are critical to the success and long term viability of the Centres. This was to be achieved by LRGs playing a key role in the initial governance and management of the ACFCs, and for this structure to be transitioned to a community governing board. The original objective for Centres where a non-Aboriginal Centre Manager was appointed was for the Centre Manager to develop strategies to ensure that the management and operation of the Centre are transitioned to an Aboriginal organisation within the term of the Service Agreement. The evaluation results indicate that this is a critical objective, but that the timeframe for achieving this was unrealistic.

In assessing the appropriateness of the governance and management structures for achieving the project aims, it is important to consider this in relation to the establishment phase, and to future service delivery. This section describes the governance and management structures utilised during the development of the ACFCs across NSW, and discusses the appropriateness of these structures. It is too early to assess the appropriateness of the governance and management structures in achieving the long term objectives for the Centres moving forward, as the majority of the Centres have only been operating with the early learning component for a short time, and the governance structures are evolving. However, the evaluation identifies a number of key considerations for the future direction of the Centres, and indicates that while the governance and management structures are appropriate, it will be important that adequate focus and resources are dedicated to further developing and consolidating community-driven governance and management models.

The governance and management structures varied across the ACFCs, due to the range of contractors involved, and community differences, including variations in service infrastructure and existing community governance models. The key governance and management components to date are the LRG and the Centre management role.

9.1.1 Local reference groups

All nine Centres had an active LRG that played an important role in guiding the development of the Centres so that they appropriately reflect local Aboriginal community expectations and priorities. The LRGs played an important role in enabling partnerships and planning to be conducted with key Aboriginal organisations, as well as other local and state government agencies. The LRGs were identified as a key strength in the establishment of the ACFCs and "getting the right people around the table from the beginning" was identified as a key strategy in ensuring strong and effective governance. Having champions on the LRG who helped with key tasks, such as procuring land, obtaining DA approval and developing service partnerships was also seen to facilitate achieving key milestones. Having LRGs from the very beginning of the project was seen as a key strength.

The establishment of an LRG in each location was the primary governance mechanism for undertaking the initial phase of the Centres' establishment. LRG structures have varied across the

ACFCs. Most ACFCs have had a core group of five to ten members, with one ACFC having a more open approach to membership and sending notifications of meetings to a large mailing list.

Membership was intended to be a mix of Aboriginal community members, Aboriginal service providers and specialist mainstream service providers. As described earlier in section 5.1, on the whole LRGs had consistent membership representing the latter two groups; however, concerns were raised by some regarding the extent to which community members were represented on the LRGs. It was also noted that service users were not generally involved in the LRGs, although in a few Centres this had been addressed more recently.

Several LRG members also highlighted the challenges in implementing the LRG model in complex communities where relationships in the communities are fractured.

Overall, it has been rare to maintain community representation in the LRG throughout all phases of the project, which was felt to be due to the lengthy establishment process that ran for many years. However, there were several examples where community members and Elders had been involved from the very beginning, and the commitment and personal investment of these LRG members was very highly valued. Across the evaluation, it was clear that the personal investment and in-kind support of the LRG members to the Centres was significant.

> "I'm very proud...We had a good working party. All the people cared, and everyone had their say, everyone walked out proud knowing what they said would go in the constitution ... I was determined to get it finished, and we kept it going because we want it to be controlled by Toronto people forever."

> "One of the greatest achievements was having the community on board from the beginning, and they remain committed ... and what these discussions achieved is great. In the end we all just want a better chance for our kids."

Aboriginal LRG members also acknowledged the contribution of non-Aboriginal LRG members to the establishment of the Centres.

> "To me there was a real reconciliation process taking place ... because in this room we would have people from early learning centres, university, Aboriginal members representing where they worked ... and we'd all be sitting down together respecting one another ... that to me was what I really loved about being involved ... that we're all sitting at the table and sharing a lot of knowledge and learning ... Everyone was sharing their expertise and that's what was good about it."

There were variations in the extent to which the LRG was involved in decision making. At one end of the continuum, LRG members were involved in decisions about the service provider contract, the land acquisition, the DA, building design, recruitment of Centre Managers and staff, service partnerships and program development, and future governance models. At the other end of the spectrum, LRG members provided advice, but were not given authority in relation to the operational aspects of the Centres. In almost all Centres the LRG played an active and significant role in service development, although the service provider was the ultimate decision maker. In several cases, LRG

members were included in the tender panel assessment team, and in staff recruitment panels. During the qualitative consultations conducted in 2012/2013, there were concerns among some LRG members that their level of influence was limited, and they did not feel heard by the contracted agencies, with suggestions that this led to management decisions that were not in the best interests of the community. Qualitative consultations conducted more recently suggest that for some LRG members these concerns had been addressed.

The evaluation also highlights the importance of clear definitions of the roles and responsibilities of the LRG and the Centre Managers. In locations where these roles were not clearly defined and understood, LRG members expressed concerns that their expectations in relation to their role were not met. It is also worth noting that the LRG roles and responsibilities evolved and were negotiated throughout the establishment of the Centres, and this flexibility was a key contributor to their successful development.

All LRGs have now ceased given their intention was to support the establishment of the ACFCs and provide input until the Centres had transitioned to their permanent governance structures. However, in three Centres there were concerns that the LRG had terminated prematurely as they ended before new governance structures had been put in place. In two of the Centres the LRG has transitioned to a Community Governing Board.

9.1.2 Aboriginal leadership

Aboriginal leadership emerged as a key strength and the most integral aspect of the project, and was critical in achieving appropriate management structures. In all except two Centres there is an Aboriginal Centre Manager, and the evaluation highlights the key role these Centre Managers have played in achieving outcomes. The leadership role played by Centre Managers was felt to be one of the most important components of this project.

> "A huge strength is that people who have gotten involved in the project are deeply invested in these communities and are smart, strong, knowing people."

The strength of these roles was due to the personal investment, determination and commitment of the individuals who took on these leadership positions. Centre Managers have facilitated the LRG engagement; recruited staff; met reporting requirements; planned and developed service partnerships; played a leading role in the design, DA process and build of the Centres; managed a rapidly growing workforce and developed training programs; implemented promotion activities and community events; assisted the development of the governance models and facilitated the licensing of the early childhood Centres; and this list is by no means exhaustive. Given the enormity of the task for these managers, and the uncertainty of the funding, the achievements have been extraordinary, and have come at great personal cost. The role has been especially challenging for Aboriginal leaders who have made a commitment to their communities, and who feel the communities have been "let down" by the process.

The challenges of the role had an impact on staff turnover, and only two Centres had a consistent Centre Manager throughout the establishment phase, with changes in seven of the nine Centres.

However, more recently there has been limited staff turnover, and seven of the nine Centres have had a consistent Centre Manager for the last 12 to 18 months.

The evaluation demonstrates the critical need for appropriate support mechanisms for Centre Managers given the breadth of the roles and responsibilities. In the establishment phase the SRSOs and FACS centrally provided support to the Centre Managers, which was highly valued (see section 10). This was important as the support structures within the relevant organisations in many cases were not able to provide the level of support needed by the Centre Managers, given the unique, challenging and diverse responsibilities they were managing. There were a few examples where Centre Managers received adequate support, and where this did occur, it was because the organisations had high-level skills and considerable experience in working in Aboriginal program delivery.

9.1.3 Transition to an Aboriginal Community Controlled Organisation

Seven of the nine Centres are managed by ACCOs or are currently transitioning to this governance model. In four of these Centres, an ACCO had the Centre management contract from the outset, so these Centres have always been governed by a board from the relevant community (although it should be noted that the Brewarrina Business Centre (BBC) board includes members from the Brewarrina community and this organisation is the Centre Manager for both Brewarrina and Lightning Ridge ACFCs). There are hopes that the Lightning Ridge Centre is transitioned to a local ACCO in the future. This is an important consideration, as these Centres did not need to focus energy and resources on transitioning to an ACCO, which is a significant commitment.

