Integrated service delivery for Aboriginal and Torres Strait Islander children and families

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A strong voice for our children and families

SNAICC is the national non-government peak body that advocates on behalf of Aboriginal and Torres Strait Islander children and families.
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1. Introduction

There has been significant focus recently on the importance of integrated service delivery for access, outreach, and improving outcomes for vulnerable children and families. Integrated service delivery is embedded in the Council of Australian Governments (COAG) National Partnership Agreement for Indigenous Early Childhood Development, which draws on a prior Secretariat of National Aboriginal and Islander Child Care (SNAICC) publication\(^1\) to advance that:

‘Early childhood experts advocate integrated delivery of services, including antenatal services, child and maternal health services, parenting and family support services, and early learning and child care, as the best delivery platform to ensure families actually receive the support they need.’\(^2\)

Integrated service delivery is also a major element of COAG’s Investing in the Early Years—A National Early Childhood Development Strategy,\(^3\) and Protecting Children is Everyone’s Business: National Framework for Protecting Australia’s Children 2009-2020.\(^4\) The latter document specifies that one of the key strategies under outcome 2 (‘Children and families access adequate support to promote safety and intervene early’) is to ‘Implement an integrated approach to service design, planning and delivery for children and families across the lifecycle and spectrum of need.’\(^5\)

Integrated service delivery models have been developed and are being trialled and implemented in Australia. While SNAICC participated in the original drive for integrated service delivery, there has been little Aboriginal and Torres Strait Islander perspective on the evolution of the models of integrated service delivery and the extent to which they respond to the needs of Aboriginal and Torres Strait Islander children and families. This is a critical issue to ensure effective outreach for vulnerable families and a shift in implementation systems and practice towards a more preventative approach to child protection and family support.

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\(^5\) Ibid. 18.
This paper reviews the literature on integrated service delivery models for children and families, first defining the concept of integrated service delivery and highlighting its importance for child and family service provision. It describes the Australian policy context, then specifically interrogates approaches to integration that are critical to effective service delivery for Aboriginal and Torres Strait Islander children and families, drawing strongly on evaluation of leading Australian initiatives in child and family service integration. The review presents a summary of promising approaches that are important to inform the design of integrated service systems in Aboriginal and Torres Strait Islander child and family service contexts. It highlights the critical importance of building the capacity of Aboriginal and Torres Strait Islander community controlled organisations (ACCOs) and implementing approaches that are targeted to support their participation in integrated systems.

2. What is integrated service delivery and why is it important?

To understand the importance of integrated service delivery in responding to the needs of Aboriginal and Torres Strait Islander children and families, it is first important to define the concept and review knowledge of its contribution to effective service provision.

2.1 Conceptions of Integrated Service Delivery

By its nature, integrated service delivery is a complex and diverse concept, taking on different meanings and realities in the variety of service sector contexts and local service environments in and across which integrated systems operate. Whalley describes integrated children’s services as necessarily complex to respond to needs in ‘a complex, changing and often chaotic world.’\(^6\)

Integration is both systems and relationship based, and to be effective requires collaborative efforts at the whole-of-government systems level, in regional-planning structures, as well as in service management and direct service delivery partnerships.\(^7\)

Definitions of integration in the child and family service sector literature commonly describe full service integration as the endpoint on a continuum of intra-agency, inter-agency and/or inter-disciplinary collaboration.\(^8\) Along this


continuum, the journey towards integration involves increasing levels of cooperation, coordination, information exchange, joint planning, responsibility and accountability, and the development of formal partnership structures. As services are increasingly integrated, service autonomy decreases and services adopt shared goals and targets; shared systems of management and governance; and pool funding. Full integration is characterised by the merging of previously independent entities into a single 'integrated entity'.

With a focus on improving access to a range of family supports, integrated services are commonly described as centred around the child and their family, with services organising to respond to needs in specific family and community contexts. In this way, integrated systems pursue positive outcomes for children and families as a goal rather than service outputs, and typically seek to intervene early, prevent family breakdown and promote well-being. Moore and Skinner highlight the importance of service delivery that is both integrated and tiered, based on a public health model, a key approach adopted in Australian policy and described further in section 3 below.

While acknowledging the vital importance of national and whole-of-government approaches to enabling integration, this review focuses primarily on regional and local service development, management, coordination and partnership levels of integration. At these levels the literature highlights the importance of local community context and 'place-based' realities to the development of integrated service systems. A focus on particular areas and neighbourhoods is supported by research that identifies strong links between neighbourhood

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9 Ibid.


16 Ibid. 15-16.

characteristics and health and well-being outcomes, recognising the importance of local service availability, social cohesion and developing social capital. Brechman-Toussaint and Kogler refer to an evaluation of the Extended Schools initiative in the UK, noting that 'the most successful outcomes appeared to be related to a gradual shaping of service provision to reflect the needs of the local community.'

Effective integration has been described as working from the starting point of family and community strengths, and drawing on that base with a focus on community participation and leadership in the design and delivery of services based on community-identified needs. Integration calls for collaboration, not just between service providers, but also between service providers and community, in a way that builds capacity for and empowers community members to bring about positive change. Alcock describes this as a middle way between top-down and bottom-up policy development that asserts a commitment to family and community participation with the aim being ‘to change structural conditions...by activating agents to be participants in the process of change.’ As Whalley describes, ‘children, parents and staff need to believe that they can change difficult situations and make things happen in their communities. A central concern...is to develop a sense of agency, which reflects self-esteem and self confidence.’ However, Alcock notes with caution that if participation is to genuinely contribute to empowerment it must go beyond a procedural ‘seat at the table’ to be ‘the acquisition of power over the decisions made.’

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Increasing access for children and families is a central driving philosophy of service integration, based on the notion that integrated systems have the potential to respond more holistically to child and family needs by combating service fragmentation and making a range of child and family service readily available.\(^26\) Holistic responses are facilitated both by single integrated services, as well as cooperative activities and coordinated referral systems between providers that link families to a range of supports from a single point of access to the service system.\(^27\) An important point of clarification, not always addressed in the literature, is that while integrated systems seek to ensure access to multiple services through single access points, they are most accessible where there are multiple entry points into the integrated service system, with ‘no wrong doors.’\(^28\) These entry points should seek to engage families based on: needs at different points throughout the life cycle; practical and geographical access considerations; and with a focus on early engagement of families through primary service provision that is universally available and attractive to families, for example, early childhood education and care.\(^29\) In this way, services which are universally available and commonly accessed serve as ‘hooks’, drawing families into the service system and ‘laddering’ them to additional supports and activities as wanted and required.\(^30\) Cultural appropriateness of service system entry points is a significant issue in enabling access for Aboriginal and Torres Strait Islander peoples and is addressed in section 5.5 below.\(^31\)

An appreciation of the need for multiple entry points is critical to the physical design of integrated service delivery systems and sites. Integrated services are commonly described as either physically co-located (sometimes called ‘on-stop-shops’) or virtual networks characterised by close working relationships and


\(^{30}\) Ibid.

\(^{31}\) see generally: Secretariat National Aboriginal and Islander Child Care. (2010). ‘Towards Aboriginal and Torres Strait Islander access and engagement: overcoming barriers to child and family services’. Policy paper.
referral pathways between different services and service sites. Co-located centres, while providing advantages for service interaction and single-site access to a range of services for families, can also create access challenges when services are brought together in a location that families cannot easily reach. These challenges are exacerbated in regional, rural and remote locations with spread-out populations. Creativity is required in the design of services in these areas to ensure that access to integrated services is widely available. Press et al suggest the idea of a ‘hybrid’ model of service integration that combines aspects of co-location with virtual service networks. Outreach to vulnerable families to engage them where they are, at home, and outside of integrated service centres is also recognised as vital to connecting families to services.

Integrated child and family services have sometimes been conceived of as having the goal of universal, ‘whole-of-population’ service provision. As Moore and Skinner describe, ‘There are good grounds, both empirical and theoretical, for adopting a universal approach to service provision, strengthening the range of universal services and providing additional services in response-based fashion (according to emerging needs rather than risks).’ Leigh, however, recognises that the reality of complex and diverse needs means that it is not possible to integrate all services for all people, and that prioritisation of need and targeted groups is necessary for integrated service systems development. While Rogers and Moore contend that ‘adaptation should be possible to meet additional or specialist needs from within a universal system,’ their analysis does not address the reality that targeting services in an Aboriginal and Torres Strait

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35 Ibid.
Islander context is not only about responding to poverty and disadvantage experienced by many Aboriginal and Torres Strait Islander peoples, but also about ensuring that important aspects of culturally appropriate service provision and community-control are considered and included in service design and development. These important issues are addressed in further detail in section 5.5 below. In the absence of this analysis, there remains the risk that the universal and inclusive service provision that Moore advocates could be implemented in a manner that is exclusive of Aboriginal and Torres Strait Islander needs and aspirations, creating barriers to service access for Aboriginal and Torres Strait Islander peoples and frustrating the concurrent goal of culturally accessible service systems that he identifies.

2.2 The importance of child and family service integration

While the literature has significantly addressed the theoretical importance of service integration, few accounts draw on outcomes-based evaluation. Both establishing the means of evaluating integration and collecting evidence of the links between integration and child and family development and well-being outcomes requires further attention. Siraj-Blatchford and Siraj-Blatchford identify that there is a long way to go in developing evidence-based understanding of effective service integration, and that there is currently a lack of consensus about what the indicators of success are. Moore and Skinner proffer that the direct outcome foci of integrated service delivery are ‘access to a full range of services’ and ‘prompt responses to child and family problems’, rather than well-being outcomes which, despite being consequential, are longer-term and difficult to link directly to service integration. Measuring outcomes is further hampered by the diversity of approaches, acknowledging that this diversity is desirable; there is no ‘one-size fits all’ approach, and the importance of community context remains paramount as described in section 2.1 above.

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42 For discussion of the link between culturally appropriate service provision and access to services for Aboriginal and Torres Strait Islander peoples, Secretariat National Aboriginal and Islander Child Care. (2010). ‘Towards Aboriginal and Torres Strait Islander access and engagement: overcoming barriers to child and family services’. Policy paper.
44 Ibid. 12;
49 Ibid.
Many argue that the complexity of child and family needs requires a complexity of response. As Valentine et al describe, ‘joined up problems’ require ‘joined up solutions’. Some contend that the complexity of needs is increasing in line with ‘rapid societal change’ that is contributing to worsening developmental outcomes. Worsening outcomes are commonly linked to problems of service fragmentation, and a service system that is hard for families to access and navigate. Fragmentation increases the risk that families who need support will ‘fall through the cracks,’ not receiving the right supports at the right time.