Three ACFCs have transitioned to an ACCO:

◖ Winanga-Li (Gunnedah) is registered as an incorporated association, is endorsed as a charity and is managed by the board of management elected by its members in November 2013. The board has undergone governance training, and has been in place for almost 12 months. It was felt the transition for Winanga-Li worked well because the LRG drove this process effectively.

◖ In Nikinpa (Toronto), Muloobinba Aboriginal Corporation was contracted as Centre Manager in February 2014. Muloobinba is also contracted to deliver the early learning services. Prior to this, the Department was the Centre Manager.

◖ At the time of reporting, Cullunghutti (Nowra) is transitioning to an ACCO. Relationships Australia was contracted as Centre Manager, and this role will be transferred to an ACCO after 30 September 2014. The contract for the current Centre Manager will also end at this time, and Cullunghutti have recently employed a consultant who is exploring service delivery, partnerships and funding options. The LRG was disbanded in early 2014, and in August 2014 Cullunghutti appointed a community governance board which includes community members, Elders and representatives from two local ACCOs. These board members will be mentored by the Illawarra Area Child Care Board, a community owned organisation that has the early childhood contract. It is also worth noting that in 2013, a governance model was proposed

based on a joint alliance between all existing local Aboriginal organisations. This was not established at the time, and there were concerns that this was a lost opportunity.

Two Centres are currently transitioning to an ACCO governance model:

◖ The Centre Manager and contractor for the delivery of the early childhood component for Yenu Allowah (Mt Druitt) is UnitingCare Burnside - Jaanamili Unit. Management has been supported by the LRG, which originally was a joint LRG that managed both Centres in Mt Druitt and Doonside. Since late 2013, Yenu Allowah set up their community governing board (advisory group) which is comprised of local Mt Druitt Elders, community members and service users, and this advisory group meets monthly. Governance training commenced in 2013, with the goal of transitioning to an ACCO in 2014, and is being supported by an Aboriginal consultant with expertise in governance. Initial recruitment for the advisory group was conducted in 2013, and in mid 2014, invitations for expressions of interest have been sent out to increase membership. UnitingCare is committed to supporting the board members and the transition of Yenu Allowah.

◖ The Centre Manager for Ngallu Wal (Doonside) is ChildrenFirst, and Yawarra has the contract for the early learning component; these organisations are not Aboriginal community controlled. Management of the Centre has been supported by an advisory group that is called the Ngallu Wal Board, which comprises local Aboriginal community members and Elders. The group meets bimonthly, and as at September 2014, were finalising the draft constitution for Ngallu Wal to become incorporated. The board has requested that there is a two year transition phase, and that in two years time (2016) the board will have responsibility for the governance of the Centre. It was noted that the current board have not specified that all board member positions should be Aboriginal-identified positions.

As can be seen, steps have been taken to enable the Centres to transition to ACCOs. It should also be noted that many Centres have been working with an experienced consultant with expertise in governance to assist in developing the governance models and drafting the constitution, and that governance training has been delivered in a number of Centres.

The evaluation indicates that governance is a significant issue moving forward, as there are clear expectations and hopes in the communities that the Centres will be community owned, and where the Centres are community owned, there was considerable pride expressed by families and staff.

However, given the funding uncertainty, there are significant challenges in achieving transition, with concerns that transitioning in this current environment will potentially "set communities up to fail". Similar concerns about operating in this challenging funding environment were expressed by the Centres that have transitioned to an ACCO.

10 Policy context & administration

10.1 Policy context

Commonwealth

NSW received $74.7 million in Commonwealth funding over six years to establish nine ACFCs, with funding allocated through to June 2014. In 2014 it was announced that the Commonwealth would not provide funding to the ACFCs beyond June 2014. There was an under-spend of the original amount allocated to the ACFC program in NSW, and in May 2014 the Centres were informed that this under-spend could be used, which enabled funding to be allocated to the Centres for the next one to two years[5], although the amount is half the recurrent funding. There was widespread disbelief and disappointment with this funding decision, especially given almost all of the ACFCs opened the child care Centres between February and June 2014, which meant they were enrolling families, applying for licences, and recruiting staff at a time when they did not know whether there would be funding post June 2014. There was also considerable frustration with the process, as it was felt that FACS took a long time to make a decision about allocating the under-spend and inform the Centres of this decision. While there was relief that the under-spend was made available to the ACFCs, there was considerable disappointment that the funding available is significantly less and for a short time period, which continues the level of uncertainty surrounding the future viability of the ACFCs.

There were also concerns in relation to the timeframes for the ACFC program. While the NPA IECD funding was based on a six year timeframe, contracts for the ACFCs were awarded from late 2010 through to mid 2011. A very consistent theme throughout the consultations is that it is unrealistic to expect the ACFCs to be established in a three year timeframe, given the establishment of an Aboriginal-run and lead organisation is a "massive piece of work".

It should also be noted that in Lighting Ridge and Brewarrina, there was an additional challenge in relation to the policy context, as these Centres were not able to access the Community Support Programme (CSP) from the Department of Education. The CSP assists child care providers to establish or maintain viable services in regional and remote areas where they might not otherwise be viable. This support is only accessible for one child care Centre in the location, so it was not possible for the ACFCs to access the CSP, as in both locations a child care service is currently receiving the CSP. In response, the BBC is currently exploring models for providing in-venue family day care.

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[5] The time period for the funding varies depending on the nature of land ownership for the ACFCs. For centres on land owned by FACS, funding has been confirmed for two years. For centres on land owned by other organisations (which includes, NSW Education & Communities, NSW Ministry of Health, a local government, a Land Council, and a PCYC) funding has been confirmed for one year. FACS is currently negotiating the transfer of the buildings to the respective land owners.

NSW

Since this project began there have been major changes in the organisational structure of the government of New South Wales, and in particular in FACS. A number of these changes were felt to have a significant impact on the establishment of the ACFCs. During the evaluation period (2011-2014) the NSW Government changed, and with this came changes in the organisation structure. The localisation restructure was announced in mid 2013, with a change from seven regions to fifteen districts, and during the restructuring there was considerable uncertainty within the Department. The restructure also resulted in a change in leadership and focus, with a greater focus on child protection rather than prevention. Initially there was very strong support from senior leadership for the ACFCs, with a commitment to genuine engagement in order to achieve self-determination. This commitment from senior leadership was very important in the initial stages of development when LRGs were established, contracts were awarded, and capital works planning was conducted.

The changing political circumstances in the last three years were significant, and neither FACS nor the Centres were prepared for this. The results indicate that resources should have been devoted to succession planning for the end of the National Partnership Agreement, so that the NSW Government could have developed strategies in advance to respond to the end of the NPA funding.

10.2 Elements of FACS administration

SRSOs

A key strength of the Department's approach was the appointment of dedicated Senior Regional Strategies Officers (SRSO) in each location to provide support and oversight to the project. They were described as "big on consulting the community and engaging" and "very experienced", and were seen to be a great source of support. For most of the Centres, there was a consistent SRSO throughout the establishment phase, and a strong relationship was developed with the SRSO and Centre Manager and this further enhanced the effectiveness of the support provided.

Most participants described the SRSO role very positively.

> "Involvement from FACS has been positive through the SRSO. That position has helped to drive the project, keep it focused and moving forward."

> "They have been really pro-active and if they weren't leading from behind I think the wheels would have fallen off. The lead agencies have a million other things to do but their priority and brief is just this project. It would have fallen over if they were not in that role."

There is strong evaluation evidence that if a program like the ACFC strategy was to be implemented in the future, it would be important to include a similar SRSO model of support. Given the diverse range of responsibilities during the establishment phase, the SRSO support was critical as it facilitated engagement with organisations, service providers and the LRG, enhanced service planning

and delivery, and supported Centre Managers in all aspects of the development. As well, the local connections the SRSOs brought to the project were highly valued.

While the SRSO support was critical during the establishment phase, the evidence suggests that there is no longer the need for the high-level SRSO support for each Centre, although there is an ongoing need for support to be provided by the Department by skilled Aboriginal staff, especially given the transition to ACCOs. This would enable Centre Managers and other senior leaders to receive direct support when needed. The evaluation also indicates there is an opportunity for mechanisms to be developed so that the Centres can support and learn from each other.

The Aboriginal SRSOs are uniquely positioned between the Department and the community, and these dual roles were keenly felt. If a similar model was to be implemented in the future, it will be important that support structures are developed for Aboriginal staff in these positions. The SRSO role requires culturally appropriate support, with an understanding of the impact of the pressures of playing these dual roles. While this refers to supportive management structures, this could also include the development of Aboriginal teams (rather than isolated individuals). The general consensus was that FACS could have done more to look after the Aboriginal staff. However, it should be noted that in most cases management support for the SRSOs was valued.

The challenges faced by the SRSOs were especially difficult in the last 12 months where funding uncertainty followed by disappointing funding decisions had a very significant impact, as many felt that they were "letting the community down" and "breaking promises" even though this was outside their control.

> "One of the greatest challenges for me personally....I struggled as an Aboriginal person when our State Government didn't see the need. Currently they are only investing $4.5 million across the state, through the surplus from the Commonwealth. And to me, $4.5 million isn't a lot to invest in early intervention and prevention; this isn't a lot to invest for some of the most vulnerable people in Australia. And I struggled that our government didn't see that, but yet would put millions and millions into out of home care services, when the evidence is telling us invest early, but because they don't see the short term gains, and it's really hard to evidence how things' improved in a short time period. This is generational change. But that's what we've got to play with at the moment. I don't think any of us have come out of it without scars."

The contracts for all except one of the SRSOs ended in June 2014, and the support provided to these skilled Aboriginal leaders at the conclusion of the contract was limited. There was also concern that the skills of the SRSOs offer considerable opportunities for FACS, and that this was not realised.

FACS Central Office

The administration the NPA IECD within FACS included a team from Central Office who were responsible for contract management, reporting, data collection systems, and ongoing support more broadly to Centre Managers, SRSOs and contractors. In particular, the team provided considerable support to assist in the management of the building. Having a team with oversight across all Centres

was critical, and would be an important component of the model to replicate if a similar program was to be developed in the future. Generally, the relationships with the Centre Managers and the central office staff were strong, although there were a number of instances where this relationship was challenging, and where considerable FACS staff time was devoted to contract management.

The current administration model is based on the relevant FACS districts having responsibility for the Centres. While this is an appropriate model given the FACS structure, several participants were concerned about the change as they felt there is limited understanding of the Centres within the districts. For example, one Centre was yet to be contacted by staff from the district (as at September 2014).

The challenges the ACFCs will face in working with this new administration structure are highlighted when we assess the extent of changes in the relationships between the Centres and FACS. At the local level, only two Centres will still be working with the same FACS staff member in their district, and in relation to state-wide management, there are currently two FACS staff who will be working on this project until the end of 2014.

Data collection and ongoing monitoring

The Centres had a range of reporting requirements, and some Centres were managing three different data systems in order to meet the various reporting commitments, as the reporting requirements were extensive where consortium arrangements existed.

To enhance data monitoring and reporting, FACS developed standardised data collection and reporting tools based on a results-based accountability framework, which provided an online mechanism for data collection and reporting. However, there was varied utilisation of the ACFC data portal, which was due to a range of considerations: a lack of training and familiarity with the portal; relatively complex data entry and reporting functions; limited engagement because other data management systems were utilised and other reporting requirements had a higher priority; and the introduction of the data management system very early in the development of the Centres (this was a barrier as Centres were focusing on foundational work to build relationships, which meant that the data portal was felt to be less relevant in the establishment phase). There were also concerns in relation to confidentiality with entering individual data for children in this system. This portal is under review, and recommendations for enhancing reporting functions and compliance will be developed in 2014.

While consistent ongoing data collection was a gap, in 2013 and 2014 a census was conducted over a one week period that identified the number of families and children accessing the Centre, and provided valuable data on service outputs.

Supporting families with complex needs

In the qualitative research there were stories of families with complex needs and families at risk of child protection interventions being effectively supported by the ACFCs. This is significant given the NSW Government policy focus on 'A Safe Home for Life'. 'A Safe Home for Life' child protection legislative reforms were passed by Parliament on 26 March 2014, and the reforms help place children

at risk of significant harm on a path to a positive future by focusing on three key areas: promoting good parenting; providing a safe and stable home for children and young people in care; and creating a child-focused system. An objective of these reforms is to enable families to access support earlier to keep their children safe and prevent them from entering into care.

There were several examples where the ACFCs had worked with families at risk of child protection interventions. For example, in one Centre it is estimated that 30-40% of the children enrolled in child care are children at risk of significant harm that have been referred by FACS. Another Centre is directly involved in developing care plans with FACS for children at risk of significant harm, by providing services to families and children that include the children attending the early learning centre and the homework club, and parents accessing parenting programs. Two other Centres work directly with FACS, the courts and probation and parole, and provide parenting support to families with children at risk of significant harm, often in response to orders and referrals from FACS and the justice system. The Centre receives referrals through the Case Coordination Group (CCG), part of the *Supporting Children Supporting Families* program, where senior managers in regions meet monthly to review complex cases. One Centre had received 16 referrals from the CCG.

The quotes below highlight the value of this support when delivered in a culturally appropriate environment.

"We had one mum, a high risk mum, she'd just had a baby, so when she came into town, we let her know she could come here to breastfeed and then we just got that connection with her and could link her up to support and help, she has four kids and we want to connect up the father too. This mum has a lot of issues, and then there's probation and parole, so we work with them and community services, to help her out."

"When Jen came to the Centre, Community Services were on the verge of removing the children from the family. We worked closely with Jen for two months; and now she's off the drugs, she's got a Housing Commission house, she's been trying to get a house for four months but none of the local real estate agents would give her one. Now she's in the house, she's got the kids. Community Services has actually closed the case on her; they think she's done that well. So Jen's a major success story."

The findings indicate that the ACFCs are playing an important role in supporting families with complex needs, and children at risk of significant harm, and it would be valuable for data on this to be collected routinely in order to demonstrate the extent to which this is occurring.

11 Review of costs

Evaluation question:
Is there evidence of efficient use of resources across the ACFCs?

Summary assessment

rubric result
**un-
sure**

Early intervention studies show positive cost-benefit outcomes from programs with enriched, child-focused learning experiences, together with parent support resulting in improved social behaviours and enhanced cognitive and linguistic outcomes for the most disadvantaged children. The cost-benefit outcomes are heightened and more effective for Aboriginal and/or Torres Strait Islander children and families when they are targeted, integrated and culturally competent (which ACFCs have been shown to be). These improved outcomes result in better transitions to school, better school-related motivation, and positive longer-term impacts on school retention, academic achievement and employment levels.

The outcomes outlined in this report, along with this body of evidence, suggests it is likely that the ACFCs will provide a positive social return on investment. As the Centres have a longer time period to be fully operational, it is suggested that an economic evaluation be undertaken with this fuller set of program data and outcomes.

11.1 Costs of delivering the program

Construction costs for the nine purpose-built Centres totalled $30.4 million, against a budget of $28.0 million. Total payments of $22.0 million were paid to the nine ACFCs for operational expenses against budgeted operational costs of $24.1 million. Budgeted costs were derived from multiplying the $1 million annual operations budget allocated to the Centres by the number of years the Centre was receiving operational funding (up to 30 June 2014).