Service integration is conceptualised as the antithesis of fragmentation, enabling cohesion and continuity, or what is sometimes referred to as ‘seamless’ and/or holistic service provision. Rogers and Moore refer to the analysis of Harbin and West who identified that ‘in general, the more comprehensive and cohesive the system, the better the results for children and families.’ Integration can reduce duplication, such that families are not faced with undergoing multiple assessments and telling their story repeatedly in order to access support. Press et al describe that integrated services also promote both horizontal and vertical continuity allowing movement across services at one point in time, and appropriate service responses over time. Citing Corter et al they describe that ‘continuity can mean fewer transitions for the child, more recognition of the

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52 Moore, T.G. (2008). Rethinking universal and targeted services, Centre for Community Child Health. 2; see also Jenkins, S. (2005). Whole of Government Policy Framework for the Early Years: Literature Review and Early Years programs, projects and initiatives operating in Tasmania, Department of Premier and Cabinet. 4-5.
child's individual needs, better and more consistent programming, and more consistent expectations and support from adults.58

Service integration is considered critical to enabling access for the most vulnerable and disadvantaged members of society.59 Siraj-Blatchford and Siraj Blatchford cite a study by Egeland and Bosquet which shows ‘that interventions with high-risk families are more successful when they address not only the parent–child relationship, but also the other problems parents face, such as poverty, unemployment, poor housing and substance abuse.’60 Moore and Skinner identify that characteristics of vulnerable groups including a lack of social networks, confidence, and familiarity with system culture and language; and multiple problems requiring assistance from multiple sources, mean that they are more negatively affected by service fragmentation.61 This reality can exacerbate existing inequalities, and is of particular significance for Aboriginal and Torres Strait Islander peoples who experience significantly lower health and well-being outcomes than the general population in Australia.62 Within the Canadian context, Ball highlights that in remote and regional areas with large Indigenous populations, high turnover of staff impacts on service memory and continuity of care for children and families who experience long-term and multi-generational disadvantages.63 However, where services work in an integrated way, ‘the knowledge of needs, goal and service history of children and families is retained and passed along within a community-based family support team, leading to continuous and better coordinated services.’64 Integration within individual services, such that they operate more holistically, is also considered crucial in rural and remote locations due to the small number of available service providers.65 Many existing integration initiatives are targeted in areas of high disadvantage, as measures directed to address existing inequalities and close the gap in developmental and well-being outcomes.66

This review primarily addresses integration of child and family services, noting particularly the strong focus in the literature on integrated models of early

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60 Egeland and Bosquet, 2001 in Siraj-Blatchford, I. (2010). Improving development outcomes for children through effective practice in integrating early years services, Centre for Excellence and Outcomes in Children and Young People’s Services. 33.
64 Ibid.
66 See for example: the Communities for Children initiative.
childhood education and care service delivery. Strong links have been identified between support and intervention in early childhood and later developmental outcomes, leading many authors to highlight early childhood as a key site for service integration with the greatest positive impact over-time. This approach also reflects the focus on public-health model interventions which seek to intervene early and prevent family deterioration, with early childhood education and care considered a ‘non-stigmatised entry point into other support services’ with ‘capacity to provide support...early in the life course.’ Flaxman et al note that:

"This is particularly important among Indigenous people, since many Indigenous families and children are largely disengaged from the service network. In many cases, a family’s engagement with a child care service is the only connection they have to service networks and for this reason, referrals between early childhood service providers and other support services are crucial."  

Economic analysis reveals the possibility of significant return on early years investment, and that a scale of investment weighted to the early years is most effective. Also, integration measures are considered essential to address fragmentation in early years service provision that exists as a result of the lack of a universal early childhood education and care system.

2.3 Aspects of effective integrated child and family service provision

Despite the only recently emerging evidence base on outcomes achieved through integration, a preliminary understanding of ‘what works’ based on recent implementation and evaluation of integrated child and family service approaches is available. Significant aspects of integrated service delivery commonly identified in the literature are described in table 1 below. It is beyond the scope

of this review to provide a full description of detailed aspects of integration which are many and varied, and those described below are broader components with many sub-components requiring consideration in the design and delivery of integrated services.

Table 1 – Aspects of Effective Integration of Child and Family Services

<table>
<thead>
<tr>
<th>Integration Aspect</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>Shared vision</td>
<td>Organisations and professionals clearly identify and work towards a shared vision based on positive outcomes for children and families. Commitment to this shared vision manifests in a sharing of organisational and professional strengths and resources to enable the pursuit of shared goals. A shared vision provides the platform for shared responsibility and accountability.73</td>
</tr>
<tr>
<td>Community-based and owned design and delivery</td>
<td>Broad and flexible government frameworks support and enable the development of flexible and innovative community-based responses to locally identified needs.74 Families and communities participate in design, delivery and evaluation of integrated services. Governance structures enable participation for local organisations, their staff and the broader community, promoting broadly shared ownership of initiatives.75 Community development approaches contribute to empower communities and build social capital.76</td>
</tr>
</tbody>
</table>

76 Rogers, R., and Moore, T. (2003). The Early Years Project: Refocusing community based services for young children and families: A Literature Review, Centre for Community Child Health and Royal Children’s Hospital, Melbourne. 9.
| Assessment of community strengths, needs, and service gaps (asset mapping) | Existing community services, strengths, and needs are mapped and taken account of in the development of integration initiatives that draw on local strengths and address gaps in local service delivery and capacity. Broad community and stakeholder participation in asset mapping processes contributes to understanding of and responsiveness of integrated services to local needs.  
| Leadership and facilitation | Leadership is a pivotal factor in facilitating integration and ‘requires sophisticated skills in managing change, building sustainable change in daily practice, and progress toward long term goals.’ One leader may be instrumental, but promoting shared leadership is critical. In particular, integration initiatives can benefit greatly from identified and funded facilitation and coordination roles that can support and enable the processes required for partnership development and integration. As Press et al describe, ‘progress toward integration was considerably enhanced when funding was available to employ a coordinator for the integrated service, and impeded when such positions were cut back.’  
| Genuine partnerships | Partnership relationships between agencies, professionals, government and community underpin effective service integration. Partnership encompasses the complex relational process that seeks to build trust and understanding while addressing challenging issues, such as power imbalance and reconciling complex differences of cultural, personal and professional perspectives. Attention to the time and processes required for building strong relationships is critical to any endeavour that seeks to increase collaboration.  
Design for optimal access for and engagement of children and families

Increased service access for and engagement of children and families are recognised as key goals of service integration initiatives, and measures to promote these goals are critical components of integrated services. Important service design aspects that impact accessibility include: location and transport availability; cultural safety and appropriateness; multiple service system entry points with 'no wrong doors'; availability and accessibility of information about services; and coordinated referral pathways for seamless transitions, and holistic and prompt responses to family needs.

Genuine local partnerships are widely recognised as a core aspect and enabling factor for effective integrated service delivery, and it is therefore worthwhile examining the concept in more depth. As Alcock notes, the policy drive towards partnerships for integrated service delivery has not fully engaged with 'the complex contextual problems of turning the good ideals of partnership into good practice in the real world,' and governments face the continuing challenge of

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‘moving beyond the rhetoric of joining-up.’ SNAICC has recently researched principles and practices that underpin genuine partnership development in Aboriginal and Torres Strait Islander service contexts, and these approaches are considered in section 5.2 below. Principles of partnership development identified by SNAICC through case study based research are broadly reflective of the aspects of effective service integration detailed in the literature, reflecting the reality that genuine partnership relationships are required to enable integration, which, as described above, is both a systems and a strongly relational endeavour. Partnership principles identified by SNAICC that apply within and beyond Aboriginal and Torres Strait Islander service contexts include: commitment to developing long-term sustainable relationships based on trust; an aim to improve long-term wellbeing outcomes for children and families; shared responsibility and accountability for shared objectives and activities; respect for local knowledge, skills and leadership; value for process elements as vital to partnership development; addressing unequal relationships and structures; and an openness to working differently.

3. The Australian policy context for integrated service delivery for Aboriginal and Torres Strait Islander children and families.

The Council of Australian Governments’ (COAG) National Indigenous Reform Agreement (NIRA), details the broad commitment and targets that Australian Governments have undertaken to work towards the goal of closing the gap in Indigenous disadvantage. Access to early childhood services is a priority of the NIRA and the importance of integrating services to achieve NIRA goals is strongly recognised. Integration is one of six principles that underpin the approach to service delivery for Aboriginal and Torres Strait Islander peoples and is detailed in schedule D of the NIRA:

‘Integration principle: There should be collaboration between and within Governments at all levels, their agencies and funded service providers to effectively coordinate programs and services. In particular attention is to be given to: (a) articulating responsibilities between all levels of government; (b) identifying and addressing gaps and overlaps in the continuum of service delivery; (c) ensuring services and programs are provided in an integrated and collaborative manner both between all levels of governments and between services; (d) ensuring services and programs do not set incentives that negatively affect outcomes of other programs and services; and (e) recognising that a centrally agreed

strategic focus should not inhibit service delivery responses that are sensitive to local contexts.\textsuperscript{93}

This principle, together with others identified in the \textit{NIRA} provide a solid framework and starting point for interrogating the approach to integration in Aboriginal and Torres Strait Islander service delivery contexts. These principles are considered throughout the following sections.

Applying this approach more specifically to the child and family service sector, The National Framework for Protecting Australia’s children adopts a public health model and aims to integrate services ‘across the lifecycle and spectrum of need.’\textsuperscript{94} This approach seeks to reduce the incidence of child abuse and neglect through a primary focus on preventative supports for all children and families,\textsuperscript{95} based on the assumption that ‘by providing the right services at the right time vulnerable families can be supported, child abuse and neglect can be prevented, and the effects of trauma and harm can be reduced.’\textsuperscript{96}

A major initiative aimed at promoting the goal that ‘Indigenous children are supported and safe in their families and community,’ and implementing a strategy of expanding service access, is the establishment of 38 Indigenous Child and Family centres.\textsuperscript{97} The intention for these centres to be sites for integrated early years service delivery is described in the Council of Australian Governments (COAG) \textit{National partnership agreement for Indigenous early childhood development:}

‘The Children and Family Centres will provide a dynamic mix of services, responsive to community needs, and include child care, early learning and parent and family support services. The operations of the Children and Family Centre will be underpinned by integration of their management, governance and service systems. Community engagement with the Children and Family Centres is integral to their successful implementation.’\textsuperscript{98}

Notions of community engagement, participation, and leadership in design and delivery abound in Australian government policy frameworks for Aboriginal and Torres Strait Islander child and family service delivery and service integration.\textsuperscript{99}

\textsuperscript{93} Ibid.
\textsuperscript{94} Ibid. 18.
\textsuperscript{95} Ibid. 12.
\textsuperscript{96} Ibid. 17.
\textsuperscript{97} Ibid. 17; The number of Child and Family Centres being established has increased from the minimum of 35 identified in the Framework, to 38 Centres that have either commenced operation or are under development.
The principles detailed in the NIRA form the bedrock of the Australian Government commitment to effective service integration for Aboriginal and Torres Strait Islander peoples. This commitment shows in principle potential for realising important aspects of the right to self-determination of Australia’s Indigenous peoples. However, the failure to effectively implement this commitment means that there has been limited success in empowering and building the capacity of Aboriginal and Torres Strait Islander communities to participate and lead integrated service delivery, as is explored in the remainder of this literature review.

4. Significant Australian initiatives

As noted above, there is a dearth of evidence in relation to the impacts of service integration on child and family service delivery for Aboriginal and Torres Strait Islander people. However, two significant government child and family service initiatives with integration elements have been evaluated, and can shed light on aspects of integration relevant to Aboriginal and Torres Strait Islander service delivery. These are the FaHCSIA funded Communities for Children (CfC) initiative and the Child FIRST (Child and Family Information, Referral and Support Teams) and Integrated Family Services (IFS) initiative of the Victorian Department of Human Services (DHS). This review draws significantly on the evaluation of these two initiatives as key evidence to inform the agenda for service integration of services for Aboriginal and Torres Strait Islander peoples. In the Aboriginal and Torres Strait Islander early childhood education and care sector, Multi-functional Aboriginal Children’s Services (MACS) have been recognised as a leading model in integrated and holistic family service provision and are also described below.

One of the challenges of this literature review is not to conflate ‘service delivery’ with ‘integrated service delivery’ when considering evaluation materials from these particular Australian initiatives. It is important to recognise that while these initiatives have pursued significant levels of integration, they are not examples of service integration per se. As systems and models they envisage varying levels and types of integration; they provide some scope for localised design of integration approaches; and importantly they vary in the level of integration within different service sites. Ultimately, the distinction is difficult to maintain and to some extent unclear as outcomes are dependent on the quality, availability and accessibility of service provision, which may result from


integration elements and many other aspects, with the direct links being challenging to establish and measure.\textsuperscript{101}

\textbf{4.1 Communities for Children}

The Communities for Children initiative was part of the Stronger Families and Communities Strategy (SFCS) 2004-2009 implemented by the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA), and now continues as part of the FaHCSIA Family Support Program. Materials considered in this review are primarily those that contributed to the comprehensive 2009 evaluation of the initiative and focus on the period of implementation prior to that review.

The Communities for Children initiative was targeted at integrating services to improve outcomes for disadvantaged children and families:

‘The CfC initiative aimed to support positive child development in disadvantaged areas through an effective, comprehensive and integrated system of early childhood services, and a focus on broad systems of relationships and networks in the whole community to improve community ‘child-friendliness’ (that is, community ‘embeddedness’ or social capital).’\textsuperscript{102}

The specific aims of the initiative were to:

- ‘Improve coordination of services for children 0 to 5 years and their families;
- Identify and provide services to address unmet needs;
- Build community capacity to engage in service delivery; and
- Improve the community context in which children grow up.’\textsuperscript{103}

Sites for Communities for Children were chosen taking into account considerations such as analyses of disadvantage (Socio-Economic Indexes for Areas), the number of children in the community, and the number of families receiving the Family Tax Benefit. Urban, regional and remote sites were targeted.\textsuperscript{104} Generally CfC sites have a higher proportion of Aboriginal and Torres Strait Islander children than in the general population, with 2006 figures


\textsuperscript{103} Ibid. P. vii.

indicating that the proportion of Indigenous children aged 0-5 in the original 45 Communities for Children sites was 9.0%.\textsuperscript{105}

As Muir et al note,

\begin{quote}
‘The logic model of CfC indicated that outcomes for children and families depended not only on the number and type of services delivered in the community, but also on how services and activities were coordinated. A major aim of CfC therefore was to improve local service coordination and collaboration.’\textsuperscript{106}
\end{quote}

Increased collaboration ‘was one of the most significant achievements of the initiative.’\textsuperscript{107} Key factors in the success of the CfC program were that ‘families and children’s services working effectively as a system’ was stated as an explicit goal from inception of the initiative, targeted funding was provided to support and encourage collaborative activities, and Facilitating Partners played a committed role in utilising funding for this specific purpose.\textsuperscript{108} Activities under this goal accounted for 9\% of expenditure, but activities within other priority areas also had significant collaborative foci or components, and only 11\% of activities had no partner involvement.\textsuperscript{109} In most sites CfC was either the only collaborative service delivery program in the community or the only program with specific funding for integrated services.\textsuperscript{110} As Muir et al highlight, ‘Coupled with the place-based nature of the initiative, this meant that most Community Partners were willing to collaborate and to allow the Facilitating Partner to take the lead.’\textsuperscript{111}

In each site a non-government organisation acts as a Facilitating Partner and establishes a Communities for Children Committee. The Committee is made up of representatives from a broad range of stakeholders from the local community\textsuperscript{112} and is responsible for deciding on a Strategic Plan that identifies strengths and


\textsuperscript{109} Ibid.

\textsuperscript{110} Ibid.

\textsuperscript{111} Ibid.

assets, and the needs and service gaps of children in the community. The Facilitating Partner is then responsible for the overall management of the Communities for Children at that particular site, including funding allocation, and implementation and ongoing monitoring of the strategic plan. Facilitating Partners contract local service providers to be Community Partners to deliver specified activities.

Key aspects of the CfC design include:

- A focus on community participation in the design and implementation. As Muir et al highlight, 'The structures embedded in CfC ensured consultations were conducted, and these consultations were a key strength of the initiative.'

- A range of services, such as 'home visiting early learning and literacy programs, early development of social and communication skills, parenting and family support programs, child nutrition, and community events to celebrate the importance of children, families and the early years.'

The National Evaluation (2004-2008) of the Stronger Families and Communities Strategy 2004-2009 reported that 'CfC had small but positive effects on a number of outcomes for families, children and communities.' The positive effects include improvements in parenting, employment levels, participation in community service activities, social cohesion, and receptive vocabulary achievement and verbal ability. The Communities for Children initiative did not appear to significantly improve the health of families.

Muir et al note the success of partnerships in the Communities for Children initiative where 'between July 2006 and December 2007, 89% of CfC-funded activities were conducted in partnerships consisting of two or more organisations or groups.' Collaboration between staff from different services and coordination between services had also improved between 2006 and

117 Ibid. 40.
120 Ibid.
121 Ibid. P. x-xi.
122 Ibid. P. ix.
4.2 Integrated Family Services (IFS) and Child FIRST (Victoria)

Child FIRST is a Victorian initiative implemented by the Department of Human Services (DHS). The initiative is part of an Integrated Family Services system and acts as an intake, referral and assessment service, providing links to other services. This initiative is particularly significant to this paper because of the ways in which partnerships with Aboriginal Community Controlled Organisations (ACCOs) have been developed. The target group for Child FIRST and Integrated Family Services are children and young people and their families who are viewed as vulnerable or at risk of entering the Child Protection system.¹²⁴

According to the KPMG *Child FIRST and Integrated Family Services – Final Report*:

‘This strategy focuses on redesigning the services system, integrating Family Services within sub-regional catchments, and providing (within each catchment) a visible point of contact, coordinated intake and prioritisation of client need.’¹²⁵

The objectives of Child FIRST and IFS are:

- ‘creation of a point of entry into a local service network which allows IFS services to receive referrals and undertake assessments in relation to vulnerable children and families’
- provision of an integrated response, which identifies need, addresses risk and supports the changing needs of children, young people and families
- prioritisation and earlier intervention with the most vulnerable children and families, including where children have been exposed to multiple and co-occurring risks factors and/or cumulative harm.’¹²⁶

Each Child FIRST service sits within a Child and Family Service Alliance, which are established within each sub-region. The Alliances are comprised of representatives from Child FIRST, DHS (including Child Protection and Departmental staff), Integrated Family Services and ACCOs. The stated aim of the Alliances is to ‘generate shared responsibility for at-risk children and families within the catchment, and enable earlier intervention and diversion from Child Protection.’¹²⁷ The role of the Alliance is to manage the operational requirements of Child FIRST, to develop and implement catchment planning and to ‘coordinate local services and foster local networks with all relevant universal, secondary

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¹²³ Ibid. 19-21.
¹²⁵ Ibid. 1.
¹²⁶ Ibid. 9
¹²⁷ Ibid. 1.
and specialist services.’ Such providers may include ‘family violence, drug and alcohol services, and mental health services.’

A central focus of Child FIRST is to increase the accessibility for and uptake of child and family services by Aboriginal families. To enable this, collaboration with and inclusion of ACCOs as active Alliance participants is a central strategy. Aboriginal organisations are ‘supported to take a lead in designing services and ensuring their cultural responsiveness to Aboriginal children and families.’

An enabling initiative adopted by some catchments is the employment of an Aboriginal Liaison Worker, a role which involves consultation and advice for all referrals of Aboriginal children and families, and also involves input into assessment, planning and intervention phases, and providing insight into other relevant areas.