The total average operational costs across the NSW ACFCs was $1,023,750 per year, which is within 2% of the operating budget.(Dhirraway Dhaarun Bawu ACFC (Brewarrina) and Warranbaa Dhurrali ACFC (Lightning Ridge) were excluded from this calculation because at 30 June 2014 they were yet to be providing childcare services due to ongoing issues obtaining childcare licenses.)

At 30 June 2014 there was a $2.068 million overall underspend across the ACFC program due to the costs forgone by the delay in the granting of the childcare licence to Dhirraway Dhaarun Bawu and Walanbaa Dhurrali ACFCs.

This allocation has been used to fund the Centres for a further 12 months at up to $500,000 per year in light of the fact that federal funding for NSW ACFCs did not continue post June 2014. Given

operational costs ranged from $942,264 to $1,204,732 for those Centres who were fully operational, it would seem that the ACFCs will struggle to continue the full suite of service delivery with a reduced operations budget.

11.2 Economic evaluation

In order to make an assessment about the cost-benefit of the ACFC program in NSW an economic evaluation and/or economic modelling is required. A cost-benefit analysis of this nature is beyond the scope of this evaluation, however, these findings along with literature in early childhood and integrated service delivery, indicate that there is a high likelihood that the Centres represent positive social return on investment.

The cost benefits of early childhood programs, particularly those that provide early intervention services for disadvantaged communities, have been the subject of considerable investigation over a number of years. The majority of the literature refers to United States studies. While it is uncertain whether similar programs delivered in the Australian context would also be cost-effective, there is longitudinal evidence (for example, from the Effective Provision of Preschool Education (EPPE) study and the Triple P evaluations) that quality early childhood education and parenting programs can benefit all children and families (COAG 2009).

In undertaking an economic evaluation or economic modelling for the ACFCs it is suggested that the following costs and benefits be included in analysis:

◖ Cost of delivering services (human resources, training, building maintenance, insurances, licensing, transport, equipment etc.)

◖ Increased proportion of child immunisations

◖ Increased proportion of age appropriate health checks

◖ Improved learning outcomes (e.g. literacy and numeracy)

◖ Increased school readiness

◖ Improved physical health outcomes for children (particularly speech therapy, dental, paediatric)

◖ Improved wellbeing, social, mental and emotional outcomes for both children and adults

◖ Early intervention, including early diagnosis for children with a disability or developmental concerns

◖ Outcomes in Aboriginal employment and workforce development

◖ Lower involvement in child protection

◖ Possible lower involvement in the criminal justice systems

Given there are key outcomes that are not easily numerated by traditional cost-benefit accounting, it is suggested that a methodology such as social return on investment (SROI) is most applicable to this context. In any economic modelling or evaluation it will be important to acknowledge that the ACFC model is not a mainstream model. As such costing should be tailored to the context of delivering

accessible and culturally appropriate early childhood services to Aboriginal children and families rather than replicating mainstream modelling approaches.

11.2.1 Cost effectiveness of early childhood education

A range of published literature suggest high-quality early childhood education programs provide a good return on investment (Yoshikawa et al. 2013). Wise, et al. (2005) discuss how rigorous efforts to estimate benefit-cost ratios of preschool have yielded very positive cost-benefit results. While returns on investment vary between interventions, the evidence suggests that the impact of quality preschool per dollar spent on cognitive and achievement outcomes is larger than the average impact of other well-known educational interventions per dollar spent, such as class-size reductions in primary schools. The consistent finding of benefits that substantially exceed preschool program costs indicates that high-quality early childhood education programs are among the most cost-effective educational interventions and are likely to be profitable investments for society as a whole (Wise et al. 2005).

Meta-analyses of studies on effects of early care and education programs for children in disadvantaged communities also confirm lasting positive effects from early preschool education and care (Elliott 2006).

Despite the apparent cost benefits of early childhood provision, researchers argue that longer term cost benefits to society through increased taxes, reductions in welfare dependence, and savings on preventive measures for health and antisocial behaviour may not always be directly attributable to early education (Wise et al. 2005).

Importantly, the services that are considered more effective for Indigenous children and families are those that demonstrate the qualities that the ACFCs have demonstrated throughout the evaluation, that is:

◖ Awareness of and capacity to address cultural competence / cultural safety in their service delivery

◖ Ability to address children's and families' learning needs taking into account the contexts in which they live

◖ A focus on early intervention/education of Indigenous young children (from birth), their families and communities

◖ Employment of Indigenous workers

◖ Non-Indigenous staff have awareness of how to engage and support all cultures, but particularly Indigenous cultures

◖ Honest engagement, building trust and working with community members is essential

◖ A focus on empowerment and working from strengths makes a difference.

11.2.2 Cost effectiveness of parenting / family support programs

Olds et al. (1998) demonstrated that intervention begun earlier in children's lives has a greater return. In this study, nurses visited low-income, first-time mothers during pregnancy and for two years after the birth. Child abuse rates were reduced by 79%, and mothers had less time on welfare and fewer arrests and convictions compared to the control group mothers. At 15 years of age, children were 55% less likely to have been arrested and had fewer behaviour problems. By age 15, the return on investment was calculated as 4:1, with the break-even point occurring four years after the intervention. By 2005 this program was operating across 20 states of America and reaching 20,000 families (Goodman 2006).

The risk of poor child outcomes increases when parents do not have the necessary child rearing skills for the context in which they live, and when they lack social support and have little understanding of child development (Barlow et al. 2006; Holzer et al. 2006). The success of parent education programs depends partly on the material offered and partly on the way it is delivered. Programs offering learning opportunities that include skills training, information, cognitive retraining and concrete services are more successful.

Programs need to be delivered using a strengths-based approach that recognises the expertise parents bring to the learning, and builds on that expertise (Early & GlenMaye 2000). Generally, the more intense and longer lasting the program, the better the outcomes for parents and children. Holzer et al. (2006) reviewed 20 evaluations of parent education programs that had used an experimental method. Of these, 18 (five of which were Australian-based including the Triple P - Positive Parenting Program) reported the parent education had led to a decline in child maltreatment, a reduction in negative parental attributions and an improvement in the use of positive child discipline (Sims 2011).

11.2.3 Cost effectiveness of service integration

There is a growing body of evidence that integrated service delivery helps to address low access to family support for vulnerable children and families. Recent findings from the Early Years Study in Canada support the development of well-funded, quality, integrated services. These services improved outcomes for children, but when they were properly linked to employment, health and social services, there were other beneficial outcomes. Increased service use by families led to more maternal employment, less family poverty, improved parenting skills and greater family and community cohesion.

This is supported by Australian evidence, which suggests that universal service platforms provide an entry point for families to access services. They can be an effective and non-stigmatised mechanism to identify and refer high-risk families to more intensive support. There also needs to be effective outreach and engagement with the most marginalised families and efforts to make all services more accessible and inclusive (COAG 2009).

11.2.4 Cost effectiveness of immunisation

Many health-based universal programs have been shown to be cost-effective. Immunisation remains one of the highest impact and cost-effective public health interventions to reduce the burden of communicable disease and to contribute to greater health equity both between and within countries.

Immunisation programs are a good example of this. The introduction of subsidised immunisations for measles in 1970 saved an estimated 95 lives and prevented approximately four million cases between 1970 and 2003 with estimated savings on health care in excess of $9 billion (COAG 2009).

12 Sustaining & building on outcomes

Evaluation question:
Is there evidence for the continuation of ACFCs, their replication and ongoing support?

What emerging practices are effective in contributing to the success of programs and in what contexts?

Summary assessment

rubric result
un-sure

The evidence on outcomes and processes outlined in sections 4 to 11 above provide strong evidence for the continuation of the ACFCs and ongoing support. Key elements of success of the program have been the interconnection of facilitators and integrated service delivery, which have together led to key outcomes and impacts.

The uncertain future of the ACFCs is a significant concern, as is the potential for the Centres to secure sufficient core funding to enable them to continue to deliver the program as intended and in keeping with the successful service model developed.

Given the complexity of facilitators that have contributed to the outcomes achieved thus far, the potential inability to support these inputs due to reduced resources poses a significant risk to the future existence and success of the ACFCs and outcomes for children, families and communities.

Facilitators

Interconnectedness of inputs and facilitators that work together to achieve outcomes (program model)

Long-term commitment & resilience of key stakeholders

Relationships built between ACFCs, families, communities, funders & service partners

Challenges

Uncertain future, reduced & time limited core funding

Difficult funding environment to source alternate long-term funding

Potential for significant negative consequences in community relationships with government and negative outcomes for children & families

Sustained core funding is required to support the integrated service delivery model & culturally appropriate care

Significant risk that ACFCs will not sustain outcomes due to uncertain future and limited resources

12.1 Elements of sustaining & building on outcomes

Continuing to support the program design and the service integration approach

The discussion above highlights the interconnected nature of the program components, inputs and facilitators in contributing to the program outcomes. The ACFCs represent an integrated and culturally appropriate approach to service delivery that has resulted from significant investment into program design, planning, relationship building, community involvement and Aboriginal employment.

Given the investment has now been made into building this foundation for the Centres, it would be expected that sustaining and building on outcomes would not require the level of funds inputted during the initial three-year funding of the program. However, in order to continue to sustain and build on the outcomes achieved thus far, a level of core funding is required to resource the inputs and facilitators that form part of the ACFC approach.

Figure 3 below maps the key facilitators, challenges and outcomes that have emerged through the results of this evaluation. It is important that in moving forward resource allocation and future service models for the Centres considers how to continue to resource and support these facilitators. The risk is that removing key inputs and facilitators from the model will reduce the overall effectiveness of the program and ultimately outcomes for children, families and communities.

Given this is a new way of operating for both government and community in delivering integrated early childhood and family services, it is important to continue to build on the evidence base and support ongoing learning and development among the Centres.

> *"How do we do it culturally? It is new to us and new to government. We need research. It is not a full stop even though we now have a building."*

Operating in an environment of funding uncertainty

At the time of this report, FACS had agreed to provide funding to June 2016 for all nine Centres at half the operating costs that had been allocated to the Centres prior to June 2014. As at September 2014, this funding agreement had not yet been finalised with all Centres. In order to meet this funding shortfall, and to work towards securing funds into the future, ACFCs are currently exploring alternate funding opportunities. This has also had an impact on the lease arrangements for a number of Centres, with some having insecure leases beyond their current FACS funding. Concern over insecure tenure in these Centres impacted the capacity to undertake long-term planning and community and service engagement.

The uncertainty around funding, and the current focus and resources going into securing sufficient funding for the future of the Centres, also means that there is a high risk that some Centres will lose the momentum they have gained in service delivery and community engagement. A few Centres have already had to reduce staff in family support services, thus reducing their capacity for case management, care coordination, referrals, building service partnerships and service integration.

Funding uncertainty has also contributed to a personal toll for many key stakeholders who contributed to the success of the Centres (including Centre Managers, SRSOs, Departmental staff, and key community members), and have since had to step away from the program.

> *"From a funding perspective it is very disappointing that both the Commonwealth and state did not see the nine Centres were something worth funding ... [they] were just kicking the football back to one another ... It is disappointing and demoralising. I had to step away, it was taking a toll on me. I put a lot of time, effort and energy into the Centre since day one."*

Sustained long-term funding for Centre management and affordable early childhood

For the ACFCs to continue to sustain and build on the outcomes gained, the future viability of the Centres needs to be secured. The facilitators identified in the outcomes model have been the responsibility of ACFC Centre management to facilitate and coordinate. This has proved to be an effective and appropriate approach to implementing the ACFCs and key to achieving outcomes. As such, sustained and long-term funding is required to ensure this continues. Through this management, leadership and staff resources, ACFCs have been able to secure funds to implement specific programs and activities.

At the present time, the loss of key positions (such as Community Connectors) due to reduced funding has meant Centre Managers have taken on some of these responsibilities themselves. This has posed a significant burden on Centre Mangers as they attempt to maintain the integrity of the ACFC model. As well, given the significant role Community Connectors play in facilitating community involvement and engagement, the loss of these positions is likely to reduce the Centres' capacity to undertake this effectively.

In relation to sustaining outcomes in access to culturally-appropriate early learning services for Aboriginal children in NSW, continued funding is required to ensure that the cost to families remains affordable for the target group. The ACFCs were located in areas with high populations of young Aboriginal children and high levels of disadvantage. As such increasing fees will have an impact on affordability and access to early childhood for segments of these communities.

Since June 2014, some Centres have reported increasing the amount they charge families per day. Concerns have been raised that increased fees have already had a negative impact on sustaining these outcomes, and there have already been examples of vulnerable families no longer accessing early childhood services, or reducing the number of days children attend childcare due to the cost. Staff were particularly distressed that charging fees means that the families and children most in need of the Centre's assistance are missing out. It is important that further modelling is undertaken to determine the impact of fee increases on accessibility, particularly in relation to maintaining the proportion of hard-to-reach families / those who have not previously accessed services.

Figure 3: Outcomes model

FACILITATORS

- IECD NP funding
- Identify nine locations for NSW ACFCs
- FACS central administration
- Community motivation & support
- SRSO support
- Existing community & social resources
- Existing service relationships
- Existing skills & workforce capacities

CHALLENGES

- Keeping community informed
- Cross generational involvement
- Physical space, building and fit out
- ACFC staff make referrals and coordinate care
- Efforts to skill & train local workforce
- Community involvement in decision making
- Employment & capacity building of Aboriginal staff in a range of roles
- Flexible and inclusive approaches
- Including culture across all services / programs
- Partnership building with a broad range of services
- Integration of early learning and family support
- Aboriginal people employed in leadership positions
- Capacity to provide structural support for staff
- Maintaining community engagement throughout
- Involving service users
- Approach of some mainstream orgs
- Dedicated ACFCs
- Contracted orgs working together
- Good will & motivation among service providers
- Identifying local people with requisite skills
- High staff turn over
- Length of building process
- Reduced resources / reduced staff resources
- Evolving roles & services impacting stability

DOMAINS

- **COMMUNITY INVOLVEMENT**
- **CULTURAL APPROPRIATENESS**
- **SERVICE INTEGRATION & PARTNERSHIPS**
- **ABORIGINAL EMPLOYMENT**

KEY OUTCOMES

COMMUNITY INVOLVEMENT
- Sense of community ownership
- Services meeting community needs
- Aboriginal identity & culture embedded in the Centres
- ACFCs cultural safe spaces

SERVICE INTEGRATION & PARTNERSHIPS
- Increased cultural competency of service partners
- Over 302 licensed childcare places available
- Holistic and coordinated care
- Over 160 service partners
- 68 different services offered in 2014 census week alone
- Strong referral processes between service partners

ABORIGINAL EMPLOYMENT
- 20% quota exceeded for Aboriginal people in construction
- 80% of ACFC staff positions filled by Aboriginal people
- Enhanced capacity of local Aboriginal workforce
- Improved capacity of Aboriginal early childhood workforce
- Staff numbers doubled between July 2013 to June 2014

- **Nine dedicated ACFCs built from the ground up**
- **Centres tailored to community needs and contexts**
- **Age appropriate health checks increase from 81% to 95% in 1 year**
- **Immunisation rates increase from 92% to 99% in 1 year**
- **78% of clients had not previously accessed early learning services**
- **1,096 attendances by Aboriginal children during 2014 census week**

Emerging alternate sources of funding

Across the ACFCs there is now a clear need to find additional funding sources to maintain the Centres. Some ACFCs have been successful in obtaining or beginning to establish the following additional sources of funding:

◖ Other government funding streams

◖ Funding via larger NGOs

◖ Social enterprise income generation

◖ Private sponsorship or corporate investment.