The KPMG Child FIRST and Integrated Family Services – Final Report found a number of benefits arising from the Child FIRST and Integrated Family Services. These included:

- The role of Child FIRST as ‘an effective platform for shared responsibility and integrated and coordinated service delivery.’
- Improved relationships between universal and secondary services, with ‘a stronger imperative to work collaboratively, so as to better support outcomes for clients.’
- Improved visibility of services, evidenced by increasing referrals from education, health, police, and other human services.
- Improved accessibility, with ‘substantially more families (including more Aboriginal families) receiving services.’
- ‘Greater evidence of coordinated intake, allocation, service delivery and demand management. This is offering significant benefits to families…(including) equity of access and better matching of services to families’ needs.’
- Earlier intervention resulting in less Child Protection involvement.

Vitally, the 2011 evaluation report reveals that this approach to integration has shown success in promoting and developing partnerships and ‘more systematic connection between Aboriginal and mainstream organisations.’ The report describes:

‘The most significant change since the development of reforms has involved the formal engagement of ACCOs as Alliance partners...ACCOs

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128 Ibid.
129 Ibid. 51.
130 Ibid. 46.
131 Ibid. 49.
132 Ibid. 2.
133 Ibid.
134 Ibid.
135 Ibid.
136 Ibid.
137 Ibid. 46
are now more consistently involved in governance meetings, decision-making and planning for the needs of children and families...Where this works effectively, the outcome has been a more systematic connection between Aboriginal and mainstream organisations.\textsuperscript{138}

Genuine partnership development between mainstream and Aboriginal and Torres Strait Islander organisations is identified in this literature review and the KPMG evaluation report as a central critical factor for increasing service accessibility for Aboriginal and Torres Strait Islander children and families.\textsuperscript{139} Therefore, the IFS and Child FIRST model is considered in this review as a leading practice model for service integration that considers and is responsive to the needs of Aboriginal and Torres Strait Islander children and families.

\section*{4.3 Multifunctional Aboriginal Children’s Services (MACS)}

One of the key Aboriginal and Torres Strait Islander integrated service models is the Multifunctional Aboriginal Children’s Services (MACS). The MACS model was conceived in the early 1980s, with the initial aim being to provide an integrated approach to child development in order to improve the lives of disadvantaged Aboriginal children in a culturally relevant setting (as opposed to simply ‘child minding’).\textsuperscript{140} One of the central principles behind the original MACS philosophy is that:

‘Aboriginal families should have access to a diverse range of multifunctional children’s services to meet their needs and those of their children. This must be achieved through the co-ordination of Government and non-Government services to maximise the use of resources and provide a range of Community-identified service options’\textsuperscript{141}

The services provided varies depending on the context of each MACS:

‘MACS are not-for-profit community based services funded to meet the educational, social and developmental needs of Aboriginal and Torres Strait Islander children. Long day care is provided...with each MACS providing at least one other form of childcare or activity, such as outside school hours care (OSHC), playgroups, nutrition programs and/or parenting programs based on local needs.’\textsuperscript{142}

However, whilst the initial design of MACS advanced an integrated service delivery model providing a range of programs to meet the range of early

\begin{itemize}
\item \textsuperscript{138} Ibid.
\item \textsuperscript{139} Ibid.
\item \textsuperscript{141} Ibid. 13.
\item \textsuperscript{142} Department of Education, Employment and Workplace Relations (DEEWR). (2010). \textit{Multifunctional Aboriginal Children’s Services (MACS) and Crèches}. The Auditor-General Auditor Report No. 8 2010-11 Performance Audit, p. 9.
\end{itemize}
childhood development needs within communities, insubstantial funding over time has led to a paring back of programs, and a subsequent lessened capacity to apply an integrated service delivery model. As a result, the majority of MACS now largely provide child care services only.

Insufficient evidence on the model to describe the contribution of MACS to effective integrated service delivery means that MACS will not be considered in detail in this literature review. Investment in MACS that enables them to implement a more integrated approach as described in this review is strongly recommended. Such investment is in line with the recommendation of two significant reviews of MACS and Indigenous ECEC service delivery.

In a 2011 report the Productivity Commission noted that:

“Program funding for MACS is limited and decisions to offer funding are reviewed each year. Even where existing or new applicants meet the funding criteria, it is not guaranteed. Funding for MACS does not take into account changes in demand for services, with the result that the level of funding has been relatively stable over time.”

The Commission therefore suggests in Recommendation 14.3 that governments provide multiple-year funding for Aboriginal and Torres Strait Islander-specific ECEC services.

In a similar vein, the Australian National Audit Office noted in 2008 that:

‘Increasing the [MACS] funding model to account for demographic changes and varying how the funding can be used would assist service providers in better meeting the childcare needs of Indigenous communities. To aid service providers in their longer term planning for childcare service delivery... DEEWR could also consider transitioning service providers from single to multi-year funding agreements.”

The ANAO therefore suggests in Recommendation No. 2, Paragraph 2.22 that DEEWR ‘reviews its funding model for MACS and crèches to provide more flexibility in its application.”

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146 Ibid. 371
148 Ibid. 25
5. Interrogating good practice in approaches to integrated service delivery for Aboriginal and Torres Strait Islander children and families

This section interrogates perspectives on integrated service delivery for good practice in child and family service delivery for Aboriginal and Torres Strait Islander peoples. The elements of integrated service delivery addressed in this section are drawn from those identified in section 2 above. Those selected are those identified as most important and most requiring analysis specific to Aboriginal and Torres Strait Islander service delivery contexts based on the literature and the available evaluations of leading initiatives. These are aspects to consider in design and delivery, rather than being prescriptive of an approach, recognising the strong emphasis in the literature on the importance of difference in integrated models to reflect local context and community consultation.\textsuperscript{149}

5.1 Aboriginal and Torres Strait Islander engagement in integrated service design and delivery.

<table>
<thead>
<tr>
<th>Relevant NIRA service delivery principles for services and programs for Indigenous Australians\textsuperscript{150}</th>
</tr>
</thead>
<tbody>
<tr>
<td>D9 Indigenous engagement principle: Engagement with Indigenous men, women and children and communities should be central to the design and delivery of programs and services. In particular, attention is to be given to:</td>
</tr>
<tr>
<td>(a) recognising that strong relationships/partnerships between government, community and service providers increase the capacity to achieve identified outcomes and work towards building these relationships;</td>
</tr>
<tr>
<td>(b) engaging and empowering Indigenous people who use Government services, and the broader Indigenous community in the design and delivery of programs and services as appropriate;</td>
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<tr>
<td>(c) recognising local circumstances;</td>
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<tr>
<td>(d) ensuring Indigenous representation is appropriate, having regard to local representation as required;</td>
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<tr>
<td>(e) being transparent regarding the role and level of Indigenous engagement along a continuum from information sharing to decision-making; and</td>
</tr>
<tr>
<td>(f) recognising Indigenous culture, language and identity.</td>
</tr>
<tr>
<td>D10 Sustainability principle: Programs and services should be directed and resourced over an adequate period of time to meet the COAG targets…</td>
</tr>
<tr>
<td>(a) (iii) including strategies that increase independence, empowerment and self management…</td>
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</tbody>
</table>


(c) building the capacity of both Indigenous people and of services to meet the needs of Indigenous people, particularly:
(i) developing the skills, knowledge and competencies, including independence and empowerment of Indigenous people, communities and organisations...
(iv) ensuring that programs and services foster and do not erode capacity or capability of clients; and
(v) recognising when Indigenous delivery is an important contributor to outcomes (direct and indirect), and in those instances fostering opportunities for Indigenous service delivery.

D13 Accountability principle: Programs and services should have regular and transparent performance monitoring, review and evaluation. In particular, attention is to be given to... (g) supporting the capacity of the Indigenous service sector and communities to play a role in delivering services and influencing service delivery systems/organisations to ensure their responsiveness, access and appropriateness to Indigenous people;

While aspirations for ‘engaging and empowering Indigenous people...in the design and delivery of programs and services’ are expressed in the NIRA, translating these goals in the context of integrated service development and delivery is a complex task. The literature highlights the dangers of integration initiatives that claim to employ a community-development approach but fail to put in place the structures and processes that genuinely engage and empower recipient communities. Without effective community engagement mechanisms, what are labelled and described as 'bottom-up' approaches may in reality be what Smyth describes as programs that are ‘state funded, controlled and regulated albeit within a discourse that celebrates local autonomy and other communitarian values.’ To enable genuine engagement there is a recognised need to draw and build on community strengths, harness existing capacity and build additional community capacity where it is required. Makuwira highlights that a principled approach to community capacity building will include elements such as community ownership of initiatives, broad-based participation in decision-making, locally driven agendas, long-term investment, and partnerships with stakeholders.

151 Ibid.
The NIRA engagement principle refers to a continuum of engagement from information sharing to decision-making.\textsuperscript{155} We assert that, properly understood, and taking account of other relevant principles, this continuum of engagement can be detailed more broadly to include stages of information-sharing, consultation, participation, inclusion in governance structures, decision-making power, and leadership and control of service design and delivery. This continuum parallels and relates to the time-based continuum of service development and delivery, recognising that the level and quality of engagement will depend on its continuity, and requires community engagement at the start of a project and continuing engagement throughout the life of the project. It has been found that community engagement processes that do not go beyond information provision and advisory responsibility to include decision-making power for community members or local organisations have been ineffective.\textsuperscript{156} This was apparent in the Communities for Children initiative in the case of local committees that were unable to influence decision-making.\textsuperscript{157}

The evaluation of Communities for Children highlights a number of important engagement processes that were employed, with a strong focus on ‘consultation and involvement’ of Aboriginal and Torres Strait Islander community members,\textsuperscript{158} and advances towards community-based governance in some sites. A community-development approach was supported in CfC sites through community assets mapping, which assessed both children and family needs and current service provision at the beginning of the project. This approach showed success in enabling identification of, and shaping services around existing local community needs, capacity and apparent gaps.\textsuperscript{159} Consultation with Aboriginal and Torres Strait Islander organisations, community-leaders and service users was an important component of the CfC approach, and described as critical in sites with high proportions of Aboriginal and Torres Strait Islander people.\textsuperscript{160} Significant outcomes of community consultation included tailoring of approaches to local Aboriginal and Torres Strait Islander culture and context; obtaining community approval; increasing awareness of programs and ‘designing and developing programs appropriate to community needs.’\textsuperscript{161} However, the evaluation recognised that a significant amount of time was needed for effective


\textsuperscript{157} Ibid. 41-42.


\textsuperscript{160} Ibid. 40.

consultation to build trust and rapport with Aboriginal and Torres Strait Islander communities. Flaxman et al describe that ‘a four-year funding period is insufficient for conducting widespread, time-intensive community consultation, which allows for input by a diversity of community members and establishes trust and community sanction for programs and services.’ Insufficient time for community consultation had a negative impact on the ability of service providers to engage Aboriginal and Torres Strait Islander families. Further, the need for ongoing consultation and involvement of Aboriginal and Torres Strait Islander communities is highlighted by the fact that some community members became ‘frustrated, disillusioned and disengaged’ when the focus shifted from consultation to program implementation.

The flexibility of service development and delivery through CfC is described as a key benefit, enabling innovation and collaboration at the local level. This is described in the evaluation as a key factor that contributed to local control in developing services relevant to local contexts. As Flaxman et al describe, the model gave facilitating partners and community partners, ‘greater control over what services were delivered and the manner in which this was done. They also saw a greater opportunity to negotiate more meaningfully with communities because they had a better understanding of the local context than did governments.’

In particular, the local CfC committees were seen as a key site for community-based decision-making power in service design and development that ‘worked well and helped to empower community members.’ Muir et al describe that the committees were most effective when, ‘there was a diversity of members, when meetings were regular, when meeting venues were accessible and appropriate, and when there was joint decision-making.’ Further benefits of the meeting structure included networking, relationship development and knowledge sharing. However, challenges were sometimes experienced engaging ‘representatives from disadvantaged populations’, including Aboriginal and Torres Strait Islander people in the committee structures and ‘the formality and structure of meetings sometimes presented barriers for active participation.’

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162 Ibid. 8.
163 Ibid.
166 Ibid. 9.
168 Ibid. 41.
169 Ibid.
170 Ibid. 42.
The CfC evaluation reports do not reflect a specifically targeted engagement with existing Aboriginal and Torres Strait Islander Community-Controlled Organisations (ACCOs) to recognise their role in the Aboriginal and Torres Strait Islander communities and build on their capacity for service delivery, though such an approach was and is undertaken in some sites, and indeed has been profiled in at least two CfC sites.\(^{171}\) The facilitating partner model, discussed in more detail in section 5.3 below, created space for facilitating partners to engage ACCOs as community partners in service development and delivery, and capacity benefits did flow to small, community-based service agencies as a result of ‘training, mentoring and support from the Facilitating Partner’.\(^{172}\) However, this depended on the approach of each facilitating partner, none of whom were ACCOs themselves. The model has lacked the kind of focussed approach to ‘building the capacity of both Indigenous people and of services to meet the needs of Indigenous people’ that is envisaged in the NIRA and reinforced as a priority in the recommendations of the recent ANAO report on Capacity Development for Indigenous Service Delivery, which called on FaHCSIA to facilitate the development of a whole-of-government strategy for a long-term, integrated and consistent approach to capacity development for Aboriginal and Torres Strait Islander organisations.\(^{173}\)

By contrast, the Child FIRST and IFS initiatives in Victoria have taken a more strategic approach to engaging with ACCOs as a means for effective involvement of Aboriginal and Torres Strait Islander people and to facilitate capacity building through the integration approach. Notably, however, many of these approaches were not necessarily envisaged in the system design, but appear to have evolved from Child and Family Service Alliance members who have recognised the benefits of ACCO involvement and/or through ACCOs asserting their role.\(^{174}\) Strategies adopted by Alliances to support ACCO engagement are summarised in the table below which is extracted from the evaluation report:\(^{175}\)

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Recognising the capacity constraints of ACCOs and smaller agencies, Alliances have developed mechanisms to support the engagement of smaller agencies, including structures for input on decision-making, rotation of meeting venues, and ‘valued, recognised and differentiated roles’ in service delivery. One substantial engagement of ACCOs in the integration model is through secondary consultation and advice roles, including a funded role for an Aboriginal Liaison Worker from an ACCO within a number of Alliances, enabling ‘input during assessment, planning and intervention phases.’ This significant means of incorporating Aboriginal and Torres Strait Islander cultural perspectives within integrated systems is discussed further in section 5.6 below. Alliances which have been less successful in engaging ACCOs also highlight the importance of meaningful engagement strategies, as well as responses to the capacity constraints of ACCOs:

‘Some Aboriginal organisations reflected that while there are frequent Alliance meetings, issues for the Aboriginal community are rarely

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176 Ibid. 30.
177 Ibid. 49.
discussed, few (if any) referrals were received from Child FIRST and there was a sense that they did not feel they had a valued and respected role in the Alliance. Further, support from the Alliance with managing demands is not as readily realised by the ACCOs as by other Alliance members, because the client base is different, often prefers support from an Aboriginal person, and ACCOs tend not to refuse service to a community member.\textsuperscript{178}

Within both Communities for Children and Child FIRST, the employment of staff with local community connections, including Aboriginal and Torres Strait Islander staff was recognised as a strategy for increasing credibility for service providers and engagement with the Aboriginal and Torres Strait Islander community.\textsuperscript{179} While this approach has been important and shown benefit for the community, the Child FIRST and IFS evaluation notes with caution that this may have the unintended consequence of reducing ‘the already scarce pool of Aboriginal staff available to ACCOs.’\textsuperscript{180} It is also no substitute for the benefits of collaboration with ACCOs that could contribute to continuous improvement for Aboriginal and Torres Strait Islander workers in mainstream agencies.\textsuperscript{181}

### Promising approaches to Aboriginal and Torres Strait Islander community engagement in integrated service development and delivery:

- Community assets mapping processes that contribute to enable services to be tailored to local community needs and capacity.
- Adequate time to consult with Aboriginal and Torres Strait Islander communities, identify community needs and develop community-supported responses; and regular and ongoing consultation processes.
- Specific recognition of the role of ACCOs in carrying forward community needs and aspiration and leading design and delivery of responses.
- Defined and funded roles for ACCOs within integrated systems, for example, cultural advice and support roles, family engagement roles and service delivery roles.
- Governance structures and processes that include strategies to support genuine participation in planning and decision-making by smaller agencies.
- Flexible funding and service requirements that allow for community-based needs identification and community-based design of service responses.
- Local coordinating committees with decision-making power and broad stakeholder involvement.
- Mutual capacity building, including mentoring and training of Aboriginal staff.

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\textsuperscript{178} Ibid.\textsuperscript{48}.


\textsuperscript{181} Ibid.
and Torres Strait Islander people for skills development and community leadership, and cultural competency development for mainstream agencies.

- Employment of local Aboriginal staff by mainstream agencies, recognising the dangers this poses for reducing the base of skilled workers that ACCOs can draw on, and that it does not substitute for collaboration with ACCOS and community-wide consultation.

5.2 Partnerships for service integration

Partnership is the central mantra of service integration, if not a well or easily defined concept, and is included or mentioned in every policy or discussion of the topic. The basic conception of integration as the joining up, and increasingly collaborative work of previously separate agencies, professionals, professional disciplines and community structures and membership invokes a complex web of relationships. Constant and ongoing attention is needed to the principles that underpin and practices that support genuine partnerships if these relationships that are integral to service integration are to be successful.

The Communities for Children initiative has been most notable for creating a flexible partnership platform, bringing organisations together and establishing inter-agency relationship where previously none existed and strengthening existing relationships. Flaxman et al note, in general, that partnerships with Aboriginal and Torres Strait Islander organisations and communities enhance service delivery. The contribution of partnerships to outcomes is strongly recognised in the NIRA engagement principle: ‘strong relationships/partnerships between government, community and service providers increase the capacity to achieve identified outcomes.’ The beneficial purposes of partnerships identified in the CfC evaluation reports include: stronger links to and engagement of Aboriginal and Torres Strait Islander children and families; increased resource and information sharing; reduced service duplication; capacity building for local organisations and communities; identification of

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183 Ibid. 8.
187 Ibid.
community needs; and increased legitimacy for mainstream service providers in the Aboriginal and Torres Strait Islander community.

This last benefit raises important questions about the nature and basis of legitimacy for mainstream services. We contend that genuine and sustainable legitimacy, rather than the short-term appearance of legitimacy, requires a long-term commitment to the community, and a commitment to cultural competence development by mainstream agencies and government in partnership with Aboriginal and Torres Strait Islander organisations and communities. While capacity benefits for ACCOs are identified, not significantly addressed in the CfC evaluation studies are the concurrent capacity benefits for mainstream agencies. Further recognition is required of capacity and legitimacy benefits based on cultural competence that accrue in partnership with Aboriginal and Torres Strait Islander organisations and communities, as well as the pre-requisite cultural competence requirements for working with Aboriginal and Torres Strait Islander organisation and communities that are recognised in leading cultural competence frameworks.

The Child FIRST and IFS evaluation identifies that where partnerships are working well, mainstream agencies have ‘taken the time to understand the issues from an ACCO perspective’ and have ‘demonstrated commitment to understanding the culture, history and preferences of local Aboriginal peoples.’ It recognises that strengthening the role of ACCOs in Alliances has contributed to mutual capacity building between ACCOs and mainstream agencies. The importance of cultural competence as a component of integration initiatives is an area requiring significant further attention in the development and design of these initiatives, recognising the strong evidence base that identifies cultural competence as critical to enabling access to and engagement with services for Aboriginal and Torres Strait Islander families.

The coming together of facilitating partners, community partners and communities to work together in innovative and community-based service development in CfC sites did not of itself create successful partnerships, but funding to support this did provide opportunity. Where partnership development was successful, it fundamentally changed relationships, as Flaxman et al describe:

189 Ibid.
190 Ibid.
193 Ibid.
The coordination that occurred as a result of CfC changed the nature of relationships between the local and the fly-in/fly-out services from a 'colonial' to collaborative and supportive approach. As one CP [Community Partner] in a remote site said: [Now] they come out to [visit] us, saying 'What do you need?', rather than 'Why aren't you...?'\(^\text{196}\)

One of the most commonly identified ingredients to enable partnerships with Aboriginal and Torres Strait Islander organisations and communities in the CfC initiative was adequate time for building relationships of trust.\(^\text{197}\) This lead to the conclusion that the four year funding period was insufficient, that mainstream agencies need to be 'in for the long haul' and that there is a need for increased and focussed funding and resources to support the processes of relationship development which are time and resource intensive.\(^\text{198}\) These processes are especially significant for Aboriginal and Torres Strait Islander communities given trust that has been damaged by historical practices of child removal and requires a slow process of rebuilding.\(^\text{199}\) Further ingredients are not significantly addressed and greater attention is required to the factors influencing successful partnerships for integrated service delivery.