Other government funding streams that ACFCs have obtained smaller grants through include Ageing, Disability and Home Care (ADHC), particularly in relation to funding for an early diagnosis support worker. Centres have also recently submitted applications to larger funding opportunities through the Commonwealth Department of Social Services July 2014 funding round, particularly the Families and Communities Programme, as well as the Indigenous Advancement Strategy funding round (currently open at the time of writing this report) and the National Disability Insurance Scheme.

Several Centres have either been able to secure funding, or were currently in discussion with large mainstream NGOs to obtain funding through delivering specific services, or for broader operational costs. These arrangements were largely being explored through relationships built between ACFC management and the NGOs.

One ACFC was in the process of establishing two social enterprises to support the operational costs of the ACFC, as well as provide some training and employment opportunities for parents that had come through the Centres. One is a catering business, and the other is Aboriginal fibre art.

Another Centre has been successful in obtaining funding through corporate relationships and investment. In particular this has been through taking the unique opportunity presented by a mining company operating locally to enter into a relationship that also provides the company an opportunity to invest in the corporate responsibility they are committed to locally. This has also provided opportunities for the company to promote active staff involvement with the local community.

> *"The members of staff, who took part, thoroughly enjoyed their time here at the Centre and were impressed with what they found. This Centre is a great example of what is being done, here in Gunnedah, to give all children, but most especially Aboriginal children, the best possible start in life. Shenhua is proud to be a part of that effort."[6]*

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[6] Company CEO quoted on company website http://www.shenhuaaustralia.com/html/News/2014/0522/79.html

Key risks of insufficient long-term funding

From the outset the future funding of the Centres post June 2014 was a significant and deep concern identified by participants in the evaluation. Many questioned whether the Centres were being "set up to fail", and whether the rhetoric around government commitment to establishing dedicated ACFCs was genuine and/or long term.

The challenge moving forward is also that there is now already a high level of discontent, anger and distrust due to the ongoing uncertainty around the future of the Centres that communities have been left with, as well as the late announcement made by the federal government that the ACFCs would not received a second round of funding.

> "All across the state ... they've all gone through this and it's been quite devastating for a lot of people, they were four years in the making and to be left high and dry ... It's taught me a lesson in relation to government and good will ... all the good will and all the good intentions, it's all gone now."

The social capital that has been invested into the Centres, with community members, FACS departmental staff and service partners acting in "good faith" is a testimony to the resilience of Aboriginal communities in NSW. As previously mentioned, given the fraught history between Aboriginal communities and FACS as the child protection agency in NSW, the deep trauma connected to children, family and education services for Aboriginal and/or Torres Strait Islander peoples, and the history of broken promises and discontinued services between government and communities, the significance of even establishing nine new ACFCs in NSW cannot be overstated. With this, however, also comes a high and significant risk should these Centres no longer exist due to the funding environment. Specifically, it is imperative that the Centres do not themselves become another contributor to the harm and disengagement they were seeking to address.

> "I believe they are genuinely putting children at more risk ... They are at more risk in losing this support because they are finally engaged. You're talking about one little boy going from not attending school at all to attending school, and mum now attends counselling ... What happens to them? My staff are literally distraught over what happens to these families."

Part C - Key findings & recommendations

13 Evaluation rubric

Feedback from ACFC staff, management, parents, carers, family members and community members was also utilised to develop an evaluation rubric in order to assess the effectiveness of the ACFCs across each key domain. This rubric is presented in Table 11 below.

Table 11: Evaluation rubric

Progress of ACFCs	Effective – outstanding	Good	Uncertain	Poor – detrimental
ACFCs are achieving outcomes for Aboriginal children and families	Service delivery is based on evidence about what works, for whom and under what circumstances ACFCs are consistently achieving measurable outcomes in-line with program intent • Increase in proportion of Aboriginal children receiving quality early childhood education • Increase in age-appropriate health checks and immunisation rates • High levels of service satisfaction	Service delivery is based on evidence about what works, for whom and under what circumstances Significant measurable progress made toward achieving a range of immediate outcomes in-line with program intent Further analysis is required after ACFCs are more established to determine the extent to which these outcomes have been consolidated	Service delivery is based on evidence about what works, for whom and under what circumstances Limited performance monitoring systems in place to determine whether outcomes are being achieved	Service delivery is not evidence-based Does not appear to produce effective outcomes No performance monitoring systems in place
ACFCs involve the Aboriginal community in all stages/aspects	Community engagement and involvement across all stages of ACFC development Strong community involvement in governance and decision making Strong sense of community ownership apparent Services highly responsive to local needs	Community engagement and involvement across most stages of ACFC development Some discontent around community involvement in governance and decision making Some challenges maintaining community engagement through the development process Solid sense of community ownership apparent Services responsive to local needs	Limited community engagement and involvement in ACFC development Limited community involvement in governance and decision making Limited sense of community ownership Limited capacity to respond to local needs	No systems for community participation and engagement No community involvement in governance No service flexibility to respond to community needs

Progress of ACFCs	Effective – outstanding	Good	Uncertain	Poor – detrimental
ACFCs are achieving culturally appropriate service design and delivery	ACFCs are dedicated child and family centres Aboriginal staff employed in a range of roles Aboriginality/culture embedded in: • Services and programs (with flexible and inclusive approaches) • Design and fit out of the physical space Strong cross-generational involvement	ACFCs are dedicated child and family centres Capacity for accommodating Aboriginality or culture within services/programs or physical space Some Aboriginal staff employed Some cross-generational involvement	Generic service delivery - Centre is not a dedicated service Limited capacity for accommodating Aboriginality or culture within services/programs or physical space Minimal Aboriginal staff employed	Generic service delivery - Centre is not a dedicated service No accommodation of Aboriginality or culture within services/programs or physical space No Aboriginal staff employed
ACFCs provide an integrated response to the needs of Aboriginal children and families	Co-location and integration of early learning and family support services Established relationships and partnerships built with a broad range of service providers Evidence of goodwill, motivation and cultural competence among service providers Inter/intra service referral systems in place and effective	Co-location and integration of early learning and family support services Developing relationships with other service providers Growing goodwill toward the ACFCs and their role Growing capacity inter/intra service referral	Limited collaboration and communication between early learning and family support services Limited relationships with other services/agencies Limited goodwill toward the ACFCs and their role Limited capacity inter/intra service referral	Lack of collaboration and communication between early learning and family support services No relationships with other services/agencies Animosity toward the ACFCs and their role No capacity inter/intra service referral
Appropriately skilled Aboriginal people employed in key roles	Aboriginal people employed in key leadership roles Structural support and mentoring available On-going training and professional development Local Aboriginal community members employed in a range of roles Considerable effort to skill and train local workforce	Aboriginal people employed in a number of leadership roles Some improvements to level of structural support and mentoring is required Further training and professional development opportunities required Local Aboriginal community members employed in a range of roles Efforts made to skill and train local workforce	Limited numbers of Aboriginal people employed Limited structural support and mentoring available Limited training and professional development Limited effort to skill and train local workforce	No Aboriginal people employed No systems in place to train or develop a local workforce

Progress of ACFCs	Effective – outstanding	Good	Uncertain	Poor – detrimental
ACFCs have well-defined and effective structures of management and governance	Strong Aboriginal leadership and skilled, committed and stable personnel Transition to ACCO consolidated Governing body aware of their responsibilities, with clear terms of reference Planning and systems in place for the recruitment, induction and ongoing training of management and governing body Planning functions linked with monitoring and evaluation and are outcomes focused Stability and continuity of funding and appropriate resource levels	Aboriginal leadership present, but at some personal cost Transition to ACCO in process, but not consolidated and requires development Developing systems for recruitment, induction and ongoing training of management and governing body Insecure funding putting some pressure on Aboriginal community control Communities at some risk of disillusionment with the process	Limited Aboriginal leadership present, but at significant personal cost Limited transition to ACCO Limited systems for recruitment, induction and ongoing training of management and governing body Funding uncertainty places ACCO at high risk of breakdown Communities at high risk of disillusionment with the process	No Aboriginal leadership Aboriginal community control non-existent or failed No systems in place to train or develop a local workforce Communities disenfranchised by the process
ACFCs provide a positive return on investment	ACFCs are shown to be a cost-effective investment, based on a: • Cost-benefit framework that is in place • Systematic accounting of all expenditures necessary to provide the ACFCs • Capacity to measure all future resources saved by the success of the Centres	Some data show ACFCs are a cost-effective investment, based on: • Some effort toward developing a cost-benefit framework • Some accounting of all expenditures necessary to provide the ACFCs • Some capacity to measure all future resources saved by the success of the Centres	Indicative data show ACFCs are a cost-effective investment, based on evidence relating to the cost-effectiveness of similar programs.	Program provides a negative return on investment

Progress of ACFCs	Effective – outstanding	Good	Uncertain	Poor – detrimental
ACFCs can sustain and build on outcomes	ACFCs are in a strong position to maintain and build on outcomes for Aboriginal children and families ACFCs are in a strong position to sustain and build existing resource levels, including human resources and existing suite of services ACFCs have strategies in place to seek funding to support the delivery of the program where funding is not adequate or recurrent funding is not available	ACFCs are in a reasonable position to maintain and build on outcomes for Aboriginal children and families ACFCs have moderate risk of not being able to sustain current resource levels, including human resources and existing suite of services ACFCs have some strategies/ opportunities to seek funding to support the delivery of the program	ACFCs are at high risk of losing outcomes achieved for Aboriginal children and families ACFCs are at high risk of failing to sustain current resource levels, including human resources and capacity to deliver early childhood services and family support. Very limited strategies/ opportunities to seek funding to support the delivery of the program High risk of damaging relationships between government, ACFCs, stakeholders, community members, and other services	Negative outcomes for Aboriginal children and families. No ongoing support and resourcing for the program Relationships between the government and community damaged Relationships between ACFCs and the community /other services damaged.

14 Key findings & recommendations

The following section summarises the key findings and recommendations for the future of the NSW ACFCs.

Key findings	Recommendations

Sustaining and building on outcomes

While there was variability across locations, overall the NSW ACFCs have made significant progress toward achieving intended outcomes for Aboriginal children and families. These include increased participation in licensed early childhood education, and increased rates of age-appropriate health checks and immunisation. NSW ACFCs have been successful in reaching Aboriginal families who were not previously accessing services (It is estimated that an average of 78% of children attending child care had not accessed this service previously). Outcomes were also seen in relation to improved accessibility and cultural appropriateness among other service providers the Centres worked with.

The longer-term outcomes sought by investment in NSW ACFCs were not expected during the evaluation period. However, the success of the Centres in reaching 'hard-to-reach' Aboriginal families highlights the potential of the Centres to contribute to these important outcomes for Aboriginal children and families in the future.

The Centres were informed in May 2014 that they would no longer be receiving funding through the NPA IECD after June 2014. There was anunderspend of the NPA IECD funding, and this has been used to extend the funding of the Centres at half the previous operational budget for 12 to 24 months. The uncertain future of the ACFCs is a significant concern, as is the potential for the Centres to secure sufficient core funding to enable them to continue to delivering the program as intended.

The evaluation evidence on outcomes and processes provide strong support for the continuation of the ACFCs. There is a need for ongoing support, as there is significant risk to the future existence and success of the ACFCs and outcomes for children, families and communities without this ongoing funding.

1. **Core funding is required to manage the significant risk that ACFCs will not sustain outcomes or continue to provide integrated service delivery and culturally-appropriate early childhood services.**

2. **Economic modelling is required by Centre to further understand recurrent funding needs according to the Centre size, services provided, demographics and other variables.**

3. **An analysis of social return on investment should be undertaken.**

Model integrity

Model integrity is an important factor in the ACFCs' capacity to achieve outcomes. It is important to acknowledge that the ACFC model is not a mainstream model, but developed specifically to provide accessible and culturally appropriate early childhood services to Aboriginal children and families.

Culturally-specific, purpose-built premises and co-location of early childhood and family support has enabled integrated and coordinated care for Aboriginal children and their families, with effective referral systems operating between the two areas. Where collaboration between early learning and family support is high, management, decision-making and service planning is shared and client intake processes are streamlined.

Service integration has enabled the Centres to meet a broad range of needs for Aboriginal children and families and to provide holistic and coordinated care.

The high proportion of local Aboriginal people employed and involved in establishing the Centre has been an important facilitator of effective engagement between the Centres and the community.

4. The model of service integration, co-location of early childhood and family support, community involvement, and employment and capacity building of Aboriginal staff should be maintained.

Service integration

Successful partnerships with a range of service providers have enabled access to a broader range of services for Aboriginal children and families, holistic and coordinated care, and increased cultural capacity among mainstream providers.

To foster relationships and partnerships that enable integration, there needs to be available resources.

5. Dedicated staff resources are required to facilitate and support service integration, through facilitating referrals, identifying needs, building the capacity of other services, engaging services and building future opportunities and relationships.

Community involvement

Community engagement and involvement has been a key strength of the project and has facilitated a sense of community ownership across the Centres, and enabled services to respond to community needs. Community involvement was achieved through a variety of approaches, including Local Reference Groups, Advisory Groups, Community Governing Boards, employment of local Aboriginal staff, participation of service users in service planning, and community-wide engagement.

A key element to community involvement and increasing service participation, particularly in relation to hard-to-reach families, has been soft-entry activities.

The Centres are in an ideal position to continue to build on relationships with families, communities and local services to enhance outcomes for Aboriginal children and families.

6. **Continue to build on the sense of community ownership by providing multiple options for community input to ensure services are responsive to community needs.**

7. **The ACFCs should facilitate input from service users into program design.**

8. **Dedicated staff resources are required for community engagement and soft-entry activities.**

Aboriginal employment, recruitment and retention

The success of the workforce strategy to attract, train and retain Aboriginal workers (with Aboriginal people employed in 80% of roles) was a key achievement, and an important facilitator for effective engagement between the Centres and communities. Significant effort has gone toward achieving this outcome and overcoming key challenges relating to recruiting, training and supporting a local Aboriginal workforce with requisite skills and experience.

The investment in capacity building, up-skilling and employment of Aboriginal staff have also had a positive impact for these staff, their families and the communities.

There has been considerable personal investment and commitment by Aboriginal people in key roles to support the establishment of the Centres.

9. **Mechanisms are required to support Aboriginal management and leadership, particularly in negotiating the changing roles and responsibilities as the Centres move through various establishment and operational phases.**

10. **Continue the focus on training, up-skilling and professional development to support Aboriginal staff.**

11. **The ACFCs should explore opportunities for the Centres to be utilised as best practice learning facilities for traineeships and apprenticeships in early learning.**

Governance and management

The key components of the NSW ACFCs' governance and management model includes the Local Reference Groups (LRGs) who guide the development of the Centres, and strong Aboriginal leadership. This has enabled culturally appropriate service delivery, community ownership and pride, and increased capacity for Aboriginal leadership in the family support and early childhood sector.

In many cases the model has also hinged on the personal investment and commitment of key stakeholders, particularly Centre Managers, given the unique, challenging and diverse responsibilities they were managing. While the SRSO support provided centrally by FACS was highly valued, a number of the contracted organisations lacked the skills or experience working in Aboriginal service delivery to provide adequate support to Centre Managers.

Moving forward, Centre Managers identified the need for ongoing mechanisms of support coordinated centrally through the Department. These included facilitating annual workshops with all Centre Managers, regular teleconferences (either state-based or nationally), sharing information and learning on what Centres are doing (e.g. newsletters), coordinating state level funding submissions, assistance to individual Centres when submitting tender submissions and access to training offered within the Department (e.g. child protection).