Recent SNAICC research provides a detailed description of the principles that underpin respectful partnerships between ACCOs, mainstream service providers and government and promising practices in enabling genuine partnership development. While the principles identified are repeated in the boxed text below, the paper, *Opening Doors Through Partnerships*,\(^\text{200}\) provides further detailed analysis of promising practices that are enabling the implementation of these principles in a number of case studies reviewed, including within a number of CfC enabled and/or supported partnerships.

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Principles underpinning genuine and respectful partnerships in Aboriginal and Torres Strait Islander service contexts:\textsuperscript{201}

1. Commitment to developing \textit{long-term sustainable relationships} based on \textit{trust}.
2. \textbf{Respect} for Aboriginal and Torres Strait Islander cultural knowledge, history, lived experience and connection to community and country.
3. Commitment to \textbf{self-determination} for Aboriginal and Torres Strait Islander peoples.
4. Aim to \textbf{improve long-term well-being outcomes} for Aboriginal and Torres Strait Islander children, families and communities.
5. \textbf{Shared responsibility and accountability} for shared objectives and activities.
6. Valuing \textbf{process elements as integral} to support and enable partnership.
7. A commitment to \textbf{redressing structures, relationships and outcomes} that are unequal and/or discriminatory.
8. Openness to \textbf{working differently} with Aboriginal and Torres Strait Islander peoples, recognising that the mainstream approaches are frequently not the most appropriate or effective.

This review identifies that Australian initiatives with strong service integration foci are yet to significantly engage with defining and supporting the aspects of genuine and effective partnerships between mainstream agencies, government, and Aboriginal and Torres Strait Islander organisations and communities that are needed to promote access and engagement and quality of service for Aboriginal and Torres Strait Islander peoples. This is an area requiring considerable attention. The boxed text below presents some identified promising approaches as a very limited list.

\begin{center}
\textbf{Promising approaches to partnership development for integration in Aboriginal and Torres Strait Islander child and family service contexts:}
\begin{itemize}
    \item Flexible funding arrangements providing platforms for community-based partnership development and innovative partnership approaches to service design and delivery.
    \item Commitment from mainstream agencies and government to developing partnerships with Aboriginal and Torres Strait Islander organisations and communities for mutual benefits including: mutual capacity development; genuine community legitimacy; and engagement of Aboriginal and Torres Strait Islander children and families.
    \item Attention to the cultural competence required both for partnership development and developed in partnership with Aboriginal and Torres Strait Islander organisations and communities.
    \item Funded support for time and resource intensive processes of partnership relationship development.
    \item Longer-term funding to support the development of long-term
\end{itemize}
\end{center}

\textsuperscript{201} Ibid. 6.
relationships committed to long-term community outcomes.

5.3 Coordination and facilitation of integrated services for Aboriginal and Torres Strait Islander children and families

The CfC evaluation studies reveal that increased coordination of services was a significant outcome of the initiative. As Muir et al describe, ‘the improvements in service coordination and collaboration were so marked that a number of stakeholders interviewed described the occurrence as a cultural change.’ Changes in coordination have been linked to elements of the CfC model which were able to translate a willingness to work together into practice by providing ‘a structure and support to strengthen pre-existing networks.’ Numerous benefits of increased networking and coordination were identified through CfC, including: service increases through greater rollout of existing programs; capacity building through resource sharing and brokering; increased interagency support and referrals; breaking down silos in early years service provision; and minimising service duplication. Activities that were found to be most helpful in supporting these outcomes included ‘joint planning, exchanging information and referrals.’ Asset mapping through the CfC committee that identified community capacity and needs also contributed significantly to ensure that agencies were complementing each other rather than competing. Notably there was an increase in referrals between Aboriginal and Torres Strait Islander organisations and mainstream services ‘which meant mainstream services were able to work with some Indigenous families for the first time.’ Though, referral alone was not enough to ensure take up of services by Aboriginal and Torres Strait Islander people, and service provider trust was key, with partnerships being important to establishing that trust.

203 Ibid. 21
204 Ibid.
206 Ibid. 14
207 Ibid. 14
209 Ibid. 21
210 Ibid.
211 Ibid. 24
The facilitating partner approach has been recognised as a key enabling factor for increased coordination of services through the CfC initiative.\textsuperscript{215} The role of the facilitating partners was to ‘act as brokers to engage the community in implementing the CfC.’\textsuperscript{216} Facilitating partners acted as intermediaries between government and local NGOs, subcontracting local community partners to implement the activities.\textsuperscript{217} The facilitating partner had lead responsibility for enabling the key aspects of the CfC model, including a role in, ‘coordinating community consultations and service networking and collaboration.’\textsuperscript{218} The model was perceived to have many benefits for enabling effective service coordination, which were linked to the role facilitating partners took in:

- establishing 'transparent and effective consultation and communication processes';\textsuperscript{219}
- initiating inter-agency training and facilitating learning networks and joint problem solving;\textsuperscript{220}
- assisting services to implement formal collaboration processes;\textsuperscript{221}
- facilitating local control in service development and meaningful negotiation with communities based on the connection of facilitating partners to local communities and their understanding of local contexts;\textsuperscript{222}
- brokering and providing skills and resources ‘in a way that added to the shared capacity of organisations within their sites’;\textsuperscript{223}
- translating government business for CfC committees and community partners;\textsuperscript{224}
- supporting outside organisations to work with Aboriginal and Torres Strait Islander communities as a result of their own established community connections.\textsuperscript{225}

There were significant challenges both for facilitation and coordination of services in remote service sites, with Muir et al describing the model as ‘expensive, cumbersome and burdensome in communities with very few

\textsuperscript{215} Ibid. 15.
\textsuperscript{217} Ibid. 36
\textsuperscript{218} Ibid. 35
\textsuperscript{219} Ibid. 20-21
\textsuperscript{220} Ibid. 24-25.
\textsuperscript{221} Ibid.
\textsuperscript{222} Flaxman, S., Muir, K., and Oprea, I. (2009). \textit{Indigenous families and children: coordination and provision of services}, Occasional Paper No 23, Department of Families, Housing, Community Services, and Indigenous Affairs (FaHCSIA). 9
\textsuperscript{223} Ibid. 15
\textsuperscript{224} Ibid. 15
\textsuperscript{225} Ibid. 35
services,’ and suggesting a focus in these areas on ‘building the capacity of local service provision and encouraging lower level coordination like referrals and information-sharing.’ There were problems in areas where no local service providers had sufficient capacity to meet the criteria for the facilitating partner role and the selection of an outside agency hindered success. Suggested solutions to this problem that could be important for Aboriginal and Torres Strait Islander communities with low organisational service capacity include the funding of NGO consortiums in facilitating roles and the funding of larger NGOs to mentor smaller agencies.

The Child FIRST and IFS approach has included, in some cases, a different type of facilitation role that has shown significant promise for promoting shared responsibility for and ownership of programs. A number of Alliances have allocated funds to the employment of an Alliance project officer who operates in an independent facilitation and support role. The evaluation report reveals ‘critical capacity differences between those Alliances that have established project-officer support, and those that have not been afforded this benefit.’ The project officer operates as a ‘shared resource, effectively working for the Alliance as a whole.’ This role has had significant benefits for increasing the capacity of Alliances to develop partnerships between members, including increased capacity for ‘catchment planning and data analysis’ and ‘strong support for key governance meetings.’ It has also assisted effective engagement of ACCOs within the Alliance structure in some Alliances. As an independent facilitator, this role has assisted to ‘broker relationships and negotiate to achieve an outcome in the common interest.’

While approaches to facilitation have shown promise for including Aboriginal and Torres Strait Islander perspectives in integrated services and engaging Aboriginal and Torres Strait Islander children and families, there has been insufficient attention to the specific qualities and approaches needed to facilitate service coordination in an Aboriginal and Torres Strait Islander service context. This is clearly evident in the Child FIRST and IFS approach where structures for the inclusion and participation of ACCOs appear to have evolved inconsistently and independently of the service integration model, initiated by Alliance

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227 Ibid. 37
228 Ibid.
230 Ibid.
231 Ibid. 32
232 Ibid.
members recognising the value of ACCO roles or ACCOs asserting their role.\textsuperscript{235} Attention is needed both to the selection criteria for and up-skilling of organisations and/or personnel in facilitating roles within integrated service initiatives. While FaHCSIA selection criteria for facilitating partners in CfC importantly promoted the selection of NGOs with strong local links and acceptance in the community,\textsuperscript{236} more specific requirements should recognise the cultural competence needed to engage effectively with Aboriginal and Torres Strait Islander organisations and communities, as well as the skills and capacity required to facilitate respectful partnerships between ACCOs, mainstream agencies and government. Initiatives require direct obligations for non-Indigenous agencies in facilitating partner or lead agency roles to enable and empower Aboriginal and Torres Strait Islander organisations and communities to ‘play a role in delivering services and influencing service delivery systems/organisations to ensure their responsiveness, access and appropriateness to Indigenous people’ as envisaged in the NIRA accountability principle.\textsuperscript{237}

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<tr>
<th>Promising approaches to coordination and facilitation in Aboriginal and Torres Strait Islander child and family service contexts.</th>
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</thead>
<tbody>
<tr>
<td>• Independent facilitation roles, with skilled facilitators who have the capacity to broker relationships and negotiate outcomes in the common interest.</td>
</tr>
<tr>
<td>• Partnership and coordination facilitators who have a high level of cultural competence and knowledge of principles and practices for establishing genuine partnerships between mainstream agencies, government and ACCOs.</td>
</tr>
<tr>
<td>• NGO intermediaries ensure the relevance of service integration initiatives to local Aboriginal and Torres Strait Islander service contexts and support Aboriginal and Torres Strait Islander organisations to participate in service integration.</td>
</tr>
<tr>
<td>• Tailored approaches to service coordination to meet the needs of remote communities with few services and low initial service capacity.</td>
</tr>
</tbody>
</table>

5.4 Important issues relating to access and entry points to integrated service systems for Aboriginal and Torres Strait Islander children and families.