Aboriginal community control has been a key goal. While this has been achieved in six of the nine Centres (four of the organisations contracted to manage the Centres are Aboriginal Community Controlled Organisations), adequate focus and resources are required to further the development and consolidation of community-driven governance and management models.

The key challenges for ACFCs that were not Aboriginal Community Controlled Organisations have been the limited timeframe for transition to community control, funding insecurity, and navigating the processes required for registering new organisations and drafting a constitution.

12. **Ongoing mechanisms should be implemented by the Department to support Centre Managers given the breadth of their roles and responsibilities, particularly in relation to information sharing and networking between the ACFCs .**

13. **Continue Departmental commitment to Aboriginal community control for the Centres and implement strategies to support the transition to Aboriginal community control.**

14. **Ongoing mechanisms need to be in place to support good governance and build capacity. For example, support in drafting the constitution for incorporation, board recruitment, mentoring and governance training.**

15. **Ongoing community advisory mechanisms specifically for the ACFCs should be implemented to continue the role previously undertaken by Local Reference Groups.**

Administration

The appointment of dedicated SRSOs was a key strength of the Department's approach to supporting the establishment of the Centres.

Post-establishment there is an ongoing need for support to be provided by skilled Aboriginal staff from the Department, despite SRSO support no longer being required for each Centre.

Support from a central team within FACS with oversight across all Centres was a key aspect of the administration of the project. The move from centralised to district responsibility within FACS for the ACFCs has resulted in loss of corporate knowledge and continuity, inconsistency in relation to support for the ACFCs across districts, and difficulties in relationship development with new Department staff. It was felt this could be mitigated through a role within Central Office that supports consistency and corporate knowledge across the districts in relation to the ACFC, such as a roving ACFC coordinator based in Central Office.

Considerable concern was expressed about the three year timeframe set for the ACFCs to be fully operational, community controlled and sustaining outcomes, which was felt to be unrealistic. In these three years the Centres had to establish and facilitate the LRG engagement; recruit staff; meet reporting requirements; plan and develop service partnerships; play a leading role in the design, DA process and build of the Centres; manage a rapidly growing workforce and develop training programs; provide interim service delivery; implement promotion activities and community events; assist in the development of the governance models and facilitate the licensing of the Early Childhood Centres.

16. **Continue involvement of Aboriginal leadership within the Department centrally to support the ACFCs into the future.**

17. **Consider a role within Central Office that supports a more consistent approach across the districts and builds corporate knowledge about the ACFCs.**

18. **Ongoing monitoring systems should continue to be refined in collaboration with the Centres, ensuring that mechanisms are in place to capture narrative stories of change as well as quantitative program monitoring data.**

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16 Appendix 1: ACFC program logic

NSW ACFC program logic (from Monitoring and Evaluation Framework), approved March 2012, developed in collaboration with Anne Markiewicz & associates

INPUTS
- Funding for NSW ($74.7m 2008/9 - June 2014)
- Other external funding sources
- 9 ACFC's in NSW locations and vision statements for each centre
- Aboriginal and other staffing
- Policies and Procedures
- Infrastructure, materials and technical resources
- Partners and Stakeholders
- Community and cultural leadership
- Community members, families & children

KEY CONTRIBUTORS
- Community members, families & children
- COAG's Closing the Gap: National Partnership Agreement on Indigenous Early Childhood Development
- NSW Dept of Family and Community Services - Community Services - Lead Agency for NSW rollout of Element One, with the NSW DPC
- Other State government agencies - including NSW Health, NSW Housing, Dept of Education & Communities, NSW Ageing, Disabilities & Home Care
- Local government
- Lead agencies for the management of the ACFCs
- Partner agencies/consortium agencies for the delivery of ECE at the ACFCs
- Statewide reference groups for ACFCs
- Each communities' recognised peak Aboriginal Advisory Body
- Integrated service system partners - including local Aboriginal organisations, other non-government and government local service providers
- Commonwealth Agencies - including DEEWR as the Commonwealth Lead Agency for Element One of the IECD NP, FaHCSIA, DoHA

OUTPUTS

Service Partnerships
- Service gaps and needs identified
- Key services identified and engaged
- Protocols for partnerships, collaboration and integration established

Service and Community Capacity Building
- 9 ACFCs established
- Planning, consultation and decision making processes with Aboriginal families, Elders, community members and local agencies developed
- Community governing boards established
- Local Reference Groups (LRGs) established & operational
- Competent governance and organisational management delivered
- Model of Aboriginal and non-Aboriginal service relationships operational

Integrated Services Delivered:
- Early learning and child care for Aboriginal children 0-8 years of age
- Family support to Aboriginal families
- Family-centred child and maternal health

IMMEDIATE OUTCOMES

Service Partnerships
- Range of service providers integrated with ACFCs (such as maternal & child health, parent & family support, allied health)
- Relationships developed supported and maintained
- Service users, service providers & LRGs satisfied with operation of integrated service system

Service and Community Capacity Building
- 9 ACFCs operate with strong & effective governance structures & organisational systems
- Families, Elders, community members and local agencies have skills to lead and drive change in the development, design and delivery of services under NP
- Families have increased supportive connections to their local communities
- Families participate in community activities, services and programs
- Families and communities have access to and use available information & resources
- Families and communities develop knowledge and skills to support children's health & development needs

9 ACFC's Operational with Increases in the Proportion and Numbers of:
- Children who participate in quality early childhood education and development and child care services
- Age appropriate child health checks completed
- Children fully vaccinated
- Families using family support services and other allied health services
- Families satisfied with services received

MEDIUM TERM OUTCOMES

Service Partnerships
- Increased numbers and/or range of service providers integrated
- Increased capacity of service providers to assist as a result of their participation in the integrated service system
- Increased collaborative practices

Service and Community Capacity Building
- Consolidation of good governance processes for the operation of the 9 ACFCs
- Where necessary and applicable, transition of management to an Aboriginal controlled organisation with community governance
- Long term planning and sustainability processes for ACFCs developed
- Families further increase their knowledge & skills to support children's health and development needs

9 ACFC's Operational with Improvements in:
- Children's physical well-being
- Children's age appropriate social, emotional literacy and numeracy skills
- Children's cultural & spiritual well-being
- Children's social and emotional well-being
- Families access to and use of suitable and culturally inclusive early childhood, family support & allied health services

IMPACTS

Community Governance
- Successful and sustainable transition of ACFCs to an Aboriginal controlled organisation
- Governance arrangements capture and reflect the community
- New governing authority participates with other local authorities
- Recognition, respect & understanding of Aboriginal knowledge & innovation in the broader community and amongst Government agencies

Aboriginal Children:
- Are born & remain healthy
- Have improved physical, social & emotional well-being
- Have improved cultural and spiritual well-being
- Have the same health outcomes as non-Aboriginal children
- Acquire basic skills for life & learning
- Transition successfully to school and attend school regularly

Aboriginal Families:
- Are confident, connected to their communities & its services & equipped to support children's development
- Have enhanced sense of self, sense of belonging, sense of place and sense of space
- Engage men within family structures

Contribution to Key COAG Targets:
- Halving the gap for Indigenous students in reading, writing and numeracy and ensuring all 4 year olds have access to quality early childhood education including in remote areas of Australia
- Social inclusion, education, health, housing and safety agendas

CONSTRAINTS
- Responding to different needs in different Aboriginal communities
- Challenges of achieving community satisfaction
- Rigidity of government processes
- Short-term funding model
- Multiple reporting responsibilities
- Westernised model of governance versus Aboriginal governance

EXTERNAL FACTORS
- Stability of Government and Government policies related to Indigenous Australians
- Political intervention
- Increase of mainstream services into Aboriginal service landscape