This section addresses a number of core aspects of integrated service system and service site design that are important to support access to services for Aboriginal and Torres Strait Islander peoples. Issues relating to the need for service


delivery to be culturally appropriate and targeted to enable access for Aboriginal and Torres Strait Islander people are addressed more significantly in the following section.

‘Soft’ entry points are described as a key feature of CfC that enabled access for hard-to-reach families, including for Aboriginal and Torres Strait Islander children and families.\(^{238}\) This approach involved the provision of services in informal, familiar and non-threatening environments, with examples including: ‘playgroups in parks, having health professionals attend playgroups, setting up community centres on public school grounds,’\(^ {239}\) and ‘the use of natural gathering places like parks and shopping centres.’\(^ {240}\) Outreach approaches were considered important in CfC for the engagement of Aboriginal and Torres Strait Islander families, with a recognised need to ‘go to’ families, particularly to build initial trust.\(^ {241}\)

Remoteness presented a significant challenge for physical access to services in CfC sites, with lack of transport to service sites a major barrier.\(^ {242}\) Garbers highlights strategies that were used to overcome the problem of remoteness in the establishment of integrated services through the Sure Start Local Program in the UK.\(^ {243}\) In this context, problems were similarly related to the lack of ‘a robust transport infrastructure and an accessible community centre.’\(^ {244}\) Strategies included: providing transport to the sites where services were provided; and rather than concentrating services in one building, capitalising on any existing local buildings.\(^ {245}\) This was a significant weakness of the CfC initiative within which no funding was provided for capital purchases such as vans and buses that may have assisted in overcoming transport problems.\(^ {246}\)

The Child FIRST and IFS initiative has taken a unique approach in promoting a single telephone number in each catchment area as the primary entry point to


\(^{241}\) Ibid. 19.

\(^{242}\) Ibid. 24.


\(^{244}\) Ibid.

\(^{245}\) Ibid.

the integrated service system, providing a gateway to connect service users with
the most appropriate response.\footnote{KPMG. (2011). \textit{Child FIRST and Integrated Family Services – Final Report}, prepared for the Department of Human Services, February. 57} The evaluation notes positively that ‘the resultant impact of the establishment of a centralised entry point is to increase the capacity for service-system navigation, while reducing the level of case handling and the requirement for families to repeat their stories.’\footnote{Ibid.} Concurrently, though to varying degrees, there has been a focus on maintaining connections to local service providers and communities, and maintaining access to pre-existing local entry points.\footnote{Ibid.} This approach has been particularly important for Aboriginal and Torres Strait Islander families who ‘are more likely to approach the local ACCO, as this is a service that they know and trust.’\footnote{Ibid.}

### Promising approaches to designing integrated service system entry points.

- Establishing soft entry points to service systems in informal, familiar and non-threatening environments.
- Using outreach approaches to go to families and engage them where they are.
- Providing transport to facilitate access to integrated service sites, especially in remote locations.
- Establishing multi-venue integrated service systems that take advantage of existing local buildings, rather than establishing a single building for integrated service delivery in remote locations with accessibility issues.
- Centralised intake systems, that maintain multiple and localised entry points, including through ACCOs, and that include ACCOs in the intake and allocation processes.

### 5.5 Universal and Aboriginal-targeted service provision

As identified in section 2, some of the literature on integrated service delivery places a strong focus on universal and inclusive whole of population responses.\footnote{See for example: Moore, T., and Skinner, A. (2010). \textit{An integrated approach to early childhood development}, Centre for Community Child Health (CCCH) and The Benevolent Society (2010). 8.} There is often a lack of clarity in the definition of and distinctions between universal and targeted service provision. ‘Universal’ commonly refers to services that are provided to all people, or alternatively to services that are open to all people to access. Cortis et al identify that the latter definition was that most commonly adopted in the CfC context.\footnote{Cortis, N., Katz, I., and Patulny, R. (2009). \textit{Engaging hard-to-reach families and children}, Occasional Paper No 26, Department of Families, Housing, Community Services, and Indigenous Affairs (FaHCSIA). 36-37} Targeted services are commonly defined as services for a particular group of people, for example a particular cultural group, age group, or targeted client group.\footnote{Ibid.} However, the term is also used to refer to specialist and intensive services.\footnote{Ibid.} This review highlights the importance of services that are targeted for Aboriginal and Torres
 Strait Islander peoples as many specific and distinct cultural groups, with distinct support needs that require detailed consideration.

Cortis et al describe that there are strengths and weaknesses in both universal and targeted approaches: universal services may be less stigmatising, but can ‘become colonised by particular group or cliques within the community, and can deter some hard-to-reach families from accessing those services;’ targeted services focus on the needs of a particular group sending the message ‘that the initiative cares about them and is willing to provide services tailored to meet their needs,’ but may be more stigmatising and deter access.255 Also, in terms of specialist and intensive intervention, an important consideration in service provision for Aboriginal and Torres Strait Islander peoples who experience significant levels of disadvantage, is that they may not be in a position to prioritise universal and preventative services where they are already in crisis, and ‘if basic needs, such as stable, secure housing and adequate living conditions, are not met.’256 As Flaxman et al describe, ‘If early intervention and prevention initiatives...are to be successful in communities under distress social issues must also be addressed.’257 There is a danger in integration that pursues a goal of universal and inclusive service delivery, without being adequately critical of how the approach may devalue or exclude important aspects of service provision for particular groups. This is a vital consideration in Aboriginal and Torres Strait Islander service contexts.

As is commonly identified and well accepted in the literature, the CfC evaluation studies found that access to services for Aboriginal and Torres Strait Islander people is supported by service systems and providers that develop cultural competence and service delivery that is culturally appropriate.258 Flaxman et al describe that CfC evaluation participants generally agreed that ‘Indigenous specific services offer Indigenous families a safe, comfortable, culturally appropriate environment that is easier to access and engage with.’259 At the same time Flaxman et al recognise that Aboriginal and Torres Strait Islander families are ‘less likely to engage with a service that is not culturally tailored,’ and that when mainstream agencies did not develop strategies to include Aboriginal and Torres Strait Islander people, their service use did not increase in line with increases in service provision.260 While noting that ‘Indigenous families and children are generally more likely to access Indigenous-specific services

255 Ibid.
257 Ibid.
260 Ibid. 10-11
than mainstream ones’ the CfC evaluation also identified that for a variety of reasons, including stigma and family disputes, not all Aboriginal and Torres Strait Islander families chose to use these services.261 The evaluation highlighted strongly the importance of choice for families between using Aboriginal and Torres Strait Islander specific services and mainstream services to increasing access.262 As Muir et al describe:

The importance of multiple entry points - that is, both targeted and universal programs – should not be underestimated. Access to both service types will increase the likelihood of service use..., help ensure that families have equal access to a variety of services..., and assist in building social capital.263

These findings reinforce the important role of both Aboriginal and Torres Strait Islander services and mainstream services in culturally safe and appropriate service delivery that SNAICC has regularly identified,264 and supports implementation of the NIRA principles that require attention to ‘recognising Indigenous culture, language and identity’ and to ‘recognising when Indigenous delivery is an important contributor to outcomes (direct and indirect), and in those instances fostering opportunities for Indigenous service delivery.’265 In terms of the approach to integration, they indicate the importance of Aboriginal and Torres Strait Islander communities and organisations participating in the development and delivery of initiatives that are appropriately targeted to enable access for and meet the needs of Aboriginal and Torres Strait Islander peoples, including roles in direct service delivery and supporting mainstream agencies to develop cultural competence. In SNAICC’s view, the recognition that mainstream agencies and ACCOs both have an important role to play in service provision for Aboriginal and Torres Strait Islander peoples requires an increased, not reduced focus on investment in Aboriginal and Torres Strait Islander organisations, which are often at a position of disadvantage in relation to larger and financially stronger mainstream agencies. The recognised current dearth of capacity and inadequate investment in many Aboriginal and Torres Strait Islander organisations266 requires that building this capacity be a distinct and central focus of all child and family service integration initiatives.

261 Ibid. 11
262 Ibid.
264 Secretariat National Aboriginal and Islander Child Care. (2010). ‘Towards Aboriginal and Torres Strait Islander access and engagement: overcoming barriers to child and family services’. Policy paper. 2-3
The Child FIRST and IFS initiative has provided some concrete measures to include ACCOs meaningfully in integrated service delivery, while concurrently contributing to the improvement of cultural competency for mainstream agencies. Three measures that have specifically contributed to appropriate targeting of service integration activities to meet the needs of Aboriginal and Torres Strait Islander peoples are:

1. Facilitating the inclusion and **genuine participation of ACCOs within Child and Family Service Alliances**, such that they have a role in decisions about the service development, allocation of cases and appropriate supports for Aboriginal and Torres Strait Islander families who are referred into the system. Participation is supported through strategies such as those described in table 2 in section 5.1 above.

2. Ensuring identification and appropriate referral of Aboriginal and Torres Strait Islander children and families entering the service system: *there is now a requirement for Child FIRST and Integrated Family Services to confirm each client’s cultural identity and offer Aboriginal families the choice of working with Aboriginal or mainstream organisations.*

3. The establishment of **Aboriginal Liaison Worker roles for staff of ACCOs to support mainstream agencies through secondary consultation and advice roles** where Aboriginal and Torres Strait Islander families choose to work with mainstream agencies or where this was required because of ACCO capacity constraints. The evaluation report describes that, ‘in practice the role enables input during assessment, planning and intervention phases, and may offer insight about strategies for initial engagement, sustaining Aboriginal family engagement in services, and facilitating access and linkages to other Aboriginal agencies.’ An important aspect of these roles is that they are independently undertaken by ACCOs recognising the significant concerns of ACCOs that where Aboriginal and Torres Strait Islander staff are employed by mainstream agencies they may lack institutional support for continuous improvement as Aboriginal and Torres Strait Islander practitioners. Questions could also be raised about the capacity of Aboriginal and Torres Strait Islander individuals to provide ‘outside’ cultural advice within the constraints of an employment relationship with a mainstream agency.

In general, collaboration with ACCOs through the Alliance structure has been recognised to provide mainstream agencies ‘greater access to cultural-awareness training and resources.’

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268 Ibid. 105.
269 Ibid.
270 Ibid. 49.
271 Ibid. 50.
272 Ibid. 105.
Promising approaches to targeting integrated service delivery to meet the needs of Aboriginal and Torres Strait Islander children and families.

- Targeted approaches that recognise the roles of ACCOs and mainstream agencies in culturally appropriate service provision for Aboriginal and Torres Strait Islander people.
- Multiple service system entry points for children and families, including through universal and Aboriginal and Torres Strait Islander targeted programs.
- Single points of intake and case allocation that involve ACCOs in identifying appropriate support Aboriginal and Torres Strait Islander children and families.
- Genuine participation and decision-making roles for ACCOs within governance structures of integrated service systems.
- Identification of cultural identity of families referred for services and providing families with the choice to work with ACCOs.
- Secondary consultation and advice roles undertaken independently by ACCOs where families choose to work with mainstream agencies.
- Cultural awareness training and resource services provided by ACCOs to mainstream agencies.

5.6 Sustainability of integration initiatives in Aboriginal and Torres Strait Islander service contexts

The NIRA sustainability principle for programs and services of Indigenous Australians

D10 Sustainability principle: Programs and services should be directed and resourced over an adequate period of time to meet the COAG targets. In particular, attention is to be given to:
(a) service system orientation, particularly:
(i) using evidence to develop and redesign programs, services and set priorities;
(ii) recognising the importance of early intervention; and
(iii) including strategies that increase independence, empowerment and self management;
(b) ensuring adequate and appropriate resources, particularly:
(i) setting time-frames for meeting short, medium and longer-term targets and outcomes;
(ii) considering flexibility in program design to meet local needs;
(iii) considering workforce supply and future planning;
(iv) considering sustaining or redesigning services to best use existing resources, as well as the need for programs and services to meet the COAG targets;
(v) minimising administrative red tape to enable greater integration of program and service delivery;
(vi) ensuring that programs and services are efficient and fiscally sustainable; and
(vii) ensuring that infrastructure is appropriate and adequately maintained;
(c) building the capacity of both Indigenous people and of services to meet the needs

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of Indigenous people, particularly:
(i) developing the skills, knowledge and competencies, including independence and empowerment of Indigenous people, communities and organisations;
(ii) supporting Indigenous communities to harness the engagement of corporate, non-government and philanthropic sectors;
(iii) building governments’ and service delivery organisations’ capacity to develop and implement policies, procedures, and protocols that recognise Indigenous people’s culture, needs and aspirations;
(iv) ensuring that programs and services foster and do not erode capacity or capability of clients; and
(v) recognising when Indigenous delivery is an important contributor to outcomes (direct and indirect), and in those instances fostering opportunities for Indigenous service delivery.

The NIRA sustainability principle recognises primarily the need for programs and services to be, ‘directed and resourced over an adequate period of time to meet the COAG targets.’ Unsurprisingly, the most important and commonly identified factor necessary to support the sustainability of CfC initiatives for Aboriginal and Torres Strait Islander service provision was the requirement for long-term and sustainable funding. As Flaxman et al describe:

‘Many respondents believed that future, long-term funding for early childhood services in Indigenous communities was essential if Indigenous outcomes were going to improve. Programs like CfC, with its four-year funding cycle, are not sufficient to result in long-term positive outcomes for young children and their families in disadvantaged Indigenous communities.’

The danger that short-term initiatives will ‘fuel resentment and mistrust’ in Aboriginal and Torres Strait Islander communities, accompanied the mistrust that had already developed as a result of ‘the cycle of aborted programs and unfinished promises.’ Significantly, Flaxman et al describe the likelihood that advances in partnerships, coordination and early childhood interventions will not be sustained if funding is not ongoing. Particularly in remote sites it was identified that there were ‘few, if any, possibilities of finding alternative funding sources.’ As well as the need for ongoing funding, realistic timeframes for the establishment of programs, including building relationships with communities and undertaking adequate consultation, were required. This was particularly evident in some cases where Aboriginal and Torres Strait Islander communities

274 Ibid.
276 Ibid.
277 Ibid. 41.
279 Ibid.
were not consulted at all, which obstructed community-ownership, success and sustainability of initiatives.\textsuperscript{280}

As noted above, issues of broader social disadvantage impacted significantly on the ability of Aboriginal and Torres Strait Islander children and families to take up the primarily early childhood education and care focussed initiatives of CfC. Long-term outcomes cannot be effectively supported and sustained through these programs unless, as Muir et al describe, ‘families receive long-term support for serious social issues such as homelessness, housing instability or poor living conditions, domestic violence, substance abuse and mental illness.’\textsuperscript{281} This highlights the need for broadly focussed integration initiatives that include a range of services that respond holistically to local needs in local contexts, considering the recognised need for multiple entry points both within and outside early childhood education and care environments, including outreach approaches.\textsuperscript{282}

A critical aspect of sustainability for integration initiatives in Aboriginal and Torres Strait Islander service contexts is the economic empowerment and capacity building of Aboriginal and Torres Strait Islander organisations and communities. Without taking an approach that includes local economic empowerment, initiatives cannot hope to impact long-term outcomes for Aboriginal and Torres Strait Islander children and families, especially in regional and remote locations with limited economic opportunity. The importance of such an approach is recognised strongly in the NIRA sustainability principle which calls for initiatives with attention to: ‘developing the skills, knowledge and competencies, including independence and empowerment of Indigenous people, communities and organisations.’\textsuperscript{283} The need for investment in Aboriginal and Torres Strait Islander service organisations is recognised in the recent ANAO report on Capacity Development for Indigenous Service Delivery as a priority not just for effective service delivery, but as a policy objective in itself, in so far as it promotes local governance, leadership and economic participation, building social capital for Aboriginal and Torres Strait Islander peoples.\textsuperscript{284} This reinforces the conclusion drawn in other sections above that all service integration


initiatives for child and family service provision for Aboriginal and Torres Strait Islander peoples require a stronger focussed element of capacity building and empowerment of Aboriginal and Torres Strait Islander organisations and communities.

**Promising approaches to ensuring sustainability of integration initiatives in Aboriginal and Torres Strait Islander service contexts.**

- Long-term funding for initiatives that seek to impact long-term outcomes for children, families and communities.
- Factoring in adequate time for sustainable community-owned service development in integration initiatives, including significant time for relationship building and consultation with Aboriginal and Torres Strait Islander communities.
- Broader efforts to address social disadvantage, including housing, living conditions, family violence and substance abuse.
- Multiple service entry points and outreach services to engage families where they are and respond to families in crisis.
- Initiatives that focus on ‘developing the skills, knowledge and competencies, including independence and empowerment of Indigenous people, communities and organisations.’

### 6. Conclusion

Leading Australian integration initiatives have included various elements that have focussed on engaging Aboriginal and Torres Strait Islander communities and organisations in the design and delivery of integrated services, especially through processes of consultation, and involvement in implementation committees. While promising strategies are emerging for the meaningful inclusion Aboriginal and Torres Strait Islander peoples in the design and delivery of child and family services for Aboriginal and Torres Strait Islander children and families, a strongly focussed approached has not yet been employed. Without this, integrated service systems are likely to have significantly reduced success in engaging vulnerable Aboriginal and Torres Strait Islander children and families and responding appropriately to their needs.

Key learnings are available from initiatives that have been, and continue to be rolled out in Australia. It is vital that these learnings are applied to improve the approach to Aboriginal and Torres Strait Islander child and family service development and delivery within these and other current and emerging initiatives for integrated service delivery, including the 38 new Children and Family Centres that are either newly operating or being established to support the implementation of the COAG National Partnership Agreement for Indigenous early childhood development.286

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The need to develop distinct, recognised and valued roles for Aboriginal and Torres Strait Islander organisations and communities in integrated service design and delivery is clear. Thus far, these roles have emerged only inconsistently, and while flexibility in service design for local contexts is essential, the inclusion of Aboriginal and Torres Strait Islander interests in service design and delivery for Aboriginal and Torres Strait Islander peoples cannot be left to chance. This requires active policy and resource support measures. Promising approaches have focussed on governance structures that include Aboriginal and Torres Strait Islander organisations in decision-making alongside direct service delivery roles and secondary consultation and advice roles that support cultural competence in mainstream agency practice. Ensuring that such roles are included in integration initiatives is necessary to ensure a real choice for families between appropriately targeted services and culturally competent mainstream approaches. As is clearly recognised in the literature, this choice of services contributes to increase access to services for Aboriginal and Torres Strait Islander families.\(^{287}\)

Genuine partnerships are core to an integrated approach that respectfully engages with the vital processes of relationship development between Aboriginal and Torres Strait Islander communities and organisations, mainstream agencies, and government. Attention is needed to principles that underpin and practices that support genuine partnerships for integrated service delivery in Aboriginal and Torres Strait Islander child and family service contexts. Funding for partnership facilitation roles is a recognised priority, but the skills and knowledge for developing integrated services that include Aboriginal and Torres Strait Islander interests must be addressed or made prerequisite for organisations and staff taking on these roles.

One of the strongest conclusions to emerge from the literature and leading Australian initiatives is that all service integration activities for service provision for Aboriginal and Torres Strait Islander children and families require a focussed element of capacity building and empowerment of Aboriginal and Torres Strait Islander organisations and communities. Choice for families is currently limited by the dearth of capacity in Aboriginal and Torres Strait Islander organisations. This position is supported strongly within the service delivery principles of the NIRA and by the recent ANAO report on *Capacity Development for Indigenous Development*. Retrieved on 25 January 2012 from http://www.coag.gov.au/coag_meeting_outcomes/2008-10-02/docs/indigenous_early_childhood_NPA.pdf

Service Delivery, recognising the need to focus on ‘developing the skills, knowledge and competencies, including independence and empowerment of Indigenous people, communities and organisations.’ Implementation of these principles has the potential to realise the promise of service integration in contributing to sustainable responses to improve long-term outcomes for Aboriginal and Torres Strait Islander children and families.

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Reference List


Secretariat National Aboriginal and Islander Child Care. (2011). 'Increasing Aboriginal and Torres Strait Islander access and engagement with child and family services’. Policy paper.

Secretariat National Aboriginal and Islander Child Care. (2010). ‘Towards Aboriginal and Torres Strait Islander access and engagement: overcoming barriers to child and family services’. Policy paper.


